Scientific Report

ECT-Dissemination Activity

Oral presentation at the 25th Annual Meeting of the European Musculo-Skeletal Oncology Society (EMSOS), Bologna (Italy), May 14-17, 2012

Summary

EMSOS, the European Musculo-Skeletal Oncology Society, is an international, interdisciplinary association with a constituency of orthopaedic surgeons, medical and paediatric oncologists, pathologists, radiologists, radiotherapists and others with an interest in bone and soft tissue sarcomas. Many EMSOS-members are from institutions which actively participate in the ECT-EURAMOS EUROCORES, others come from other groups which also perform clinical trials in bone tumours, usually on a national basis.

The dissemination activity, an oral presentation at the meeting, focused on age related recruitment disparities and registration characteristics, with a special emphasis on institutional variables. For the first time, we were able to present the final recruitment figures of ECT-EURAMOS to this pan-European audience.

Description of the scientific content of and discussion at the event

The 2012 meeting of the European Musculo-Skeletal Oncology Society EMSOS on May 14-17 included the following sessions covering different sarcoma related topics:

- Pelvic tumors
- Chondrosarcoma
- Free Papers (Oncology)
- New Drugs / Strategies
- Free Papers (surgery)
- Radiotherapy
- Sarcomagenesis
- Free Papers – Radiotherapy
- Free Papers – Diagnosis
- Poster Discussion

- In addition, the conference included a parallel meeting for nurses and allied health professionals and was preceded by a training day for junior physicians.

The conference covered a wide spectrum of bone and soft-tissue oncology and was attended by specialists from multiple fields, including medical and paediatric oncology, orthopaedic surgery, radiology, radiotherapy, pathology, and others. Attracted by the training day, many junior doctors also attended the meeting. In addition to European delegates, the meeting was also attended by doctors from other continents. The record attendance of 500 delegates – the fourth record breaking attendance in a row - proved that the format was attractive. All abstracts were subject to plenary discussions.

Presentation made by the applicant at the event

The ECT-EURAMOS presentation was held May 15, 11:00, during the session "Free Papers – Oncology", attended by approx. 300 delegates (see attached conference programme). The content of the presentation is summarized in the abstract below:

Institutional variables in the European and American Osteosarcoma Study EURAMOS-1: Pediatric and adolescent vs. young adult osteosarcoma patients.

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Introduction: Osteosarcoma is a typical cancer of adolescents and young adults (AYA). We used the final enrolment data for EURAMOS-1, open for patients aged 0-40 years, in order to determine how the institutional background through which young adult patients enter "AYA-trials" is different from that of younger patients.

Material and Methods: Analysis of patient- and tumor-related variables as well as institutional variables and randomization rates for patients aged ≤18yr (children and adolescents) and >18yrs (young adults) at diagnosis of resectable high-grade osteosarcoma entered into EURAMOS-1/AOST0331 (NCT00134030; ISRCTN67613327; EUDRACT-2004-000242-20) between Apr-2005 and Jun-2011.

Results: 2,260 patients from 326 institutions were registered, including 1,108 patients from 13 European countries (AUT=28, BE=52, CH=39, CZ=9, DK=27, FIN=3, D=432, H=24, IRE=6, NL=101, N=41, SE=48, UK=298). Younger patients (≤18yr, median: 13yr) comprised 85% (n=1,930) of the registered population and were recruited from 93% (303/326) of trial sites (average recruitment: 6.4 pts ≤18yr/site). Older patients (>18yr, median: 22yr) comprised only 15% of the registered population (n=330) but were recruited from 41% of trial sites (133 sites, average: 2.5 pts >18yr/site). Only 23/326 sites limited recruitment to only pts >18yrs and contributed 41/330 such patients. The randomization rates were 59% (1,135/1,930) for younger and 54% (177/330) for older patients, but only 52/133 (39%) sites registering older patients managed to randomize at least one of their >18 year olds, whereas 229/303 (76%) sites registering patients≤18yr randomized at least one of those younger patients. As expected, the proportions of males (71% vs. 57%) and of axial primaries (12% vs. 4%) were higher in older compared to younger patients, while the proportion of patients with definite and possible primary metastases was similar (24% vs. 23%).

Conclusions: Centralization of treatment was low overall, especially for older patients (young adults) with osteosarcoma. Most patients aged >18yr entered our trial through institutions also caring for pediatric or adolescent patients. Efforts which target "adult" oncology seem to be warranted.

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We have previously demonstrated that osteosarcoma treatment in Europe and North America is rather decentralized, and that this is even more the case for adults than for children and adolescents. The results presented here from ECT-EURAMOS again confirm that pediatric and adolescent bone sarcoma patients are much more likely to be registered into large randomized trials than are young adults, even if the trial is open to all age groups. The disparity may reflect different attitudes towards investigator initiated clinical trials, which offer little financial incentives to investigators, between pediatric and medical oncologists. Pediatric oncologists are used to routinely enrolling all of their patients into multicenter trials, and do so even with the young adults they treat. This attitude is shared by some, but by far not all

medical oncologists, who in addition would have to go through the full activation process for a trial into which they would enroll very few patients.

Assessment of the results and impact of the event on the EUROCORES programme

The ECT-EUROCORES program is nearing conclusion. We were now able to present the final recruitment data for the EURAMOS trial and to emphasize that the Pan-European Clinical trials EUROCORES contributed substantially to the successful implementation and running of what was to become the largest osteosarcoma study ever performed. We have identified a patient (and health care provider) group, young adults, which deserves special attention, as it does not have equal access to trial infrastructures. The delegates at the EMSOS 2012 conference were happy to learn that the Pan-European collaboration started within ECT-EURAMOS will continue not only until the final results of the trial become available, but that future common trials are ahead.

Other comments / annexes

1. Appendix 1: Final Programme of the conference, including list of speakers
2. Appendix 2: ppt of the ECT-EURAMOS presentation
3. Signed Financial report

At the end of the ECT-programme and on behalf of all co-investigators, I would like to take this opportunity to thank the European Science Foundation, particularly the staff working towards the success of the two participating consortia, for all the support we have received over the past decade, from the inception of the programme until its conclusion. We could not have done it without you!

Stuttgart, June 23, 2012 Prof. Dr. Stefan Bielack