ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE
European Society for Medical Oncology

RARE CANCERS EUROPE
Joining forces for action

Training Course for Rare Cancer Patient Advocates
2-4 December 2017 in Milan (Pilot Course)

RARE CANCERS TREATMENT: THE CHALLENGES

The surgeon's perspective

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esso European Society of Surgical Oncology

Conflict of Interest Disclosure

no potential or actual conflicts of interest to declare

RARE CANCERS CHALLENGES

- EARLY AND CORRECT DIAGNOSIS
- CLINICAL EXPERTISE
- RESEARCH
- ACCESS TO NEW THERAPIES
- INEQUALITIES

surgery → the mainstay of treatment of solid rare tumors

(11 out of 12 families)

- 2 patients out of 3 can be treated by surgery alone
- 30% more can receive a a combined treatment of radio/chemotherapy and surgery

EUROPEAN JOURNAL OF CANCER 47 (2011) 2493–2511

Available at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.ejconline.com

Rare cancers are not so rare: The rare cancer burden in Europe

Gemma Gatta [a,*], *Jan Maarten van der Zwan* [b], *Paolo G. Casali* [c], *Sabine Siesling* [b], *Angelo Paolo Dei Tos* [d], *Ian Kunkler* [e], *Renée Otter* [b], *Lisa Licitra* [f], *Sandra Mallone* [g], *Andrea Tavilla* [g], *Annalisa Trama* [a], *Riccardo Capocaccia* [g], *The RARECARE working group*

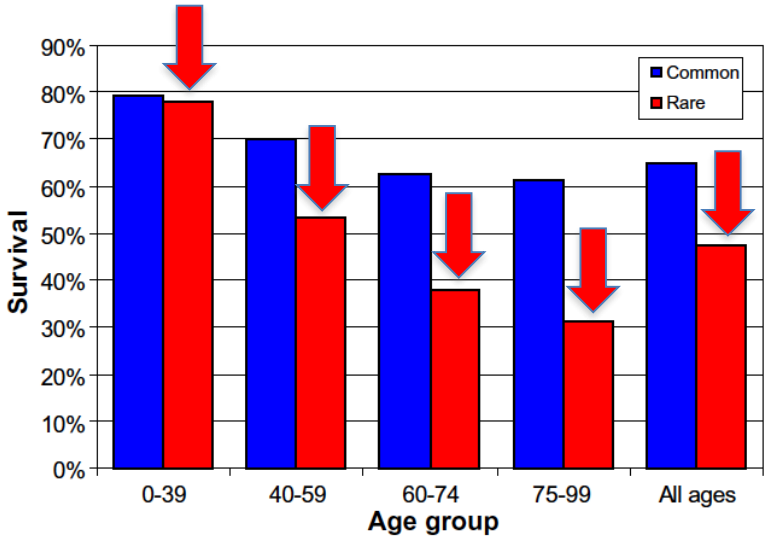
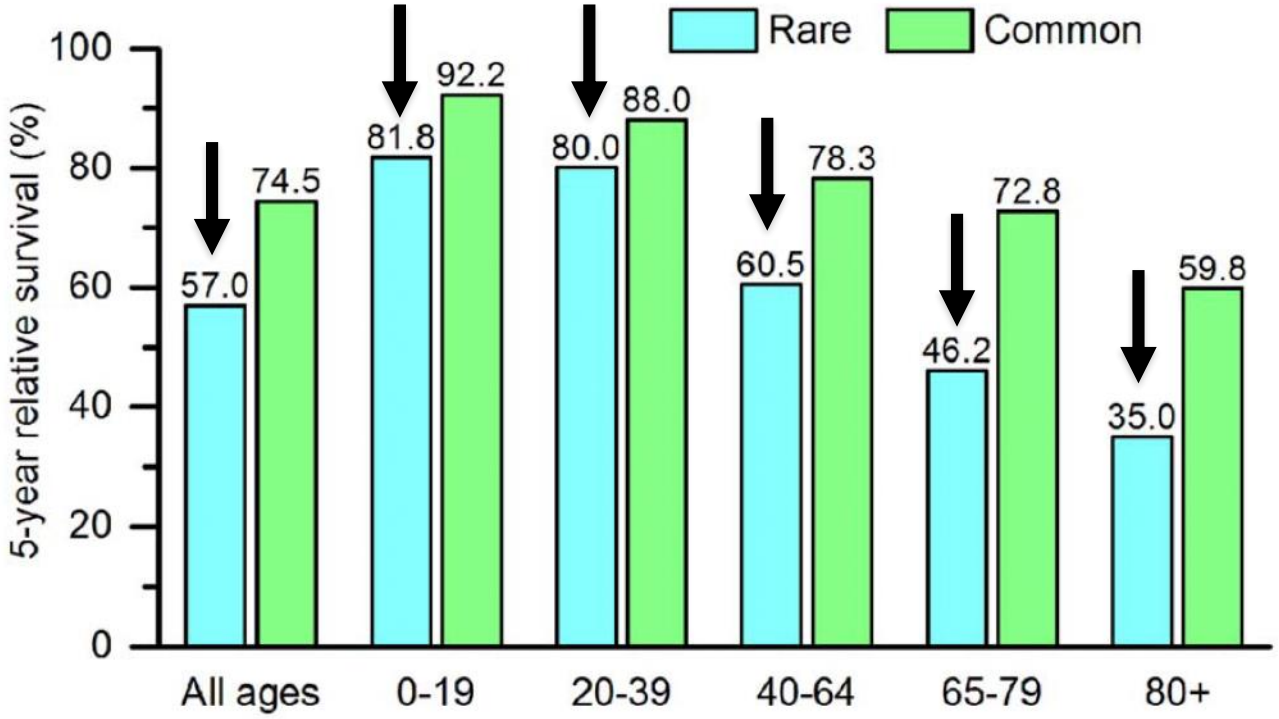


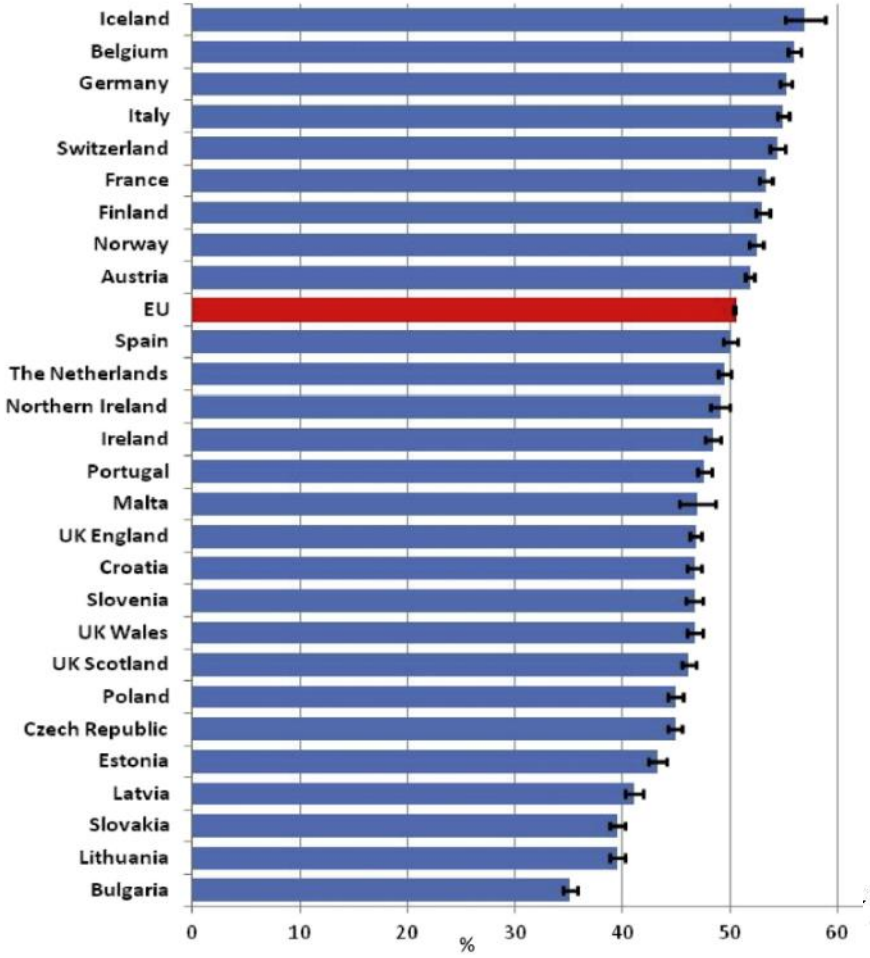
Fig. 4 – RARECARE estimates of relative survival for rare and common cancers in EU27 by age group.

CA CANCER J CLIN 2017;67:261-272

The Burden of Rare Cancers in the United States

Carol E. DeSantis, MPH [1]*; Joan L. Kramer, MD[2]; Ahmedin Jemal, DVM, PhD[3]





note: survival adjusted by age and case-mix
elaboration from www.rarecarenet.eu

ig. 2. Five-year relative survival (%) for all rare cancers by European country and in Europe (EU). Error bars are 95% Confidence Intervals.

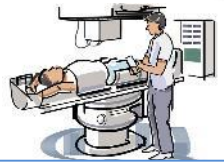
Gatta G, et al., Epidemiology of rare cancers and inequalities in oncologic outcomes, Eur J Surg Oncol (2017)

PATHOLOGIC DIAGNOSIS

NEOADJUVANT TREATMENTS

RARE CANCERS SURGERY

RPS SARCOMAS	MULTIORGAN DISSECTION
EXTREMITY SARCOMAS	LIMB SPARING SURGERY
TESTICULAR CANCERS	NERVE SPARING LYMPHADENECTOMY
H&N	FUNCTION SPARING SURGERY
GISTs	ORGAN SPARING SURGERY
NETs	CURATIVE/PALLIATIVE SURGERY
	TRANSPLANT SURGERY



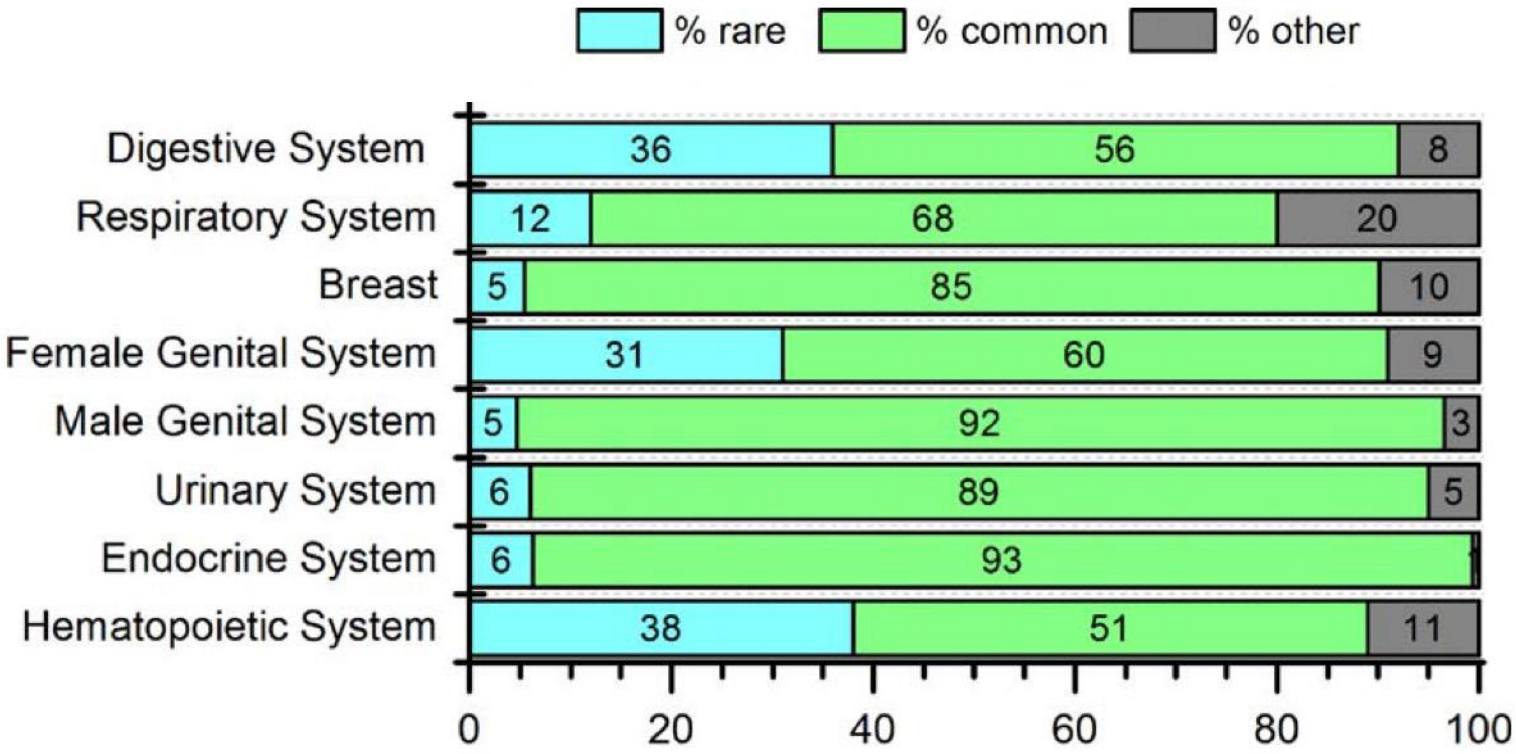
ADJUVANT TREATMENTS

SURGERY OF METASTASES

CA CANCER J CLIN 2017;67:261–272

The Burden of Rare Cancers in the United States

Carol E. DeSantis, MPH [1]*; Joan L. Kramer, MD[2]; Ahmedin Jemal, DVM, PhD[3]



SURGEON CHALLENGES

Expertise in organ surgery

Knowledge of the biology of the disease

Need for multidisciplinarity

multidisciplinarity

Referral (dedicated) Centers

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

Annals of Oncology 28: 2852–2859, 2017
doi:10.1093/annonc/mdx484
Published online 28 August 2017

ORIGINAL ARTICLE

Improved survival using specialized multidisciplinary board in sarcoma patients

J.-Y. Blay[1,2*], P. Soibinet[3], N. Penel[4], E. Bompas[5], F. Duffaud[6], E. Stoeckle[7], O. Mir[8], J. Adam[8], C. Chevreau[9], S. Bonvalot[8,10], M. Rios[11], P. Kerbrat[12], D. Cupissol[13], P. Anract[14], F. Gouin[15], J.-E. Kurtz[16], C. Lebbe[17], N. Isambert[18], F. Bertucci[19], M. Toumonde[7], A. Thyss[20], S. Piperno-Neumann[10], P. Dubray-Longeras[21], P. Meeus[1,2], F. Ducimetière[1,2], A. Giraud[7], J.-M. Coindre[7], I. Ray-Coquard[1,2], A. Italiano[7†] & A. Le Cesne[8†], on behalf of the NETSARC/RREPS and French Sarcoma Group–Groupe d'Etude des Tumeurs Osseuses (GSF-GETO) networks[‡]

Study on 12543 patients

Presentation to a MDTB before treatment was associated with a better compliance to clinical practice guidelines, for example, biopsy before surgery, imaging, quality of initial surgery, and less reoperations (all $P < 0.001$). Local relapse-free survival and relapse-free survival were significantly better in patients presented to a MDTB before initiation of treatment, both in univariate and multivariate analysis.

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

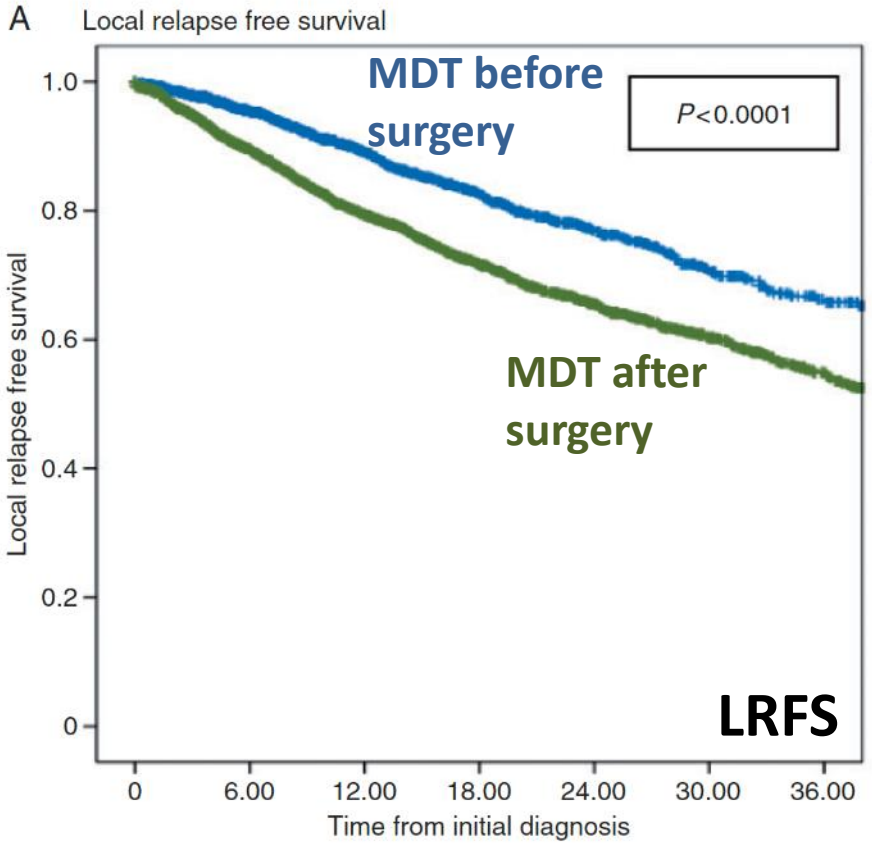
Annals of Oncology 28: 2852–2859, 2017
doi:10.1093/annonc/mdx484
Published online 28 August 2017

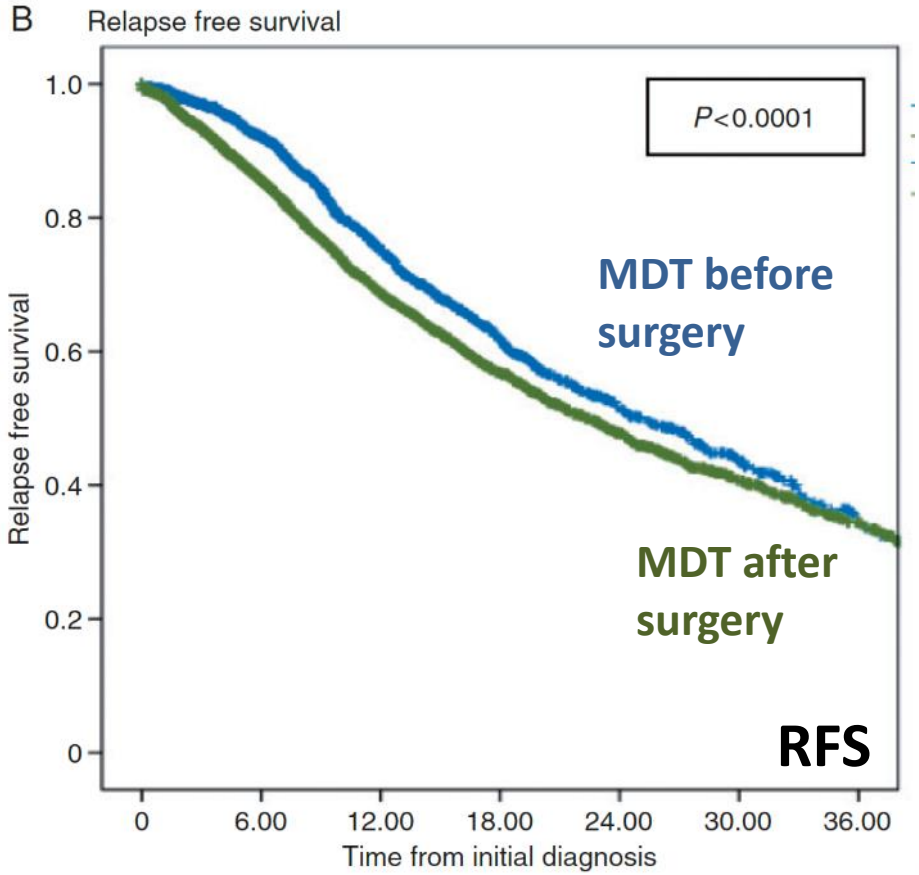
ORIGINAL ARTICLE

Improved survival using specialized multidisciplinary board in sarcoma patients

Table 2. Patients' characteristics, procedures, and NETSARC MDTB

Patient characteristics	NETSARC MDTB before treatment		*P* value
	Yes (*N* = 5281)	No (*N* = 7247)	
Quality of first surgery[b]			
R0	1436 (52.6%)	1968 (32.2%)	<0.001
R1	845 (30.9%)	1965 (32.1%)	
R2	204 (7.1%)	1148 (18.8%)	
NE	246 (9.1%)	1032 (16.9%)	
Reexcision after first surgery			
Yes	165 (6.0%)	1065 (17.4%)	<0.001
No	2320 (85.0%)	4916 (65.7%)	
NE	246 (9.1%)	1032 (16.9%)	
Quality of final surgery[b]			
R0	1571 (57.5%)	2845 (46.5%)	<0.001
R1	773 (28.3%)	1529 (25.0%)	
R2	141 (5.1%)	707 (11.5%)	
NE	246 (9.1%)	1032 (16.9%)	

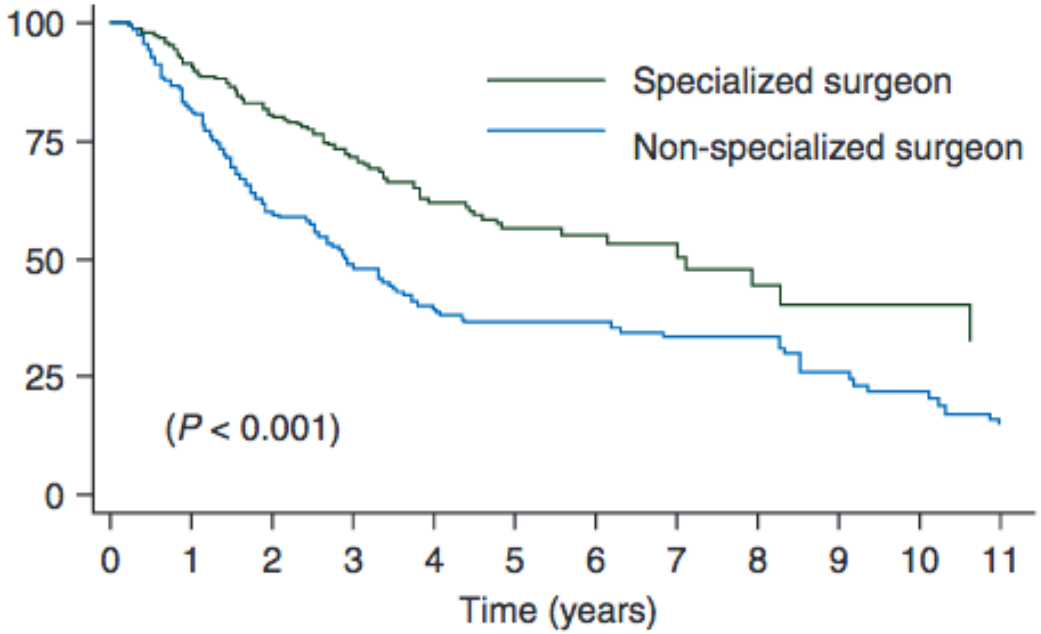

A
Local relapse free survival
MDT before surgery
P<0.0001
MDT after surgery
LRFS
Local relapse free survival
1.0
0.8
0.6
0.4
0.2
0
0
6.00
12.00
18.00
24.00
30.00
36.00
Time from initial diagnosis


B
Relapse free survival
P<0.0001
MDT before surgery
MDT after surgery
RFS
Relapse free survival
1.0
0.8
0.6
0.4
0.2
0
0
6.00
12.00
18.00
24.00
30.00
36.00
Time from initial diagnosis

Annals of Oncology 25: 735–742, 2014
doi:10.1093/annonc/mdt577

Retroperitoneal sarcomas: patterns of care at diagnosis, prognostic factors and focus on main histological subtypes: a multicenter analysis of the French Sarcoma Group

M. Toulmonde[1*], S. Bonvalot[2], P. Méeus[3], E. Stoeckle[4], O. Riou[5], N. Isambert[6], E. Bompas[7], M. Jafari[8], C. Delcambre-Lair[9], E. Saada[10], A. Le Cesne[11], C. Le Péchoux[12], J. Y. Blay[13], S. Piperno-Neumann[14], C. Chevreau[15], J. O. Bay[16], V. Brouste[17], P. Terrier[18], D. Ranchère-Vince[19], A. Neuville[20] & A. Italiano[1] on behalf of the French Sarcoma Group



Kaplan–Meier locoregional relapse-free survival curves

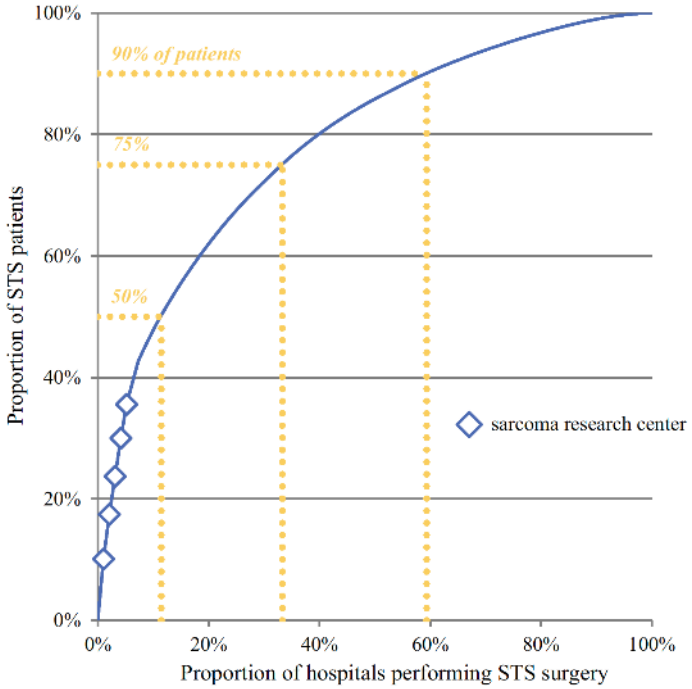
Ann Surg Oncol (2017) 24:3279–3288
DOI 10.1245/s10434-017-6003-3

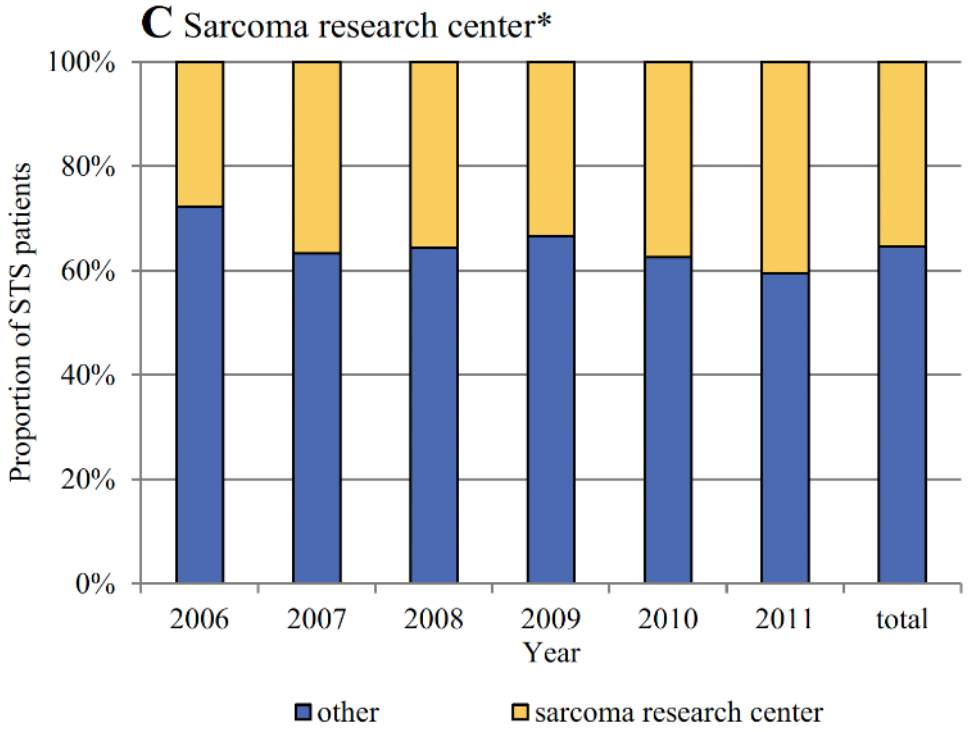
Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BONE AND SOFT TISSUE SARCOMAS

Adherence to Guidelines for Adult (Non-GIST) Soft Tissue Sarcoma in the Netherlands: A Plea for Dedicated Sarcoma Centers

Harald J. Hoekstra, MD, PhD[1], Rick L. M. Haas, MD, PhD[2], Cornelis Verhoef, MD, PhD[3], Albert J. H. Suurmeijer, MD, PhD[4], Carla S. P. van Rijswijk, MD, PhD[5], Ben G. H. Bongers, MD[1], Winette T. van der Graaf, MD, PhD[6], and Vincent K. Y. Ho, MSc, PhD[7]





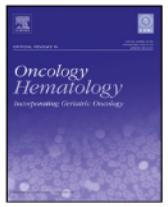
* statistically significant ($p<0.01$)

Critical Reviews in Oncology/Hematology 110 (2017) 94–105

Contents lists available at ScienceDirect

Critical Reviews in Oncology/Hematology

journal homepage: www.elsevier.com/locate/critrevonc



ECCO Essential Requirements for Quality Cancer Care: Soft Tissue Sarcoma in Adults and Bone Sarcoma. A critical review

Elisabeth Andritsch[a], Marc Beishon[b], Stefan Bielack[c], Sylvie Bonvalot[d], Paolo Casali[e], Mirjam Crul[f], Roberto Delgado-Bolton[g], Davide Maria Donati[h], Hassan Douis[i], Rick Haas[j], Pancras Hogendoorn[k], Olga Kozhaeva[l], Verna Lavender[m], Jozsef Lovey[n], Anastassia Negrouk[o], Philippe Pereira[p], Pierre Roca[q], Godelieve Rochette de Lempdes[r], Tiina Saarto[s], Bert van Berck[t], Gilles Vassal[u], Markus Wartenberg[v], Wendy Yared[w], Alberto Costa[x], Peter Naredi[y,*]

there can be profound implications for a patient not diagnosed at a sarcoma centre, such as missing the chance of a timely diagnosis of a potentially curable disease, and being spared more extensive surgery

The experience of the surgeon is a prognostic factor of overall survival in STS

Critical Reviews in Oncology/Hematology 110 (2017) 94–105

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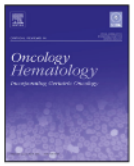

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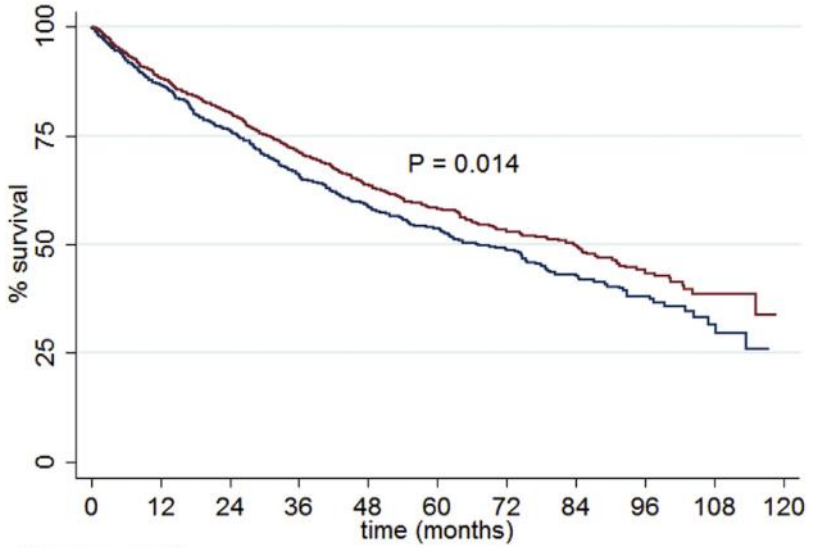
the experienced sarcoma surgeon

- Must perform almost 50 sarcoma surgeries/year
- Must act within a multidisciplinary environment
- Must be able to coordinate collaborations when necessary (with a multidisciplinary surgical team) with the potential for local control weighted against the potential for long-term dysfunction

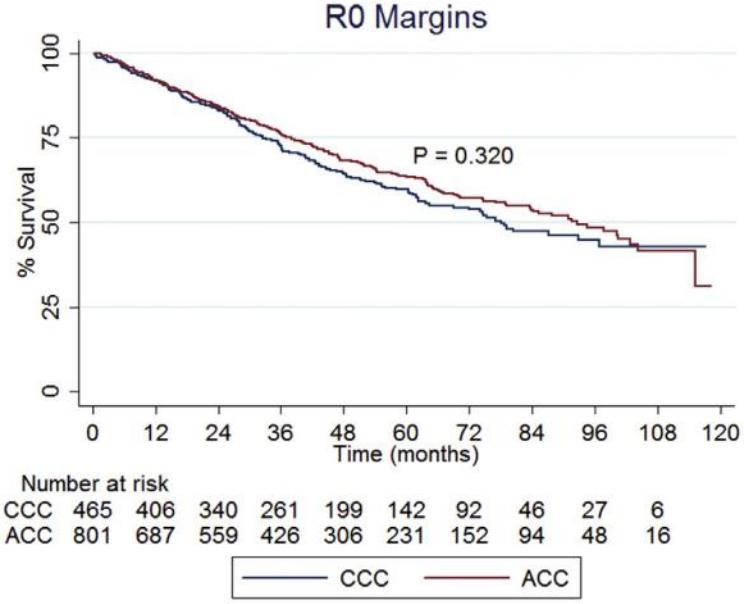
Overall survival after resection of retroperitoneal sarcoma at academic cancer centers versus community cancer centers: An analysis of the National Cancer Data Base

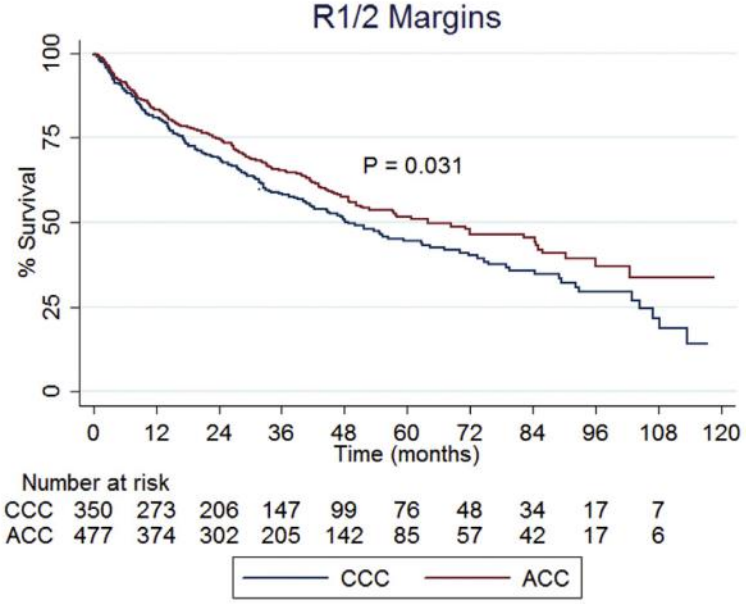
Nicholas G. Berger, MD,[a] Jack P. Silva, BS,[a] Harveshp Mogal, MD,[a] Callisia N. Clarke, MD,[a] Manpreet Bedi, MD,[b] John Charlson, MD,[c] Kathleen K. Christians, MD,[a] Susan Tsai, MD, MHS,[a] *and* T. Clark Gamblin, MD, MS, MBA,[a] *Milwaukee, WI*



2762 patients:

greater propensity for neoadjuvant treatments at ACCs compared with CCCs





Received: 20 February 2017 | Accepted: 13 May 2017
DOI: 10.1002/jso.24710

RESEARCH ARTICLE

WILEY Journal of SURGICAL ONCOLOGY

Predictors of surgical quality for retroperitoneal sarcoma: Volume matters

Matthew J. Maurice MD[1] | Jessica M. Yih MD[2] | John B. Ammori MD[3] | Robert Abouassaly MD, MS[2,4]

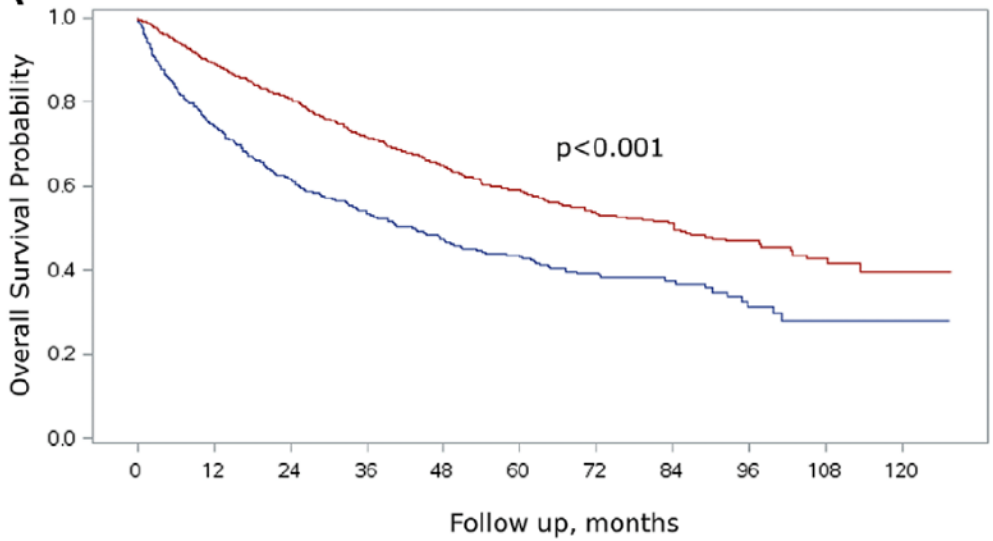
Patients treated at high-volume centers has

1.9-fold higher odds of undergoing surgical management ($P < 0.001$),

2.5-fold higher odds of receiving a R0/R1 resection ($P = 0.026$),

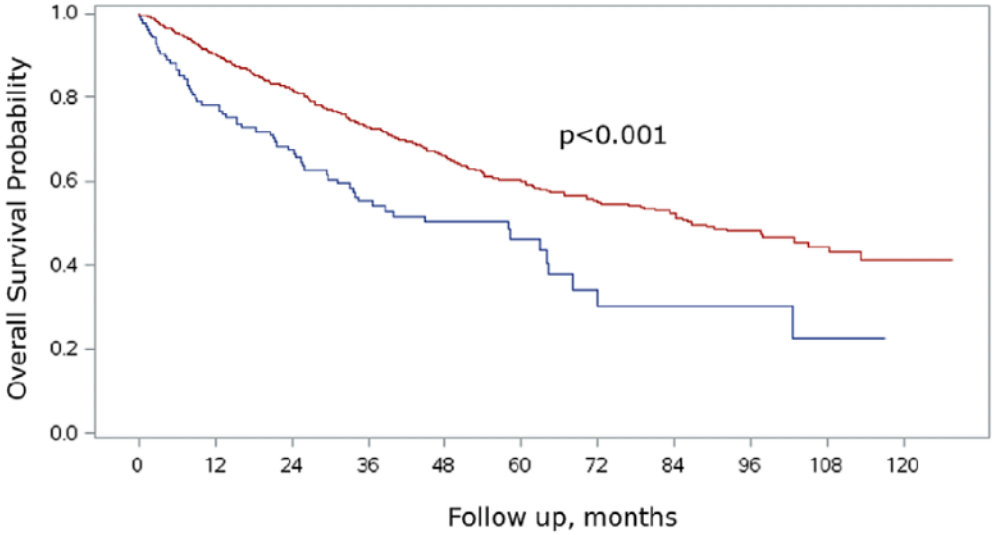
1.8-fold higher odds of an R0 resection ($P < 0.001$).

A



A) surgical treatment (red) versus non surgical treatment (blue)

B



B) R0/R1 resection (red) versus R2 resection (blue)

ELSEVIER

Urologic Oncology: Seminars and Original Investigations ▮ (2017) ▮▮▮–▮▮▮

UROLOGIC ONCOLOGY

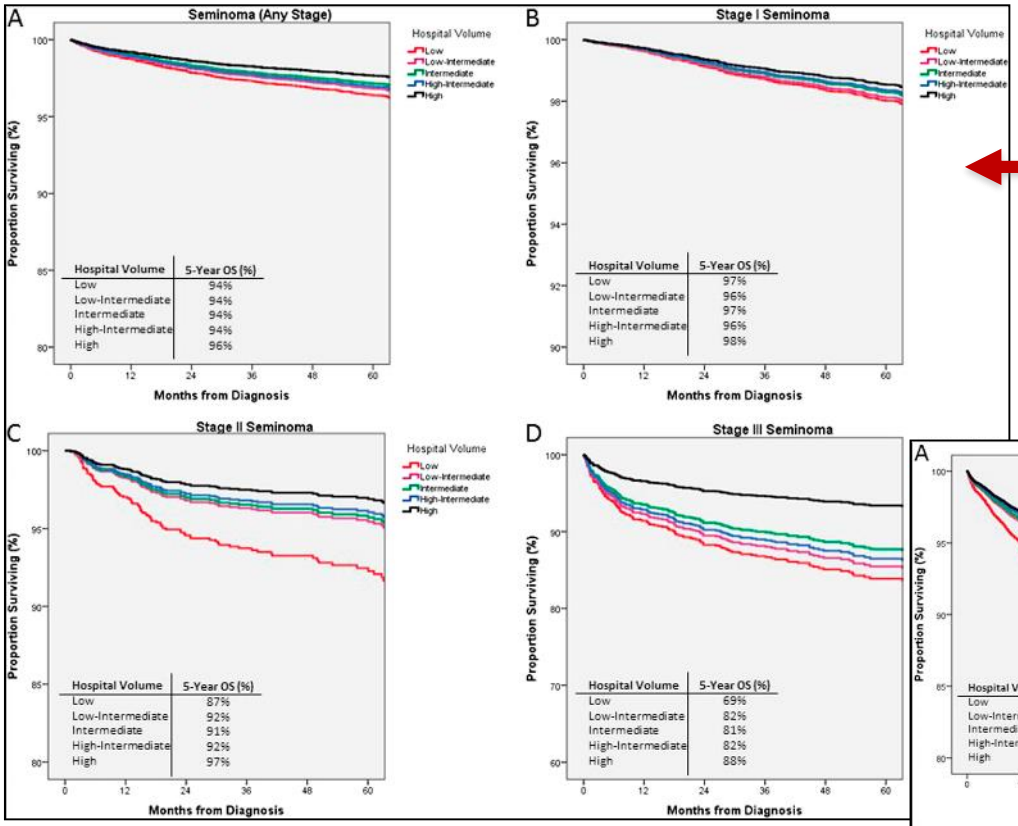
Original article

Impact of hospital case volume on testicular cancer outcomes and practice patterns

Solomon L. Woldu, M.D.[a], Justin T. Matulay, M.D.[b], Timothy N. Clinton, M.D.[a], Nirmish Singla, M.D.[a], Laura-Maria Krabbe, M.D.[a], Ryan C. Hutchinson, M.D.[a], Arthur Sagalowsky, M.D.[a], Yair Lotan, M.D.[a], Vitaly Margulis, M.D.[a], Aditya Bagrodia, M.D.[a,*]

Results: A total of 33,417 patients with TGCT diagnosed from 1,239 institutions met inclusion criteria.

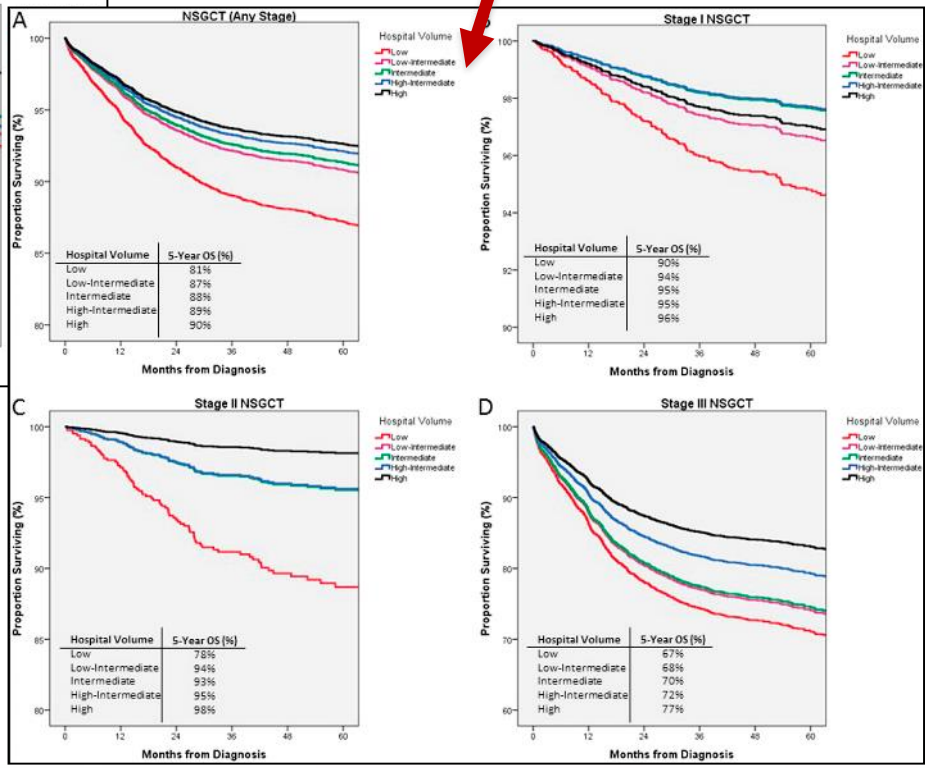
Conclusions: Our analysis of a nationwide cancer registry demonstrated that increased hospital TGCT case volume was associated with significant differences in management strategies and improved survival outcomes, in particular for more advanced disease. © 2017



POPULATION SURVIVING IN

SEMINOMA

NON SEMINOMA GERM CELL TUMOR



LOW VOLUME

HIGH VOLUME

Aggressive Surgical Approach to the Management of Neuroendocrine Tumors: A Report of 1,000 Surgical Cytoreductions by a Single Institution

Eugene A Woltering, MD, FACS, Brianne A Voros, MS, David T Beyer, BSBE, Yi-Zarn Wang, DDS, MD, Ramcharan Thiagarajan, MD, FACS, Pamela Ryan, RN, BSN, Anne Wright, RN, BSN, Robert A Ramirez, DO, M Jennifer Ricks, J Philip Boudreaux, MD, FACS

Table 6. Summary of the 5-Year, 10-Year, 20-Year, and Median Overall Survival and 30-Day Postoperative Mortality Rates by Site-Specific Classifications

			30-d postoperative mortality*		Overall survival rate			
Primary site	n	No. of procedures	n	%	5-y, %	10-y, %	20-y, %	Median, mo
All	800	1,001	24	2	82	65	37	166
Lung	11	15	—	—	100	73	58	NR
Stomach	31	36	2	6	75	67	NA	NR
Duodenum	55	57	1	2	70	55	55	NR
Pancreas	89	108	3	4	67	51	36	124
Small bowel	516	658	15	3	84	67	31	161
Appendix	19	19	—	—	94	94	—	NR
Colon	23	29	—	—	100	92	61	NR
Rectum	34	52	1	2	76	61	40	143
Other	8	12	—	—	100	67	67	NR
Unknown	14	15	2	13	74	74	0	216

*For 30-d postoperative mortality, n is equal to the total number of deaths within 30 days of surgery. Percentages were calculated as the number of deaths (n) for each primary site divided by the total number of procedures performed for each primary site.
NA, not applicable; NR, not reached.

Curr. Treat. Options in Oncol. (2017) 18:65
DOI 10.1007/s11864-017-0507-8

Head and Neck Cancer (L Licitra, Section Editor)

The Case Volume Issue in Head and Neck Oncology

Salvatore Alfieri, MD[1]
Ester Orlandi, MD[2]
Paolo Bossi, MD[1,*]

In surgical area, it will be important the definition of the minimum number of surgical operations for HNC to be considered "credentialed" for this disease.

if performance is about practice, competence is a broader field, encompassing technical expertise, medical knowledge, and ability to judge and to make decisions.

So, the process of credentialing should encounter also these aspects in a more complex and articulate judgment

Table 1. Clinical studies investigating the relationship between surgery (hospital and/or surgeon-related) case volume and outcome in head and neck cancer patients

Reference	Study country	Analysis period	Disease subsite	Study population (*N*)	Object of analysis	Cut-off of "high" surgery case volume (hospital and/or Surgeon)	Results
[7•]	USA	1998 to 2002	Oral cavity Parotid/other salivary glands Pharynx Larynx	11,160	HCV	59.7 cases/year	Improved short-term (30-day after surgery) and long-term (5 and 10-year) survival[a]
[8]	USA	2003 to 2007	Oral cavity Oropharynx Larynx Hypopharynx	1195	HCV	≥ 15 cases/year	Improved survival[b] (n.s.s.)
[9]	Taiwan	2005 to 2007	Oral cavity	1256	SCV	22–117 cases/year	Improved survival (3-year)
[10]	Taiwan	1997 to 1999	Oral cavity	6666	HCV SCV	HCV ≥ 531 cases/3 years SCV ≥ 142 cases/3 years	Not improved survival (5-year) for HCV Improved survival (5-year) for SCV
[11]	USA	1996 to1998	Larynx[c]	11,446	HCV	6 cases/year[d]	Improved survival (5-year)
[12]	USA	1996 to 2002	Larynx[e]	19,326	HCV	≥ 3.6 cases/year (community hospitals) ≥ 8.7 cases/year (community Cancer Centers) ≥ 17.1 cases/year (Teaching/Research Centers)	Improved survival (90-day, 365-day, 4-year) for patients treated at Teaching/Research Centers
[13••]	Canada	1993 to 2010	Oral cavity Oropharynx Larynx Hypopharynx	5720	HCV SCV	HCV ≥ 138 cases/year SCV ≥ 30 cases/year	Improve survival (5 and 10-year) for HCV

HCV hospital-related case volume, *n.s.s.* not statistically significant, *SCV* surgeon-related case volume

[a]Patients with large (> 30 mm), high-grade, parotid, pharynx and larynx had better advantage to be addressed at high-volume centers

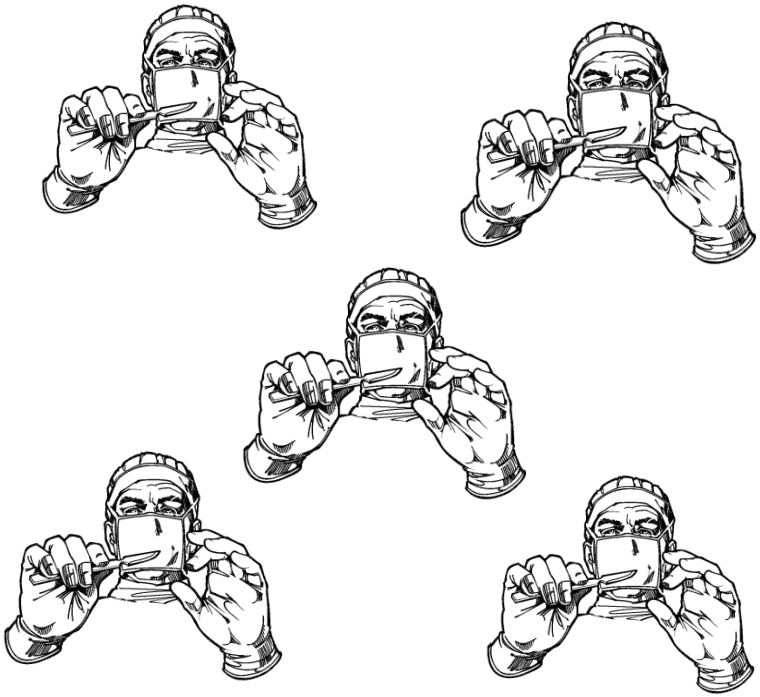
[b]Patients treated at high-volume hospitals were not more likely to receive multimodality therapy and cisplatin-based chemoradiotherapy

[c]Only early-stage (T1-T2 N0 M0) laryngeal cancers were included

[d]Mean value/year

[e]Only advanced-stage (III–IV stage) laryngeal cancers were included

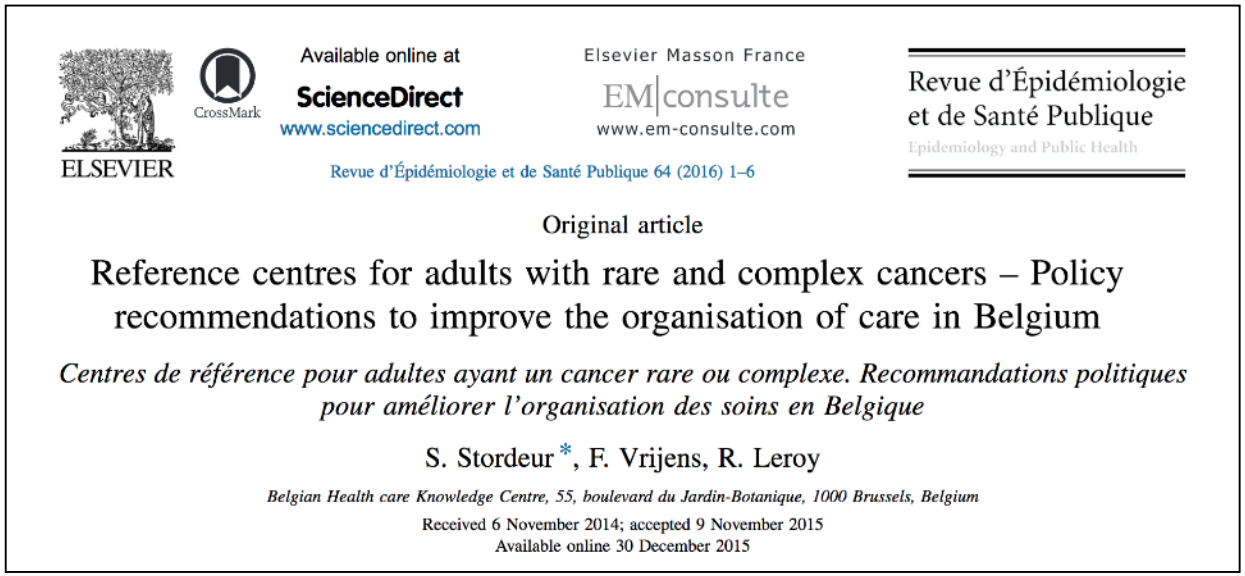
high volume surgeons ⟷ ***multidisciplinary team***



In which way the expertise of a centre can be recognized ?

ONCOPOLICY

INSTITUTIONAL ACCREDITATION PROCESS



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Revue d'Épidémiologie et de Santé Publique
Epidemiology and Public Health

Revue d'Épidémiologie et de Santé Publique 64 (2016) 1–6

Original article

Reference centres for adults with rare and complex cancers – Policy recommendations to improve the organisation of care in Belgium

Centres de référence pour adultes ayant un cancer rare ou complexe. Recommandations politiques pour améliorer l'organisation des soins en Belgique

S. Stordeur *, F. Vrijens, R. Leroy

Belgian Health care Knowledge Centre, 55, boulevard du Jardin-Botanique, 1000 Brussels, Belgium

Received 6 November 2014; accepted 9 November 2015
Available online 30 December 2015

Improving the quality of rare/complex cancer care requires to concentrate expertise and sophisticated infrastructure in reference centres.

The foundamental step is the translation of the recommendations into policy decisions: the best interest of the patient should prevail

RARE CANCERS EUROPE

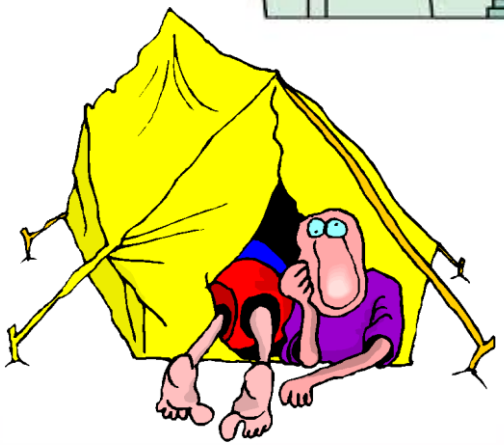
Joining forces for action

A MULTI-STAKEHOLDER PARTNERSHIP INITIATIVE

European Reference Networks

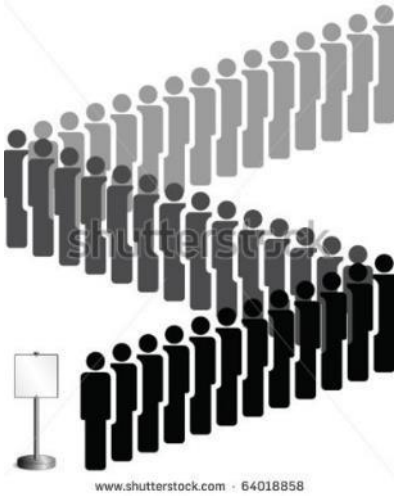
JARC
JOINT ACTION ON RARE CANCERS

CENTRALIZATION IMPROVES OUTCOMES?



Potential criticism to a “referral centers” policy

delay induced by centralization and time to refer the patients



low quality of decision-making in multidisciplinary meetings due to the vastly increased numbers of cases needing review

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ScienceDirect

EJSO 41 (2015) 1115–1117

EJSO the Journal of Cancer Surgery

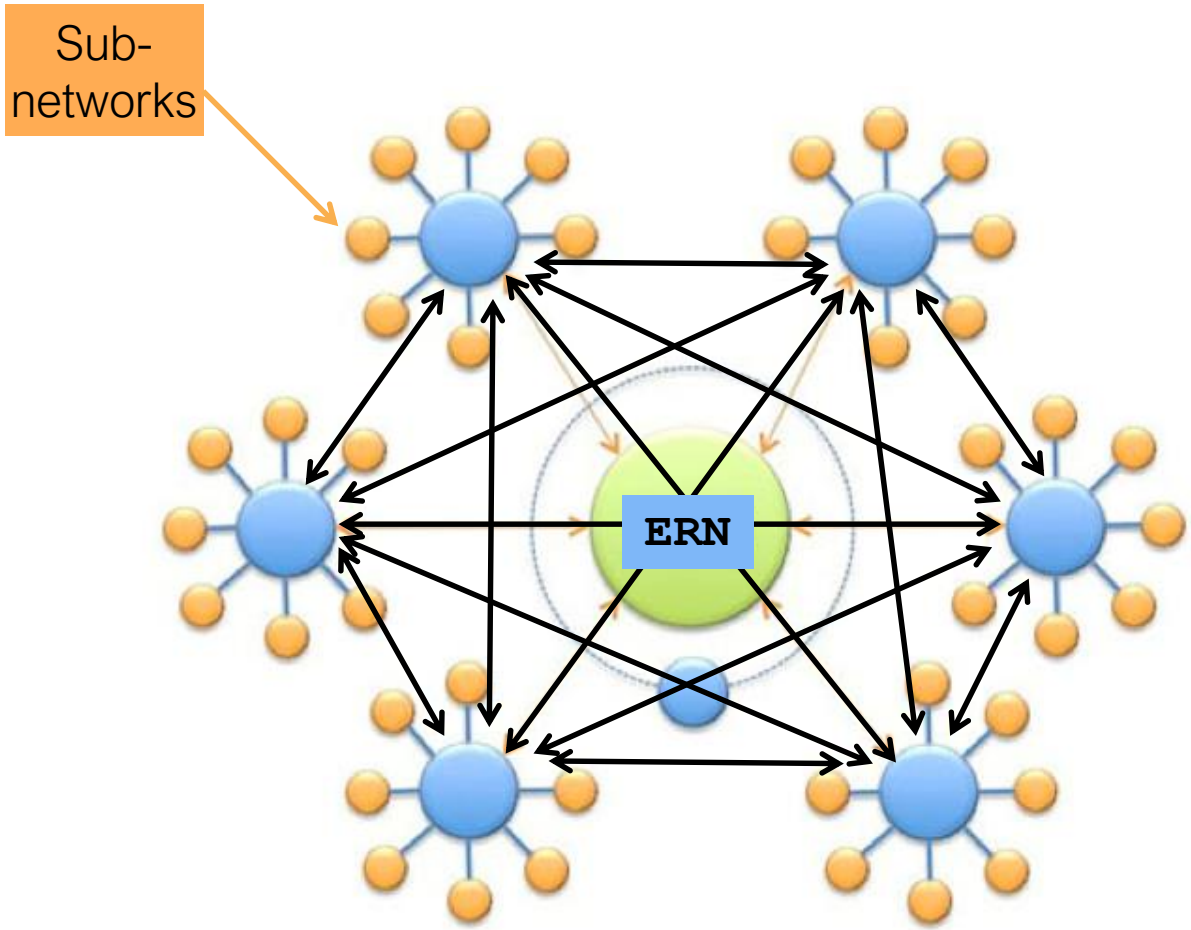
www.ejso.com

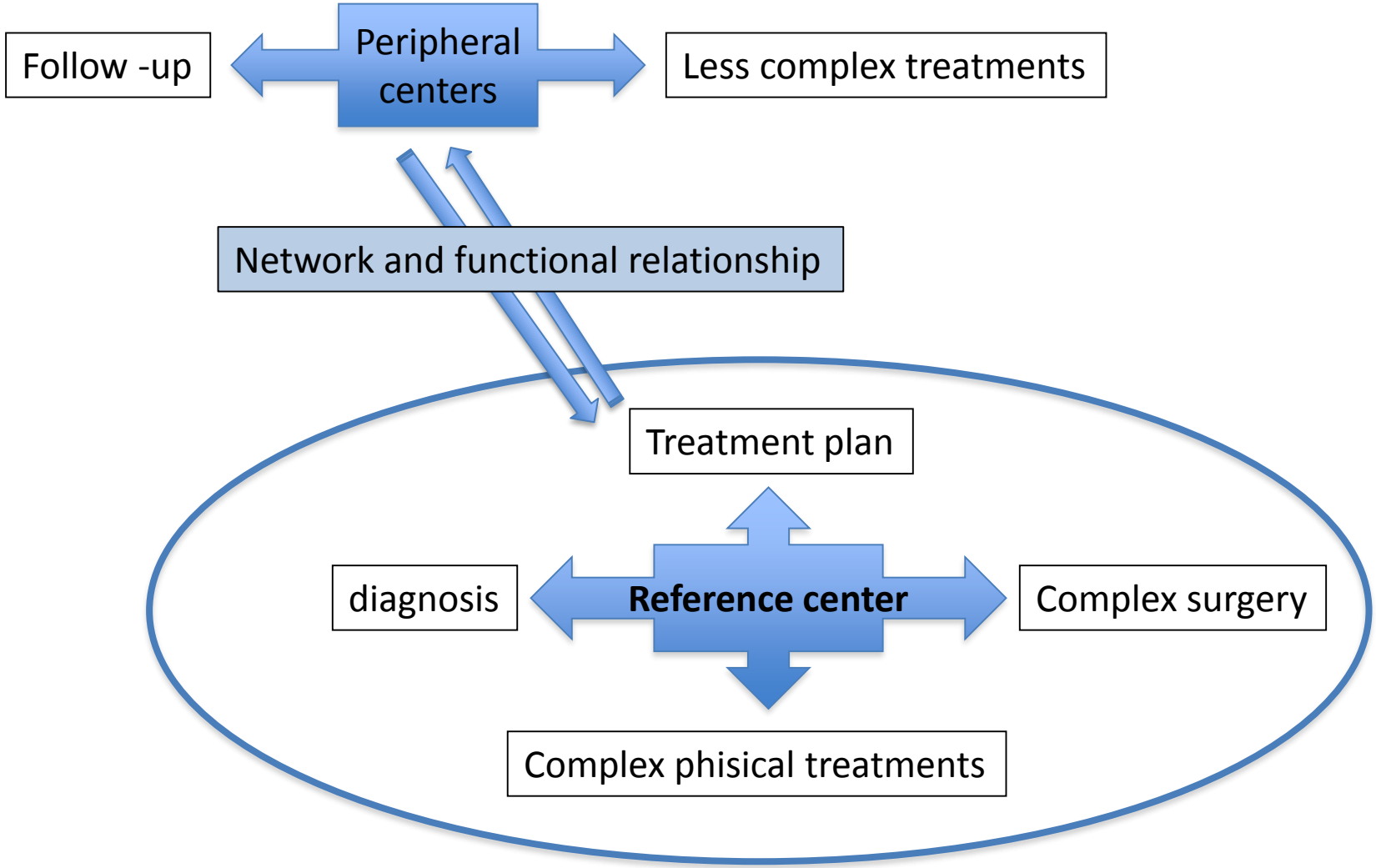
Editorial

Specialized teams or specialist networks for rare cancers?

networking between centers of advanced treatment and surroundings hospitals is a key element to ensure that expertise travels, rather than patients.

COLLABORATIVE RARE CANCER NETWORKS




Follow -up
Peripheral centers
Less complex treatments
Network and functional relationship
Treatment plan
diagnosis
Reference center
Complex surgery
Complex phisical treatments

crucial instruments to improve quality of surgical care for patients with rare cancers: research

- accrual in multicentric clinical trials, assuring data quality control

the low number of patients in rare cancers makes it difficult to build a comprehensive evidence-base for practice

Annals of Oncology 26: 300–306, 2015
doi:10.1093/annonc/mdu459
Published online 1 October 2014

Rare Cancers Europe (RCE) methodological recommendations for clinical studies in rare cancers: a European consensus position paper

P. G. Casali[1]*, P. Bruzzi[2], J. Bogaerts[3] & J.-Y. Blay[4] on behalf of the Rare Cancers Europe (RCE) Consensus Panel

[1]*Adult Mesenchymal Tumour Medical Oncology Unit, Fondazione IRCCS Istituto Nazionale Tumori, Milan;* [2]*Clinical Epidemiology Unit, National Institute for Cancer Research, Genova, Italy;* [3]*European Organization for Research and Treatment of Cancer (EORTC), Brussels, Belgium;* [4]*Department of Medical Oncology, Centre Léon Bérard, Centre de Recherche en Cancérologie, Université de Lyon, Lyon, France*

Published in final edited form as:
Expert Rev Clin Pharmacol. 2015 November ; 8(6): 661–663. doi:10.1586/17512433.2015.1088382.

Clinical trial design for rare cancers - why a less conventional route may be required

Katherine S Panageas, DrPH
Memorial Sloan Kettering Cancer Center, Department of Epidemiology and Biostatistics, New York, NY 10017

Future ONCOLOGY

EDITORIAL

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Should clinical trials be approached differently for rare cancers?

"...the methodologies to help compensate for the small patient numbers associated with rare cancers should be utilized to help provide evidence to optimize treatments."

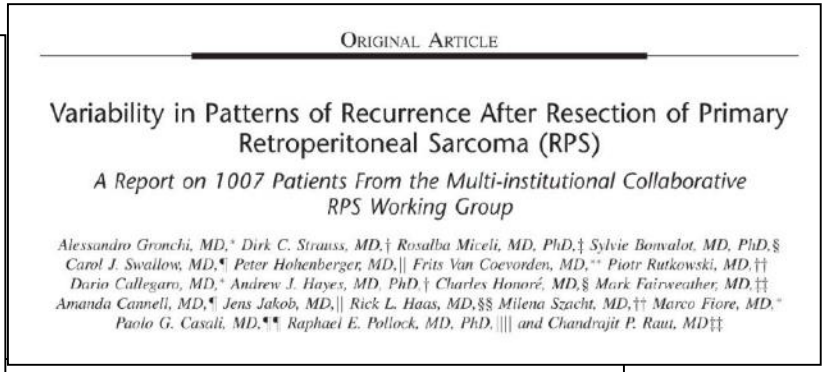
Ian Olver*

First draft submitted: 19 January 2016; Accepted for publication: 28 January 2016;
Published online: 4 March 2016

Original Article

Post-relapse Outcomes After Primary Extended Resection of Retroperitoneal Sarcoma: A Report From the Trans-Atlantic RPS Working Group

Andrea J. MacNeill, MD[1,2]; Rosalba Miceli, PhD[3]; Dirk C. Strauss, MD[4]; Sylvie Bonvalot, MD, PhD[5]; Peter Hohenberger, MD[6]; Frits Van Coevorden, MD[7]; Piotr Rutkowski, MD[8]; Dario Callegaro, MD[2]; Andrew J. Hayes, MD, PhD[4]; Charles Honoré, MD[9]; Mark Fairweather, MD[10]; Amanda Cannell, BSc[11]; Jens Jakob, MD[6]; Rick L. Haas, MD[12]; Milena Szacht, MD[8]; Marco Fiore, MD[2]; Paolo G. Casali, MD[13]; Raphael E. Pollock, MD, PhD[14]; Chandrajit P. Raut, MD, MSc[10]; Alessandro Gronchi, MD[2]; and Carol J. Swallow, MD, PhD[1]



ORIGINAL ARTICLE

Variability in Patterns of Recurrence After Resection of Primary Retroperitoneal Sarcoma (RPS)

A Report on 1007 Patients From the Multi-institutional Collaborative RPS Working Group

Alessandro Gronchi, MD, Dirk C. Strauss, MD,† Rosalba Miceli, MD, PhD,‡ Sylvie Bonvalot, MD, PhD,§ Carol J. Swallow, MD,¶ Peter Hohenberger, MD,|| Frits Van Coevorden, MD,** Piotr Rutkowski, MD,†† Dario Callegaro, MD,* Andrew J. Hayes, MD, PhD,† Charles Honoré, MD,§ Mark Fairweather, MD,‡‡ Amanda Cannell, MD,¶ Jens Jakob, MD,|| Rick L. Haas, MD,§§ Milena Szacht, MD,†† Marco Fiore, MD,* Paolo G. Casali, MD,¶¶ Raphael E. Pollock, MD, PhD,|||| and Chandrajit P. Raut, MD‡‡*

Ann Surg Oncol
DOI 10.1245/s10434-014-3965-2

Annals of SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – BONE AND SOFT TISSUE SARCOMAS

Management of Primary Retroperitoneal Sarcoma (RPS) in the Adult: A Consensus Approach From the Trans-Atlantic RPS Working Group

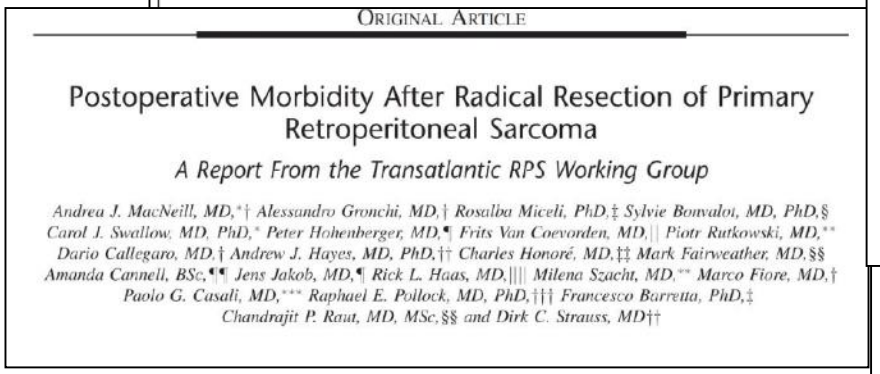
Trans-Atlantic RPS Working Group

clinical practice guidelines

Annals of Oncology 25 (Supplement 3): iii102–iii112, 2014
doi:10.1093/annonc/mdu254

Soft tissue and visceral sarcomas: ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up†

The ESMO/European Sarcoma Network Working Group*

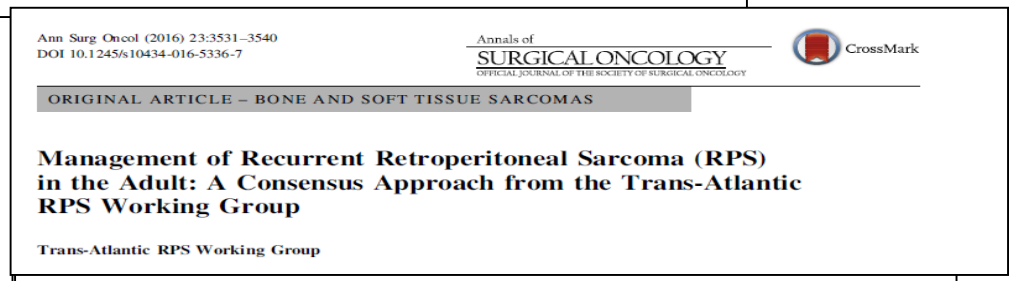


ORIGINAL ARTICLE

Postoperative Morbidity After Radical Resection of Primary Retroperitoneal Sarcoma

A Report From the Transatlantic RPS Working Group

Andrea J. MacNeill, MD,† Alessandro Gronchi, MD,† Rosalba Miceli, PhD,‡ Sylvie Bonvalot, MD, PhD,§ Carol J. Swallow, MD, PhD,* Peter Hohenberger, MD,¶ Frits Van Coevorden, MD,|| Piotr Rutkowski, MD,** Dario Callegaro, MD,† Andrew J. Hayes, MD, PhD,†† Charles Honoré, MD,‡‡ Mark Fairweather, MD,§§ Amanda Cannell, BSc,¶¶ Jens Jakob, MD,¶ Rick L. Haas, MD,|||| Milena Szacht, MD,** Marco Fiore, MD,† Paolo G. Casali, MD,*** Raphael E. Pollock, MD, PhD,††† Francesco Barretta, PhD,‡ Chandrajit P. Raut, MD, MSc,§§ and Dirk C. Strauss, MD††*



Ann Surg Oncol (2016) 23:3531–3540
DOI 10.1245/s10434-016-5336-7

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ORIGINAL ARTICLE – BONE AND SOFT TISSUE SARCOMAS

Management of Recurrent Retroperitoneal Sarcoma (RPS) in the Adult: A Consensus Approach from the Trans-Atlantic RPS Working Group

Trans-Atlantic RPS Working Group

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ORIGINAL ARTICLE – BONE AND SOFT TISSUE SARCOMAS

Management of Recurrent Retroperitoneal Sarcoma (RPS) in the Adult: A Consensus Approach from the Trans-Atlantic RPS Working Group

Trans-Atlantic RPS Working Group

tarpswg.org

Trans-Atlantic RetroPeritoneal Sarcoma Working Group

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TARPSWG

TRANS-ATLANTIC RETROPERITONEAL SARCOMA WORKING GROUP

A collaborative group for Surgical Oncologists and Sarcoma Professionals

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SENZA CATEGORIA

Papers from TARPSWG

15 August 2017 — 0 Comments

NEWS

RECENT POSTS

- Papers from TARPSWG
- South Korea is now part of TARPSWG!
- New centers for RESAR study
- Evaluation of resection margins in RPS
- Activation Track – RESAR Study

esso European Society of Surgical Oncology

*Take home message

RARE CANCERS TREATMENT: THE CHALLENGES FROM THE SURGEON'S PERSPECTIVE

Defining high quality centers and a network of care by a process of accreditation

a collaborative effort among disease thought-leaders, politicians, advocates and scientific societies.

European Reference Networks

JARC JOINT ACTION ON RARE CANCERS

OECI Organisation of European Cancer Institutes European Economic Interest Grouping

RARE CANCERS EUROPE

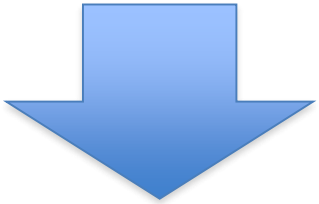
RARE CANCERS TREATMENT: THE CHALLENGES FROM THE SURGEON'S PERSPECTIVE

In addition to regional expert centers, smaller local centers must be identified to deliver less complex care

Sub-networking or integrated networks

RARE CANCERS TREATMENT: THE CHALLENGES FROM THE SURGEON'S PERSPECTIVE

integrated networks increase accessibility and minimize the burden of traveling long distances



<u>low access to proper treatments is likely higher in underserved areas</u>

*Take home message

RARE CANCERS TREATMENT: THE CHALLENGES FROM THE SURGEON'S PERSPECTIVE

Struggle to inequalities: well-structured training programs by high quality centers

creation of expert centers in underserved geographic areas

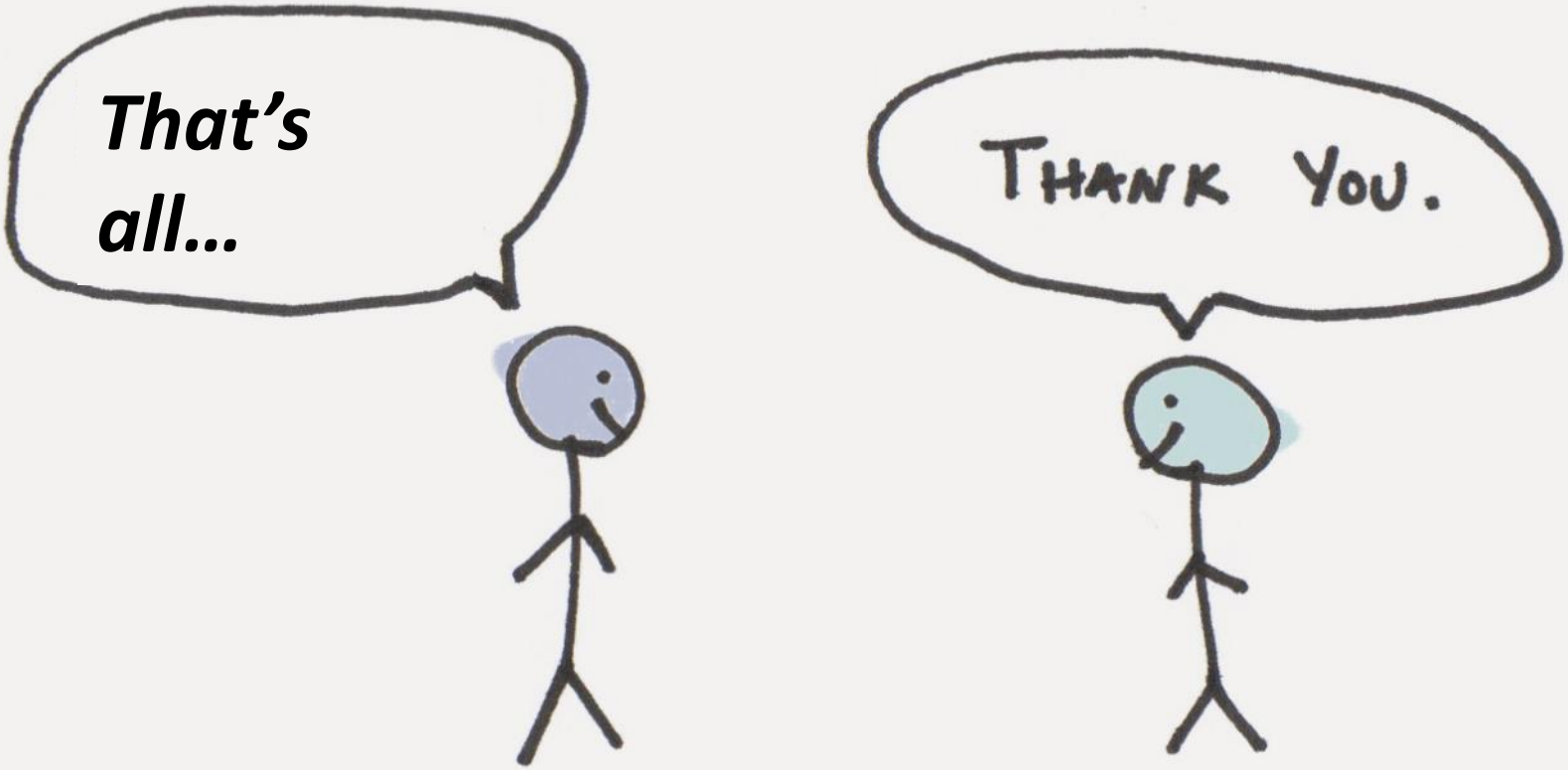
EUROPEAN SCHOOL OF
SOFT TISSUE SARCOMA SURGERY

ctos esso

*Take home message

Actively involve patient advocacies

- *To improve patients' knowledge and ability to take decisions*
- *To secure access to innovative or complex treatments*
- *To support research, such as by being involved in the design of clinical trials*
- *To advocate at national health policy level.*



sergio.sandrucci@unito.it