Sarcoma
Patients
EuroNet

Together We Can Make A Difference
For Those Affected By Sarcomas!

7th SPAEN Annual Conference for Organisations Representing Patients with Sarcomas, GIST or Desmoid-Tumours

8th – 10th September 2016
Warsaw

CONFERENCE REPORT

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SPAEN is an independent International network of patient advocacy groups. It does not represent the commercial interests of any organisation. SPAEN's funding policy is based on our "Code of Practice".

We are looking forward to continuing these partnerships on our way to making a difference for those affected by sarcomas!

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SPAEN

Sarcoma Patients EuroNet Association (SPAEN), the International Network of GIST, sarcoma and desmoid patient advocacy groups, was founded in April 2009 with the aim of bringing together information services, patient support and advocacy organisations for the benefit of sarcoma patients across the whole of Europe and since 2016 worldwide. Acting in partnership with clinical experts, scientific researchers, industry and other stakeholders, SPAEN is working to improve the treatment and care of sarcoma patients through improving information and support, and by raising the profile of sarcoma with policymakers and the public.

Eleven organisations initiated the foundation of SPAEN on April 6, 2009 in Bad Nauheim, Germany. Membership is open to patient groups working with sarcoma, GIST or desmoid patients worldwide. SPAEN is legally registered under German law with short term goals and long term ambitions. It is supporting the growing pressure for better treatment of rare cancers through initiatives and groups such as Rare Cancers Europe, EUROSARC, ESMO and EORTC. Sarcoma Patients EuroNet e.V. / Association is supported by leading sarcoma experts and expert groups as well as the pan-European collaboration of sarcoma specialized researchers and medical experts.

SPAEN has also established a Medical Advisory Board including 15 leading sarcoma experts from several nationalities covering all relevant disciplines.

From September 8-10, 2016 the 7th SPAEN Annual Conference for member organisations and those seeking membership was held in Warsaw, Poland. The SPAEN annual conferences are always very well attended with around 70-80 participants from more than 15 countries covering patient advocates, medical experts and researchers as well as the health industry. For the sarcoma patient community, the SPAEN conference is always a valuable platform with an opportunity to learn about advances and challenges in the treatment of sarcomas, GIST and desmoids and to share experience and best practice. The 2016 conference was again a balanced symbiosis of medical content, advocacy topics and capacity building sessions.

Among the topics this year were:

- Spotlights on European Sarcoma and Rare Cancers Policy
- An introduction to Immuno-Oncology
- Understanding “Patient Safety”
- Workshops on important patient advocacy issues
- Parallel tracks for GIST, sarcomas and desmoid tumours with medical updates on current treatment options and ongoing clinical trials
- Interesting projects from the Sarcoma Patient Community
- Capacity Building: How to write grant proposals and funding requests to the pharma industry?

As many have already experienced: The SPAEN Annual Conference is a great event where patient advocates from the international sarcoma, GIST and desmoid patient community come together, interact with top sarcoma experts, have access to state-of-the-art medical and scientific information and exchange best practice in patient advocacy and capacity building among each other. This year the conference was run for the first time ever in Eastern Europe, thanks to the fantastic help of SPAEN’s sarcoma and GIST colleagues in Poland.

During the conference, there was a common sense between patient advocates, sarcoma experts and the industry that together in a joint effort research in sarcomas can be completed more quickly and new treatments can be introduced faster. There was also a high level of commitment of every participant, irrespective of being a patient advocate, a clinical expert or an industry representative, to take part in “Changing the World” and contributing their share to make a difference for the benefit of sarcoma patients. The upcoming challenges SPAEN is facing are establishing centres of excellence in Europe, identifying where expert centers are needed and make sure that the patients with these rare tumours are treated at those experienced and specialized centers and networks of excellence.

Participants at the 7th SPAEN Annual Conference 2016 in Warsaw, Poland represented countries from all over Europe and beyond.

Welcome to Warsaw

DAY I

On behalf of the SPAEN Board ***Markus Wartenberg, Germany,*** and ***Kamil Dolecki, Poland***, on behalf of the Polish Sarcoma and GIST Patient Groups officially opened the 7th Annual SPAEN conference in Warsaw with a very warm welcome thanking all participants who decided to attend this meeting.

"We come from so many different countries, but we have so much in common."

Kamil Dolecki, Poland

Markus Wartenberg (top) and Kamil Dolecki

Spotlights on European Sarcoma and Rare Cancers Policy

Challenges of patients with GIST/rare cancers in Central and Eastern Europe

In this first session of "Spotlights on European Sarcoma and Rare Cancers Policy" ***Yuliana Popova, Bulgaria,*** addressed challenges of patients with rare cancers in Central and Eastern European countries.

Bulgarian cancer patients show the worst survival rates in comparison to all other European countries including those from Central and Eastern Europe. The same situation holds true for patients with rare cancers: Again, Bulgaria shows the worst 5-year-survivial rate among the European countries: Only 35% of patients with a rare cancer reach a 5-year-survival, compared to over 50% on average in the EU.

This is due to a number of problems: Incomplete pathology, (too) late and often inaccurate diagnosis, insufficient proper pre-operative examination and imaging etc. Little knowledge about sarcomas among oncologists, but also very limited spending by health authorities lead to such a situation. In consequence, patients have to pay approximately half of the healthcare costs themselves, have to coordinate consultations and information transfer between disciplines and fight lack of knowledge and ignorance in doctors which consequently lead to wrong decisions – all on top of struggling with a potentially life-threating disease.

Yuliana Popova, Bulgaria
"I do whatever I can to improve the situation for cancer patients in Bulgaria."

It became very clear that there are enormous differences in the quality of health care in the different European countries and that there is a pressing need for a change and improvement. However, Yuliana, together with her group, keeps on fighting: "I do whatever I can to improve the situation for cancer patients in Bulgaria".

Situation of patients in Eastern European countries

Main problems: Incomplete pathology, (too) late and often inaccurate diagnosis, insufficient proper pre-operative examination and imaging

Consequence: Lowest 5-year-survival-rate of patients with rare cancers in the EU

Main Reasons: Limited knowledge of doctors and low spending of health authorities

Spotlights on European Sarcoma and Rare Cancers Policy

The Importance of ERNs for Rare Cancers/Sarcomas

One step on the way of improving this situation is to consolidate a European Reference Network (ERN) for adult rare cancers including sarcomas which will be named EURACAN. This initiative is based on the directives developed by Rare Cancers Europe a few years ago. The concept and goal of the European Reference Network (ERN) were explained by ***Professor Paolo Casali, Italy.*** EURACAN is supposed to act as hub for regional and national networks, to provide highly specialized care for rare cancer patients in Europe and to enable second opinions across European countries. Moreover, the ERN will promote multi-disciplinary advice, develop and implement clinical guidelines, disseminate knowledge and support national centers and networks.

However, Professor Casali also sees obstacles on the way: Funding for establishing the ERNs is low and alternative budgets need to be evaluated. Furthermore, even though cooperation on an international level is already in place, national ERNs have to work closely with regional and other national networks. In order to solve these issues, to foster further developments and form the basis of EURACAN, the initiative Joint Action on Rare Cancers (JARC) has been formed and will officially be launched in November 2016 by the European Commission.

What are ERNs?

ERNs are "European Reference Networks", international hubs for national and regional networks

EURACAN are European Reference Networks for adult rare cancers

Objectives: Provide the necessary and organisational structures for more efficient clinical research, early transfer of research data into clinical practice, thus improving the clinical management of rare cancers

EU Sarcoma Policy Papers

Markus Wartenberg , Germany summarized the current parallel initiatives on the way of developing European policy recommendations for the care of sarcoma patients. On the one hand Lilly reached out to interested and knowledgeable stakeholders with a common interest in engaging policymakers to help to improve care and outcomes for patients with sarcoma. This project aims to create an official "Sarcoma Policy Checklist" to help driving meaningful policy changes for sarcoma patients across Europe. Secondly, the European Cancer Organisation (ECCO) aims to develop a policy paper and recommendations. In addition, SPAEN itself has developed a policy paper focusing on the patients' perspective (the content and aims of this paper are described on page 16). All these initiatives will have to be harmonized in the next few months to complement to each other and focus on certain aspects of sarcoma care.

Policy Papers for Sarcomas

Several initiatives are aiming at improving care and outcomes for sarcoma patients by developing policy recommendations

SPAEN has developed a paper with the objective of underscoring the patients' perspective

An introduction to IO Immuno-Oncology

The second session focused on immuno-oncology. The whole topic of immuno-therapy has become very popular in the recent years especially due to its success in treating patients with malignant melanoma. ***Dr. Robin Jones, UK***, gave an overview on understanding the immune system and how immune therapies work in oncology.

Both the innate and adaptive immune responses can recognize and eliminate tumors. One of the first to investigate this was a leading New York surgeon, Willam Coley (1862-1936). He began to investigate the fact that feverish infections in cancer patients were occasionally associated with cancer remission. He injected a certain kind of bacteria (later called 'Coley's toxin') into mostly sarcoma patients and observed tumor regression in some cases. His findings were published in 1893, with his paper being the first that describes a serious attempt at cancer immunotherapy. However, during the ASCO meeting in 2000, the approach was neglected, because it was not reproducible, the data were inconsistent and the therapy was associated with high risks.

Today, further new approaches in immunotherapy are being tested. Among them are "older therapies" such as interleukin, but also vaccines and others. The most discussed ones are probably the so-called checkpoint inhibitors (CTLA-4- and PD1-/PDL1-inhibitors) which have proven to be quite effective in other types of cancers. Dr. Jones presented both existing concepts and first clinical trial data . For example, data of a phase II study from the American clinical study group SARC using the anti-PD-1 antibody pembrolizumab in 80 unselected soft tissue and bone sarcoma patients were presented at the 2016 Annual Meeting of the American Society of Clinical Oncology (ASCO).

However, single agent pembrolizumab showed limited activity in unselected sarcoma patients with infrequent early responses in undifferentiated pleo-morphic sarcomas, liposarcomas, osteo-sarcomas and chondrosarcomas. Dr. Jones emphasizes that further investigations such as combination strategies and longer clinical follow-up data are needed and ongoing.

Immuno-oncology in sarcomas

Immunotherapies have a long history

There are different immunotherapeutic approaches to treat different kinds of cancer

A lot of trials are ongoing. There's a need to define the role of immuno-therapies in sarcoma and especially in specific subtypes

Furthermore, biomarkers are needed to identify those patients that are most likely to benefit from immunotherapies

Understanding “Patient Safety”

From “drug safety” to “patient safety”: Moderator David Falconer, UK (left) and Prof. Bernd Kasper and Gunnar Schroefel, Bayer Healthcare (right)

Understanding “Patient Safety” has been addressed in the next session from the industry - ***Gunnar Schroefel, Bayer, Germany*** - and the expert / investigator perspective – ***Professor Bernd Kasper, Germany***, moderated by ***David Falconer, UK***.

When it comes to safety, the meaning differs for each stake-holder: The pharmaceutical industry speaks of “drug safety”, monitoring all side effects in order to develop measures to minimize risks and to provide information to doctors, authorities and patients. Clinicians have “safety in clinical studies” in mind, facing the challenge of getting across crucial information in a patient-friendly way within very limited time. And patients?

The aim of this session was to find a way from “drug safety” with a lot of regulatory and administrative issues to a more patient-orientated “patient safety”, with the following objectives:

(1) Raise attention and educate participants on the key aspects of safety during treatment,
(2) Discuss which safety aspects are important for and to patients, and how information and communication about those can be improved, and
(3) Emphasize that the patient community, health care providers including investigators and pharma can act in partnership to enhance patient safety.

At the end of the discussion, the auditorium had come up with some major aspects which would make them feel safer:

- A companion through personal disease journey: A resource to find information for specific needs
- Real life advice: not just interpretation of statistical data, but practical advice based on real life experience
- Current information, kept updated on disease and treatments

The audience participated actively in this session.

Understanding safety

Safety has different meanings for different stakeholders

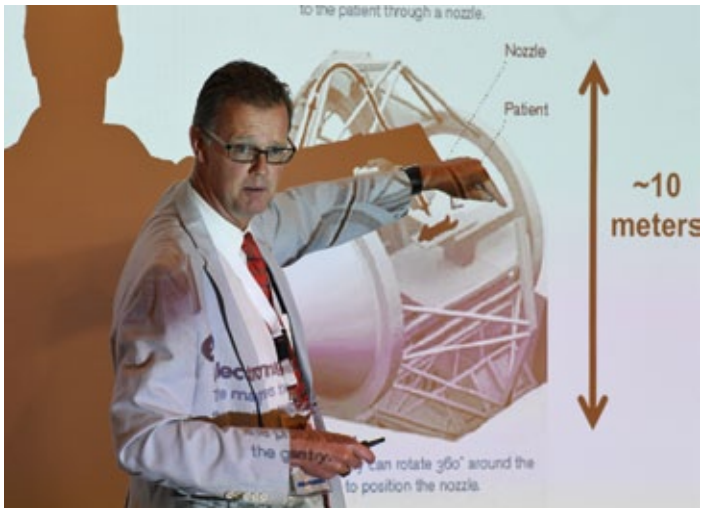
Common objective: From drug safety to patient safety

Results: Provide up-to-date information on side effects and specific needs, based on real-life experience

If you have any further comments on this topic, please don’t hesitate to contact SPAEN: info@sarcoma-patients.eu

Radiotherapy: Unanswered questions and future research with new technologies

The last session of the day dealt with an update on the use of radiotherapy in sarcomas. Unanswered questions and future research aspects including new technologies in radiotherapy such as proton beam therapy were lively illustrated by ***Dr. Rick Haas, The Netherlands***.



Radiotherapy, either before or after surgery, is frequently used in soft tissue sarcomas of limbs. However, the two approaches differ in their potential toxic effects. Preoperative radiotherapy is associated with a greater risk of wound complications than postoperative radiotherapy, but could be outbalanced by the risk of local recurrence and late morbidity. Therefore, a multi-disciplinary team should consider the timing of surgery and radiotherapy, and the size and anatomical site of the tumour in order to make a decision on the radiotherapy regime, says Dr. Haas.

Dr. Rick Haas, The Netherlands
"The main advantages of Proton Beam Therapy are reduced acute and late toxicity and reduced incidence of secondary cancers."

Whether or not a patient should receive radiotherapy at all, depends on his/her risk of recurrence which is associated with age, size, margin status, histology and grade of tumor. Clinical tools have been developed to assess a patient's risk of local recurrence and to guide adjuvant treatment decisions.

However, there are a lot of questions still to be answered ranging from the overall treatment time to total dose and optimal fraction size. And new technologies are already on the horizon, such as the Proton Beam Therapy (PBT). PBT is a different type of radiotherapy: It uses high-energy proton beams rather than high-energy radiation beams. It can be of value for specific types of sarcomas. Among them pediatric sarcomas (rhabdomyosarcomas, Ewing sarcomas), specific bone sarcomas (chordomas, chondrosarcomas) and soft tissue sarcomas (retroperitoneal sarcoma, desmoid tumors). The main advantages, Dr. Haas points out, are reduced acute and late toxicity and reduced incidence of secondary cancers. However, not all cancer patients benefit and a lot of research still needs to be done to both prove its value and to justify its costs.

Radiotherapy in sarcomas

The question of preoperative vs. postoperative radiation should be discussed in a multidisciplinary team

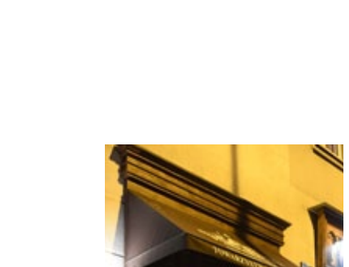
Radiotherapy should be applied if the patient is at high risk of recurrence. Tools have been developed to estimate that individual risk

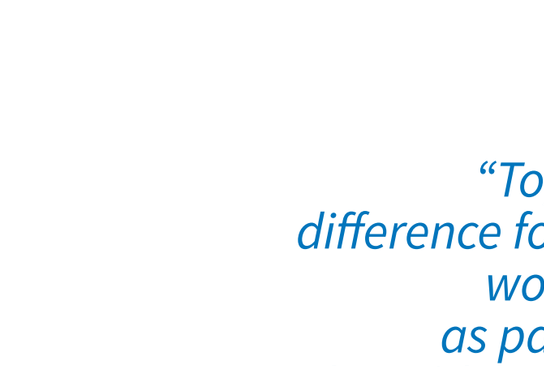
A lot of questions – overall treatment time, total dose, fraction size – still need to be answered

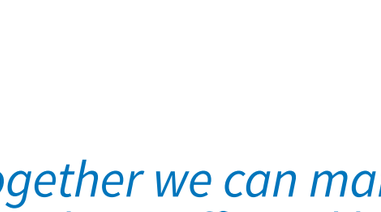
Proton Beam Therapy is potentially beneficial for specific subtypes of sarcomas, but needs to be further investigated

External Dinner and Networking

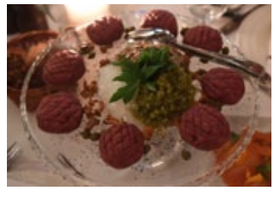
“Together we can make a difference for those affected by sarcomas – working closely together as patient organisations, but also with experts, healthcare professionals and the industry.”







“It feels like family to be here!”



“Together, we work towards making those rare cancers even rarer”.

Introducing the SPAEN Sarcoma Policy Paper

The SPAEN Sarcoma Policy Paper "Sarcoma Patient Pathway Analysis and Recommendations for Service Development" has been developed by Sarcoma Patients EuroNet (SPAEN). ***Roger Wilson, UK*** presented the objectives, structure and main content of the paper which could serve as a basic document for other European initiatives such as the above mentioned "Sarcoma Policy Checklist". The paper has been prepared in response to the growing number of requests for sarcoma patient views on matters such as expert treatment centres, reference centres, rare cancer protocols, etc. The objective with this paper is to give a clear statement of what SPAEN expects sarcoma treatment to look like, how SPAEN expects service structures to develop to respond to patient needs, and how national and international referral practice should evolve. The paper is based on a patient pathway which is neither typical nor ideal but which is based on the kinds of treatment options that arise at different times with the majority of sarcoma tumour subtypes.

SPAEN Policcy Paper
downloadable under:
www.sarcoma-patients.eu

SPAEN Sarcoma Policy Paper

Is developed to respond to a growing number of requests for sarcoma patients' views

Aims to give a clear statement on how sarcoma treatment should look like

GIST

Renowned sarcoma experts presented in parallel educational sessions about current aspects and questions, about new agents and clinical trials in the treatment of sarcomas, GIST and desmoid tumours. Therefore, we thank the following who provided their expert input (some in more than one session):
Professor Sylvie Bonvalot,
Professor Mikael Eriksson,
Craig Gerrand,
Professor Bernd Kasper,
Professor Olivier Mir,
Professor Piotr Rutkowski,
Professor Nikolas von Bubnoff and
Professor Eva Wardelmann.

Learning more about GIST through real case studies

The GIST breakout session started with real life case studies to learn more about GIST as a disease, discussed by ***Professor Piotr Rutkowski, Poland***. He pointed out that major advances in the treatment of GIST have been made, but there are still a lot of questions waiting to be answered. Among them the treatment of focal progression, the question whether or not to apply surgery and how to deal with complications without losing the possibility of continuing targeted therapies. Rutkowski also addressed some topics patients being treated for GIST are facing, such as side effects or drug interactions.

GIST case studies

Choice of treatment depends on stage of the disease

Several treatment choices (multi-modal approach) should be taken into account when the tumour is (locally) advanced or progressing

How experts perform mutational analysis in practice: What patient should know about challenges and pitfalls

How experts perform mutational analysis in GIST in the clinical routine and what patients should know about challenges and pitfalls regarding mutational analysis were addressed by ***Professor Eva Wardelmann, Germany***. Basis for her work are tumour samples, explained Wardelmann. Storage of tumour samples in blocks can be very important, even years later: What seemed impossible years ago, can be done easily today due to improved techniques, such as doing mutational analysis from very small pieces of tumours. Prof. Wardelmann also highlighted the work of registries – tumour samples in paraffin blocks can be stored there for a long time and could be used for further investigation, e.g. immunohistochemistry, years later.

But what has changed in pathology of GISTs? The so-called Sanger sequencing has been the standard method to analyze DNA and identify mutations. It is used by laboratories worldwide for the routine genotyping of GISTs. However, Sanger sequencing for all exon mutations in GIST can be very time-consuming and expensive, as it can only sequence one exon of a gene at a time. That is why, as Prof. Wardelmann states, a next generation sequencing (NGS) was developed: Parallel sequencing.

For NGS, only low DNA amounts are needed, numerous genes can be simultaneously analysed and the number of mutant DNA can be quantified. The latter is especially important to evaluate the relevance of secondary mutations and minor resistant sub-clones.

The audience listens closely to latest developments in pathology.

As there are more aggressive and less aggressive mutations, pathologists are now able to give prognostic advice which can be relevant for treatment decisions and even follow-up (e.g. initiation of adjuvant treatment in patients with specific mutations). Specific deletions might even lead to different approaches in treatment.

Yet, there is a lot more to find out – more potentially relevant mutations and of course, consequences for therapy strategy.

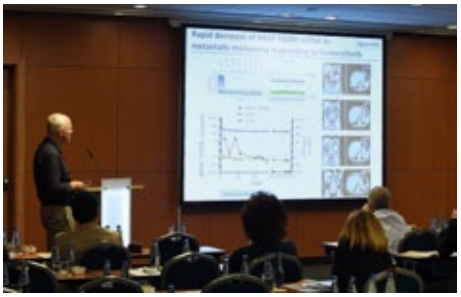
Pathology in GIST

Sanger sequencing is/was the standard method for GIST genotyping

However, more sensitive and cost-efficient methods have been introduced, the so-called Next Generation Sequencing (NGS)

NGS made it possible to identify more mutations, that are potentially relevant for treatment strategy

Understanding liquid biopsy in GIST



"Liquid Biopsy" is a very new technique, says *Professor Nikolas von Bubnoff, Germany*. It describes a test done on a sample of blood or other bodily fluids (urine, stool) to look for cancer cells from a tumor or pieces of DNA from tumor cells that are circulating in the blood. Unlike traditional biopsies, there's no need for invasive surgeries and procedures. Therefore, liquid biopsies are easier to perform.

Prof. von Bubnoff explains that every tumour has approximately 50 somatic mutations on average, with GIST being on the lower end and thus not as complex as other cancer types in terms of number of mutations. With liquid biopsy, just as with regular biopsies, pathologists and researchers aim to create a molecular subset of the tumour and find so-called driver mutations – those mutations are responsible for tumour survival and growth. Once identified, they can be used as targets for "targeted" medications and can act as "biomarkers". Biomarkers can give hints on what treatment might be beneficial and doctors can allocate the assumingly most active treatment.

Liquid biopsy can also serve as monitoring tool. A decrease of a specific mutation in the blood which is targeted with a medication constitutes a response, whereas an increase of that mutation can indicate a disease progression. Both can be detected very early on with liquid biopsy.

In GIST, several mutations, e.g. in c-Kit and PDGRF alpha, are known and act as predictive biomarkers. That means, doctors can assume from a specific mutation (biomarker) whether or not the tumour is likely to respond to a specific treatment.

One of the problems with regular biopsies is that it is only a snapshot information: it only shows the mutational landscape of the tumour in one specific point of the tumour at one specific time. However, tumours evolve: We don't know what might be going on some time later in tumours, says Prof. von Bubnoff. With liquid biopsy, dynamic genotyping is possible.

So-called clonal evolution, a development of new/secondary mutations over time, is associated with a development of resistance to a specific medication. With liquid biopsy, new mutations can be identified and treatment can be adapted accordingly. That is called “dynamic genotyping”.

However, the drawback for liquid biopsy in GIST is sensitivity and specificity. There are still a number of “false negative” results and further work needs to be done here, states von Bubnoff.

Liquid biopsy in GIST

Liquid biopsy is a blood test to identify specifications and mutations of cancers cells floating in the blood

It can be used for diagnosis and monitoring: response and progression can be detected very early

Most promising: Clonal evolution of tumours can be followed and if applicable, treatment adjustments can be done to address those changes

Drawback: To date, sensitivity and specificity still needs to improve in GIST to avoid false-negative results

Research / study outlook

In terms of systemic treatment options, after a long period of time in which only two registered drugs - imatinib and sunitinib - were available in Europe for the treatment of GIST patients in the metastatic and / or advanced situation, regorafenib has been approved as 3rd line treatment for advanced, metastatic GIST patients after imatinib and sunitinib failure, says ***Professor Mikael Eriksson, Sweden***. The phase III study leading to approval of regorafenib was the GRID trial which met its primary endpoint of improvement in progression-free survival (PFS). The median PFS was 4.8 months in the regorafenib arm versus 0.9 months in the placebo arm.

Spotlights on the actual GIST research and an outlook on current and upcoming clinical trials have been presented; other tyrosine kinase inhibitors being tested in advanced GIST comprise pazopanib and ponatinib. The enthusiasm about the concept of targeted therapies in this disease is still outstanding even now, more than fifteen years after the first patient was treated with imatinib in the advanced setting.

New developments in GIST

Regorafenib has been approved as third line treatment for advanced/metastatic GIST

Further trials are ongoing

Sarcomas

Diagnosis, biology and genetics in Sarcomas

For experienced patients and patient advocates, it is common knowledge that pathology is the basis for any further steps in treatment strategy. It is therefore crucial, highlights ***Professor Eva Wardelmann, Germany***, to truly understand the tumour in order to initiate the right treatments and answer key questions such as "Does the patient need surgery?" or "If surgery, how should it be conducted: Conservative (keep as much normal tissue as possible), because the tumour is benign – or are broader margins needed as the tumour is malignant?" etc. A pre-operative biopsy is therefore necessary to decide on next steps in a multidisciplinary team (MDT) and to discuss the best strategy for the patient.

Pathology includes four main steps:

- **Macroscopy & microscopy** – taking a look at the tumour or tissue sample with the naked eye or a light microscope, respectively
- **Immunhistochemistry**
- **Molecular pathology** incl. FISH (Fluorescence in-situ hybridisation), rt-PCR (real-time Polymerase Chain Reaction) and DNA-Sequencing

A special focus lies on molecular pathology: Specific translocations, mutations, amplifications or unspecific complex karyotypes are key to differentiate and ultimately diagnose a sarcoma, but also to identify specific targets for (the development of targeted) medical treatment.

However, diagnosing sarcomas remains a challenge, even for experienced pathologists, for many reasons: Sarcomas are rare cancers with approx. 60 different subtypes. This leads to several challenges: There are not always clearly defined diagnostic criteria or definitions and morphology is partly overlapping. Furthermore, many pathologists only have limited experience due to the rareness of the disease and specialised sarcoma centres with broad expertise rarely exist.

Pathology in sarcomas

Understanding the tumour leads to good treatment

Pre-operative biopsy is therefore necessary to decide on the best treatment strategy

The rareness of sarcomas and its subtypes constitutes a challenge for pathologists: experience is limited and specialised centres with broad expertise are seldom

Surgical Procedures in Sarcomas

Sarcoma surgery has to be done by specialists, says *Professor Sylvie Bonvalot, France*. According to study data, being operated on by a non-specialist might have a significant impact on survival, she points out. But what are the most important factors for a successful surgery and what are potential pitfalls?

Pre-op biopsy
Prof. Bonvalot underscores what Prof. Wardelmann had already highlighted: Pre-operative biopsy is a must in order to plan the surgery thoroughly and to generate optimal results. But also adequate imaging needs to be done before planning further therapy steps.

Complete resection
Especially in sarcomas, R0 resection (complete removal of tumour) often isn't achieved, even though the surgery report says so. According to Prof. Bonvalot, some sarcomas have well-differentiated parts (look almost like normal tissue on CT or MRI images) and undifferentiated parts. Many non-specialist surgeons are not aware of this fact and consequently operate only the undifferentiated parts, conducting a R0-resection which turns out to be a R2-resection (tumour tissue remains can even be seen in the patient by the naked, well-trained eye). Additionally, the tumour has been opened due to the partial removal – this increases the risk of recurrence.

One block resection
The removal of the tumour has to be complete, but also in one piece in order to minimize the risk of recurrence. This is called a "compartmental resection". It should also be the objective of surgery, if the tumour encases other organs (e.g. kidney) – they need to be removed, too. Furthermore, specific anatomic extensions of the tumour need to be taken into account when planning the operation, as they sometimes require a certain surgical access. This needs ahead planning and cannot be changed during surgery.

Clear margins
Surgeons usually not only cut out the tumour, but also some normal healthy tissue called "margins". Even though those margins tend to become smaller, they are still very important to have, as tumours sometimes grow into nearby tissues, not (yet) obvious in medical imaging.

Reconstructions
Ahead planning is also crucial if there's reconstruction (e.g. skin transplantation) necessary, as this needs to be done during the procedure as well.

Surgery in sarcomas:

Surgery conducted by experienced sarcoma specialists can lead to an improved survival

Thorough planning of surgery includes preoperative biopsy and adequate imaging

Complete resection in one piece with clear margins is key to achieve optimal results and minimize risk of recurrence

Reconstruction after bone surgery

Compared to soft-tissue sarcomas, bone sarcomas have lesser subtypes, says ***Professor Piotr Rutkowski, Poland***. However, treatment is sometimes more complex, especially when main bones are concerned.

Reconstruction after bone surgery has gone through some major changes since the 1980ies. Prof. Rutkowski illustrated during his talk that removing bones affected by cancer does not have to lead to disability and mutilation. On the contrary, due to current standards, amputations in bone cancer have decreased significantly between 1980 and 2004, even though innovations were limited during the last 10 to 15 years. Current options range from artificial limbs to individualised prosthesis, including 3D-printing prosthesis. Three preconditions have to be fulfilled though: Local tumour extent must allow bone reconstruction and there shouldn't be metastasis. Furthermore, the patient has to be sufficiently fit for therapy. In limb-sparing bone reconstruction, Professor Rutkowski underscores, there's always a risk of a later need for amputation or long-term complications. However, this surgery can have the benefit of less pain for the patient, the preservation of sensation and personal functionality of the limb.

Following, ***Dr. Craig Gerrand, UK,*** took a look into the future of reconstruction after bone surgery, questioning and discussing the needs and wishes of the patients for the future with the auditorium.

Reconstruction after bone surgery

Reconstruction after bone surgery has undergone some major changes during since the 1980ies

Amputations due to bone cancer have decreased significantly

Current options range from artificial limbs to individualised prosthesis, including 3D-printing prosthesis

Update on the latest systemic treatments in sarcomas: Trabectedin, Pazopanib, Eribulin and Olaratumab

Regarding systemic therapy options, the treatment armamentarium for soft tissue sarcoma patients has been enriched by the approval of the anti-angiogenic compound pazopanib in 2012 for certain subtypes of soft tissue sarcomas excluding liposarcomas, says ***Professor Olivier Mir, France.*** Pazopanib has been tested in a large phase III trial demonstrating a significant advantage regarding progression-free survival (PFS) prolongation of about three months in favour of pazopanib versus placebo. Trabectedin which has been licenced in Europe already in 2007 again demonstrated sustained activity in a large phase III study in the USA comparing Trabectedin versus Dacarbazin (DTIC) in soft tissue sarcoma patients and leading to global registration by the FDA in October 2015 for the treatment of patients with leiomyosarcomas and liposarcomas. The phase III trial of eribulin met its primary endpoint of an overall survival benefit of two months (13.5 versus 11.5 months) in favour of eribulin compared to DTIC in pretreated patients with advanced leiomyosarcomas or adipocytic sarcomas. As there was a clear benefit for the liposarcoma subgroup, eribulin was approved for this subtype in Europe and USA at the beginning of 2016. Other new promising candidates for the treatment of advanced and / or metastatic soft tissue sarcoma patients are emerging such as Olaratumab. Olaratumab, a fully human anti-PDGFRα monoclonal antibody, has been tested in a phase II trial in combination with Doxorubicin in first line treatment. Olaratumab is the first agent added to Doxorubicin to improve overall survival for nearly 12 months in advanced / metastatic soft tissue sarcoma patients in a randomized setting. A phase III trial has already finalized recruitment by end of May 2016; results are eagerly awaited.

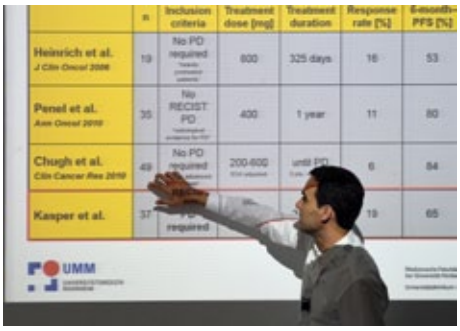
Mir pointed out that patients suffering from these rare diseases should preferably be treated in one of the specialized sarcoma units or networks of excellence. The concept of targeted therapies which was initiated in GIST at the beginning of the third millennium has obviously also opened new horizons in the field of soft tissue sarcomas. A better biological and cytogenetic dismemberment of sarcomas in general turns each histological subtype into a potential target for new therapeutic approaches.

Systemic treatments

New options for soft tissue sarcoma patients (with specific subtypes) have been approved, have proven effective again or can be seen on the horizon

Better understanding of tumour specifics can lead to more targeted new approaches

Desmoid Tumours



Again, there was a focus on the diagnosis and treatment of this extremely rare and difficult to treat (but non-malignant) subtype of soft tissue sarcomas. The educational on desmoid tumours focused on diagnostic and treatment aspects such as pathology and mutational analysis, general management strategies of desmoid tumour patients as well as an update on surgical as well as systemic treatment options, done by *Professor Sylvie Bonvalot, France, Professor Bernd Kasper, Germany* and *Professor Eva Wardelmann, Germany*.

Especially the importance of performing an analysis of the mutational status has been stressed as it is not only helpful in establishing the diagnosis but can also have prognostic potential and may give advice in guiding treatment decisions.

One interesting new systemic treatment strategy in desmoids is Notch signaling. PF-03084014 is an orally available, reversible gamma-secretase inhibitor from Pfizer. A phase II study of PF-03084014 has been conducted in 17 patients with desmoid tumours that had progressed following at least one line of therapy; five partial responses (29 %) were shown and 12 out of 17 patients (71 %) demonstrated stable disease. Hence, PF-03084014 seems extremely active with a manageable side effect profile.

An exemplary initiative has been taken by SPAEN together with medical experts to organise a round table meeting which took place in May 2014 in Frankfurt, Germany, to discuss aspects and unmet needs of desmoid tumour management. The meeting brought together about twenty patients and patient representatives with medical experts from the EORTC Soft Tissue and Bone Sarcoma Group (STBSG) from altogether six European countries. During this meeting, a European consensus approach has been initialized, and on the basis of this meeting a position paper has been coordinated and written by Bernd Kasper, Mannheim, Germany. This manuscript has been published in the European Journal of Cancer as a combined SPAEN and EORTC / STBSG initiative based on patients' and patient advocates' and professionals' expertise. An update is planned for early 2017.

Regarding current clinical trials in desmoid tumours sorafenib is tested in a phase III, randomized, double-blind, placebo-controlled setting in the USA. A randomized trial evaluating pazopanib versus chemotherapy with methotrexate plus vinblastine is ongoing within the French Sarcoma Group. In general, efforts are needed to make imatinib and other tyrosine kinase inhibitors accessible for advanced desmoid tumour patients in countries where these drugs are not reimbursed.

Prof. Bernd Kasper

Desmoid tumours

Genomic analysis at diagnosis plays a vital role in desmoid tumours for prognosis estimation and choice of treatment

Notch signaling seems to be a promising new treatment path in desmoids

A position paper for the management of desmoid tumours has been published following a consensus meeting of experts and patient advocates in 2014. An update is planned for 2017

Access to tyrosine kinase inhibitors is crucial for patients in countries that don't reimburse these drugs

Branding and Communicating your Organization

In the following plenary session on “Branding and Communicating your Organisation”, ***Markus Wartenberg*** and ***Herbert Thum, Germany*** discussed, why creating a brand is so valuable to companies, but also to non-profit organisations. Whereas a logo is basically no more than an image, a brand is intended to establish a bond between the organisation and the patients. It is an identity created by, of course, the design, but also the behaviour of the organisation and their employees, the way it communicates with the patients and the culture within the organisation. A powerful brand stands for differentiation, credibility, authenticity and consistency.

Herbert Thum gave some insights on what kinds of printed material are possible – from stationary to leaflets, fundraising material and reports – and what to consider when creating them. Questions such as “Do we have the adequate resources?”, “Who’s our target group?”, “What do we want to achieve?” or “How do we structure the material and how can we produce the content?” among others should be thought of, before kicking off a project.

The Creative Sarcoma Patient Café

The format of a “Creative Sarcoma Patient Café” with parallel working groups on the following important patient advocacy issues was initiated for the first time at a SPAEN meeting:

(1) The sarcoma patient pathway: Identifying the challenges (Roger Wilson, UK, and Christina Baumgarten, Germany),

(2) What does it mean for pharma to become more patient centric? (David Falconer, UK, and Markus Wartenberg, Germany),

(3) Cancer Centers: What makes a great “patient experience”? How can clinics/centers improve the patient experience? (Herbert Thum, Germany, and Kai Pilgermann, Germany),

(4) Raising awareness of sarcoma – what does it mean and what strategies should we use? (Claire Kelleher, UK) and

(5) How could SPAEN support its member organisations and how can members better work with each other? (Kathrin Schuster, Germany, and Estelle Lecointe -Artzner, France).

The individual group work was followed by presentations and discussions on the workshop results. Participants evaluate workshops like that as highly stimulating and very fruitful in helping the groups in developing concrete strategies and programs within the different countries and patient advocacy groups. Such interactive sessions are always very welcome among the participants as own experiences can be exchanged and new initiatives can be launched between the different patient organizations.

The Sarcoma Advocacy in Action Award

For 2017, SPAEN has announced a
“Sarcoma Advocacy in Action Award”
to reward some outstanding advocacy projects
within the SPAEN community.

More information will be launched in early 2017.

Sarcoma
Advocacy In Action
Award 2017

Internal Dinner













Annual General Meeting

The third conference day started with the Annual General Meeting 2016 of the SPAEN association. On behalf of the SPAEN Board ***Markus Wartenberg*** and ***Estelle Lecointe-Artzner*** gave an overview of all the activities SPAEN is involved in such as patient engagement in clinical research and projects of collaborations with experts and industry. Currently, SPAEN is one out of 18 established Cancer Patient Advocacy Networks with 26 full members and eight associate members being more and more involved in advisory boards and steering committees.

The current SPAEN Board consists of five members and two new members, ***Nikhil Guhagarkar*** from "The Friends of Max", India and ***Gérard van Oortmersson*** from "Contactgroep GIST", The Netherlands/Belgium, have been elected to the Board this year; seven more Board members can be appointed as supporting (non-voting) members e.g. in order to foster the collaboration with other organisations such as EORTC/STBSG. Two observers to the board, ***Ferdinand Mwangura*** from "Henzo Kenya", Kenya and ***Jesica Garcia*** from "Asociación Española de Afectados por Sarcoma (AEAS)", Spain have been appointed by the Board.

The new elected SPAEN Board with the two new observers from Kenya and Spain

Furthermore, the SPAEN members have voted to evolve SPAEN from a European to an International network.
This change also has an impact on all associate members: They automatically become full members and thus have the corresponding rights e.g. voting rights during the AGM.

There is an ongoing and improving collaboration with ESMO (e.g. participating in the process of establishing the clinical practice guidelines), EORTC (e.g. involvement in the EORTC training course "Understanding Cancer Clinical Research", providing involvement in future sarcoma trials as well as communication of trial progress and results), Rare Cancers Europe (e.g. working on the methodology of clinical trials in rare diseases), the European CanCer Organisation (ECCO), EUROSARC and the European Reference Networks (ERN).

Upcoming challenges SPAEN is facing are helping to establish the centers of excellence in each country in Europe and to build up a network structure, to identify where additional expert centers are needed and where new support organisations can be created. The current aims of SPAEN comprise securing the financial structure of SPAEN, meeting the growing demands and workload of the Board and strengthening important relations with different partners. The financial cooperation with the pharmaceutical industry is structured as a "corporate membership" comprising a lot of interactions such as the discussion and review of patient materials, early involvement and discussion with new companies, participation in advisory boards, and early advice in the design and setup of clinical trials.

Introducing the International Sarcoma Patient Online Platform

One of the new SPAEN projects was presented in more detail by ***Kathrin Schuster*** and ***Herbert Thum, Germany***, introducing the new website called **"International Sarcoma Patient Online Platform"** . The website is aimed to be an international platform for information, education, guidance and exchange comprising four sections: SPAEN (Sarcoma Community), Patient eCademies, SPAEN Advocacy Campus and SPAEN Sarcoma Infographics.

The official launch of the new website is planned end of 2016/beginning of 2017.

Interesting Projects from the Sarcoma Patient Community

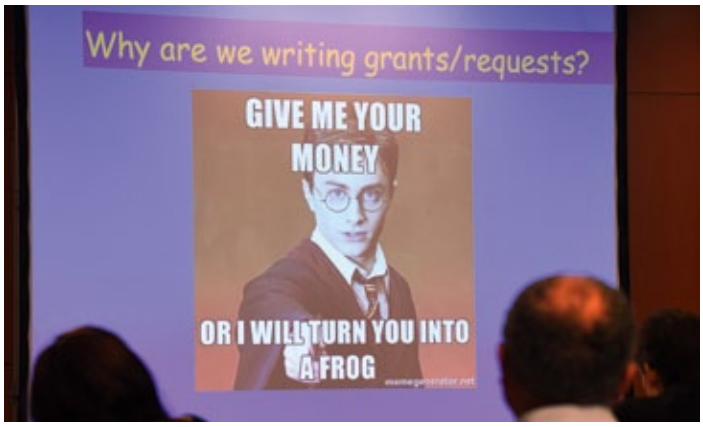
More and more national organisations start collecting data. Recent projects from Sarcoma UK and Das Lebenshaus, Germany were presented: Firstly, important findings from a survey in UK on diagnosis, treatment and care of sarcoma patients (***Claire Kelleher, Sarcoma UK***) and, secondly, key findings from a German survey on the follow-up of sarcoma patients (***Kai Pilgermann, Das Lebenshaus e.V.***) were illustrated. These projects are both wrapped up in reports and can be found on the websites of Sarcoma UK (www.sarcoma.org.uk/) and Das Lebenshaus e.V. (www.daslebenshaus.org).

Sharing Best Practice

In a "Sharing Best Practice" session moderated by ***Nikhil Guhagarkar, India***, four different concepts and experiences of and with patient meetings were shared by the following presenters from very different backgrounds: ***Vandana Gupta*** (SPANDAN, India), ***Gabriella Tedone*** (A.I.G., Italy) and ***Helga Meier-Schnorf*** (GIST Group, Switzerland).

How to write Grant Proposals and Funding Requests

In a last "Capacity Building" session ***Markus Wartenberg, Germany***, addressed the topic of tips, experiences and exchange on how to write grant proposals and funding requests e.g. to the pharma industry.



The meeting ended with a short summary, closing remarks and a big thank you to the presenters and the "sustaining partners" by the SPAEN Board. SPAEN would especially like to thank the following research companies which supported the SPAEN Annual Conference 2016 with an unrestricted grant: Bayer HealthCare, Lilly, Novartis, Pfizer, PharmaMar and Takeda. SPAEN is looking forward to continuing these partnerships on the way of achieving its vision:

"Together we can make a difference for those affected by sarcomas!"

About Sarcoma Patients EuroNet (SPAEN)

Together We Can Make A Difference For Those Affected By Sarcomas!

Sarcoma Patients EuroNet (SPAEN), the International Network of Sarcoma, GIST and Desmoid Patient Advocacy Groups was founded in April 2009.

The organisation was born from a very strong desire among various national patient groups to network, cooperate and share materials, knowledge and experiences.

Acting in partnership with clinical sarcoma experts, scientific researchers, pharmaceutical industry and other stakeholders, SPAEN is working to support sarcoma research and to improve the diagnosis, treatment and care of sarcoma patients through improving information and support and by increasing the visibility of sarcoma with policymakers and the public.

SPAEN is an international association, legally registered under German law. The network of currently 37 patient groups collaborates closely with international societies, networks or organisations such as ESMO, EORTC, EMSOS, CTOS, SARC, World Sarcoma Network, EMA or Rare Cancers Europe.

SPAEN also seeks exchange and close collaboration with currently 20 international cancer patient advocacy networks representing other cancer diagnoses.

Our Vision

All sarcoma patients have access to:

- timely and correct diagnosis,
- information about their specific sarcoma subtype,
- treatment and care in specialised centres and
- innovative treatment options including clinical trials.

Our Core Values

- Focused on the needs of the PAGs (patient advocacy groups) and the patients/caregiver
- Willingness to advocate
- High quality of information / education /training - correct, up-to-date, understandable, independent
- Cooperative and professional
- Ethical, transparent, behave with integrity
- Innovative spirit

Sarcoma Patients EuroNet

Our Objectives

1 To identify problems, challenges, access issues and unmet medical needs in sarcomas. To find solutions and improve the situation by collaborating with leading sarcoma experts, researchers, industry and other relevant international stakeholders / initiatives in an outcome-oriented way.

2 Sarcoma patients need timely and accurate diagnosis and need to be treated according to guidelines; ideally as early as possible in multidisciplinary sarcoma expert centres. SPAEN advocates and supports the implementation of these structures and international collaboration between these centres.

3 Clinical research, studies and generating evidence / data are essential parts in the process of developing better and innovative treatment solutions. SPAEN aims to be involved as early as possible in clinical trials, to improve patients' access to studies and to support meaningful research – following the specific needs of rare cancer patients.

4 Sarcoma patients and their relatives need a strong "International Sarcoma Patient Voice" and strong "National Patient Support Opportunities". That's why SPAEN cares for their members (national patient organisations) and encourages the creation of new ones.

About The People Who Stand Behind SPAEN

An organisation is only as strong as its people. This means both people who are working inside the organisation and also external supporters who help the network.

Member Groups / Organisations

SPAEN welcomes every national Sarcoma, GIST or Desmoid Patient Group as full member.

Full members are entitled to vote at the Annual General Meeting. SPAEN also invites individuals who are interested in starting sarcoma, GIST or desmoid support groups in their own countries as well as professionals and consumers who want to be an integral part of this network, to become supporters of SPAEN. All members are part of a united international sarcoma community where we all have a better chance to have our voices heard.

Board of Directors

The "SPAEN Board of Directors" is a voluntary body of currently seven elected members who jointly run the organisation with the support of a part-time professional, different freelancers and two elected financial auditors. Board members are elected by the Annual General Assembly for the duration of four years.

The elected board of directors has the right to appoint up to 7 persons to support them in their tasks. The Board appointed Jesica Garcia, Spain/UK and Ferdinand Mwangura, Kenya in 2016 as observers to the Board as well as Professor Bernd Kasper, medical oncologist and secretary of the EORTC Soft Tissue and Bone Sarcoma Group.

The elected SPAEN Board of Directors:

Estelle Lecointe-Artzner, Chair (FR)

Markus Wartenberg, Chair (DE)

Kai Pilgermann, Financial Director (DE)

Gérard van Oortmerssen, Board Member (NL)

Michael Sayers, Board Member (UK) † 2017

Christina Baumgarten, Board Member (DE)

Nikhil Guhagarkar, Board Member (IND)

Roger Wilson, Honorary President (UK)

Sarcoma
Patients
EuroNet

Medical Advisory Board

Sarcoma Patients EuroNet has established a Medical Advisory Board with a high level of scientific expertise.
Currently the following 14 experts are appointed as members of the SPAEN Medical Advisory Board:

Prof. Dr. Jean Yves Blay (Chair)	France/Lyon
Prof. Dr. Javier Martin Broto	Spain/Sevilla
Prof. Dr. Paolo Casali	Italy/Milano
Prof. Dr. Jean Michel Coindre	France/Bordeaux
Prof. Dr. Mikael Eriksson	Sweden/Lund
Craig Gerrand	UK/Newcastle
Dr. Alessandro Gronchi	Italy/Milano
Prof. Dr. Peter Hohenberger	Germany/Mannheim
Dr. Robin Jones	UK/London
Prof. Dr. Bernd Kasper	Germany/Mannheim
PD Dr. Peter Reichardt	Germany/Berlin
Prof. Dr. Piotr Rutkowski	Poland/Warsaw
Dr. Beatrice Seddon	UK/London
Prof. Dr. Winette van der Graaf	UK/London
Dr. Rick Haas	Netherlands/Amsterdam

Corporate Membership / Supporters

SPAEN invites companies and individuals to become Corporate Partners / Supporters with an annual unrestricted grant.
Corporate Members / Supporters include commercial companies / organisations that would like to demonstrate their willingness to establish a long-term relationship with the association and an active commitment to sarcoma patients by supporting SPAEN.
Therefore, SPAEN has developed a policy on commercial funding which provides a set of principles that will be used to guide SPAEN's decisions. For further information please see:
www.sarcoma-patients.eu

Sarcoma
Patients
EuroNet

The International Network of Sarcoma, GIST and Desmoid Patient Advocacy Groups.

www.sarcoma-patients.eu

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Member of:
Rare Cancers Europe (RCE)
www.rarecancerseurope.org

RARE CANCERS EUROPE