Report

Intergroup bone sarcoma networking meeting within ECT-EUROCORES

- **Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees (COSS and CESS)**
- **ENCCA Work package 7 Meeting (WP7 – Bone Sarcoma)**
- **ENCCA Work package 17 Meeting (WP17 – Teenagers and Young Adults)**

November 29, 2011, Duesseldorf / Germany

Summary and scientific content:

Background:

This meeting was held as joint meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees (COSS and CESS) on the subject of networking between the two most common bone cancers but still orphan diseases in children and adolescents: Osteosarcoma and Ewing sarcoma. Meeting organizers were Miriam Wilhelm and Stefan Bielack (Stuttgart / Germany), representing ENCCA Work Package 7 (Bone Sarcoma) and ECT-EURAMOS/COSS and Gabriele Braun-Munzinger and Heribert Jürgens (Muenster / Germany), representing CESS and ENCCA Work Package 7 (Bone Sarcoma).

Proceedings of the Meeting

While the groups collaborating in European bone sarcoma trials have found solutions for many challenges posed for successful recruitment and the day-to-day management of a complex multinational trial infrastructure, the implementation of integrated biology studies remains challenging. While several projects work successfully, for instance the collaboration between the osteosarcoma platform of the rare disease network “EUROPEAN NETWORK for CANCER research in CHILDREN and ADOLESCENTS” (ENCCA) and European EURAMOS-investigators, there is still ample room for improvement and for implementation of collateral studies on a larger scale. In order to accomplish this for the most frequent bone sarcomas, osteo- and Ewing´s sarcoma, the ECT-EURAMOS group intends to link with and join forces with the established Network of Excellence formed within the European Union´s Framework Program 7 – ENCCA.

The aim of the meeting was to provide a forum for broad-based discussion by key stakeholders regarding the role of bone tumor treatment and research, including pediatric and medical oncology, pathology, radiology, orthopedic and thoracic surgery, radiotherapy, biometrics, and tumor biology. 60 participants from 7 European countries: Germany (N = 45), Switzerland (N = 4), Italy (N = 1), France (N = 2), United Kingdom (N = 2), Austria (N = 4) and Hungary (N = 2) have taken part.

Challenges to successful treatment and research

We reviewed the experience of different specialists from different groups, to see what could be learnt for the future. More detailed information is included in the minutes of the meeting. The challenges and obstacles faced in recent European trials such as (but not limited to) ECT-EURAMOS and EURO-E.W.I.N.G. 99 (EUROpean Ewing Tumour Working Initiative of National Groups - Ewing Tumour Studies 1999) as well as in research consortiums, was defined point by point. Successful solutions which were identified during these projects was forwarded into a coordinated intergroup strategy.

In addition strategies were discussed for the topics:

- Formation of an intergroup trials consortium
- Biobanking
- Linking trials and biobanking
- Translational research

A study update was given on current trials for osteosarcoma and Ewing sarcoma, recurrent disease registry (SAREZ and EURELOS) and collaborative research proposals for

osteosarcoma and Ewing sarcoma. Recent developments related to local therapy and their implication for future trials were discussed in detail both for orthopaedics and radiotherapy. Another focus was to improve outcome for Teenage and Young Adults with cancer. Conference participants – by including investigators from over a dozen European countries - were motivated to disseminate the content and spirit of the meeting to their respective organisations, to motivate investigators from all countries to participate in prospective clinical trials and to support translational research activities.

Upcoming studies in osteosarcoma and Ewing's sarcoma

After the broader discussions about the general principles and priorities, the group then reviewed imminent studies in both osteosarcoma and Ewing sarcoma. These studies provided concrete examples for considering many of the issues discussed above.

Conclusion

The meeting of the international COSS and CESS bone sarcoma groups with their partners from all over Europe provided an interdisciplinary forum for the advancement of translational and clinical research proposals into Pan-European bone sarcoma trials. Following up on previous meetings held within the ECT-framework and building on the experience of the ECT-EURAMOS and EURO-E.W.I.N.G. trials, intergroup collaboration for all bone sarcoma subtypes was strengthened.

Number of participants: 60

Countries: 7
Germany (N = 45), Switzerland (N = 4), Italy (N = 1), France (N = 2), United Kingdom (N = 2), Austria (N = 4), Hungary (N = 2)

Co-sponsorship: A detailed report is included in the financial report.

Assessment of the results and impact of the event on the EUROCORES Programme:

The aim of the meeting was a networking meeting, to provide a forum for broad-based discussion by key stakeholders regarding the optimizing of treatment recommendations and for developing translational research proposals for bone sarcoma, especially for osteosarcoma and Ewing sarcoma.

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Prof. Dr. Stefan Bielack	**Dr. Miriam Wilhelm**	**Christina Döringer**
ECT-EURAMOS, Project leader	COSS study physician	Authorized financial officer
ENCCA WP7 leader / Applicant		

Annexes:

- Financial report
- Agenda (final)
- Minutes
- List of participants

Detailed report of Expenditures

Accommodation (from November 29 - 30, 2011):	
Prof. Dr. Stefan Bielack (30/11/2011; Arrangement, Mastercard)	€ 159.00
Matthias Kevric (30/11/2011; Arrangement, EC Cash)	€ 159.00
Sorg Benjamin (30/11/2011; Arrangement, Bargeld)	€ 159.00
Dr. Miriam Wilhelm (30/11/2011; Arrangement, EC Cash)	€ 159.00
Dr. Katja Zils	€ 159.00
Total	**€ 795.00**
Travel:	
Prof. Dr. Stefan Bielack	€ 122.65
Dr. Stefano Ferrari	€ 346.79
Prof. Dr. Gernot Jundt	€ 132.14
Matthias Kevric	€ 106.43
Benjamin Sorg	€ 103.63
Dr. Miriam Wilhelm	€ 258.37
Dr. Katja Zils	€ 93.90
Total	**€ 1,163.91**
Meals (November 29, 2011: lunch, coffee break)	
60 Participants (net € 1,197.48; VAT 19% = € 227.52)	€ 1,425.00
Grant Total	**€ 3,383.91**
Requested Funding	**€ 4,120.00**
Funding from ESF-Foundation (80% from requested funding)	**€ 3,296.00**
Expenditures	**€ 3,383.91**
Not used Grant	**€ 736.09**
Remittances from ESF requested	**€ 87.91**
Total expenditures • Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees • ENCCA Work package 7 Meeting (WP7 – Bone Sarcoma) • ENCCA Work package 17 Meeting (WP17 – Teenagers and Young Adults) November 29, 2011: (exclusive accommodation and travel costs; inclusive meals and local administrative costs)	**€ 3,996.00**
Co-sponsorship	
CESS: UKM Auftragsnummer: 4001090947-260: 50% from € 3,996 - the costs from total expenditures for the meeting [meals (inclusive beverages) and local administrative costs] (net € 1,678.99; VAT 19% = € 319.01) Local administrative costs (conference lump-sum calculation, partial rent for the meeting room, conference technology): € 1,328 Meals (Beverages during the meeting): € 670	**€ 1,998.00**
Deutsche Forschungsgemeinschaft (DFG): Project number BI 1045/1-2 Local administrative costs (main part of the rent for the meeting room):€ 573.00 (net € 481.51; VAT 19% = € 91.49)	**€ 573.00**

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Düsseldorf, Germany, 29 November 2011

- **Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees**
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- **ENCCA Work package 17 Meeting (WP17 – Teenagers and Young Adults)**

Final Agenda

GPOH Studienkommission

10:00	**1 Welcome**	**Arndt Borkhardt, Stefan Bielack, Heribert Jürgens**
10:15	**2 Study update**	**Chair: Stefan Bielack, Heribert Jürgens**
10:15-10:25	1. ENCCA WP7 (Bone Sarcoma): Implications for our multidisciplinary study groups COSS und CESS	Miriam Wilhelm, Stefan Bielack, Ruth Ladenstein
10:25-10:40	2. COSS: ECT-EURAMOS1	Stefan Bielack
10:40-10:55	3. COSS: EURO-B.O.S.S.	Stefano Ferrari
10:55-11:10	4. COSS: EURAMOS2	Leo Kager, Stefan Bielack
11:10-11:25	5. Discussion	
11:25-11:40	6. EURO-E.W.I.N.G. 99 Results R1 R2 R3	 Uta Dirksen, Heribert Jürgens Heribert Jürgens, Uta Dirksen Ruth Ladenstein, Uta Dirksen, Heribert Jürgens
11:40-12:00	7. Ewing 2008: Status report and additional studies	Uta Dirksen, Susanne Amler
12:00-12:15	8. Discussion	Uta Dirksen
12:15-12:30	9. COSS/CESS: Quality of Life Aspects	Gabriele Calaminus
12:30-12:45	10. COSS/CESS: Recurrent disease registries (SAREZ, EURELOS)	Benjamin Sorg, Uta Dirksen
12:45-13:00	11. Discussion	
13:00	**Lunch**	
14:00	**3 Local therapy: Orthopaedics**	**Chair: Jendrik Hardes, Per-Ulf Tunn**
14:00-14:15	1. Long-term results after Ewing Sarcoma local therapy	Christiane Hoffmann, Andreas Ranft
14:15-14:30	2. COSS: Surgical guidelines	Per-Ulf Tunn
14:30-14:45	3. Trends and developments in Ewing Sarcoma surgery	Jendrik Hardes
14:45-15:00	4. Discussion	
15:00	**4 Local Therapy: Radiotherapy**	**Chair: Beate Timmermann**
15:00-15:15	1. COSS: News for radiotherapy and oncology	Rudolf Schwarz, Beate Timmermann
15:15-15:30	2. Trends and developments in Ewing Sarcoma radiotherapy	Beate Timmermann, Hans Theodor Eich, Faegheh Sheikh-Mounessi, Norman Willich
15:30-15:45	3. Discussion	
15:45	**Coffee break**	

Supported by
- The European Science Foundation under the EUROCORES Programme European Clinical Trials (ECT) – EURAMOS, through contract No. ERASCT-2003-980409 of the European Commission, DG Research, FP6.The European Science Foundation (ESF) provides a platform for its Member Organisations to advance European research and explore new directions for research at the European level. Established in 1974 as an independent non-governmental organisation, the ESF currently serves 79 Member Organisations across 30 countries.
- Deutsche Forschungsgemeinschaft, Project numbers BI 1045/1-2 and JU 2003/2-3
- Deutsche Krebshilfe, Project number 50-2723-Bi2
- Deutsche Krebshilfe, Project numbers 70-2551-Jü3 and 108128

Düsseldorf, Germany, 29 November 2011

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Agenda

16:00	**5 Translational Research** **Chair: Uta Dirksen, Simone Fulda**	
16:00-16:15	1. COSS/E.W.I.N.G.: TranSaRNet – Network Presentation	Stefan Bielack, Heribert Jürgens, Uta Dirksen, Eberhard Korsching
16:15-16:30	2. TranSaRNet: Virtual Biobank and translational research	Sebastian Bartholomäus, Heribert Jürgens, Uta Dirksen
16:30-16:45	3. COSS: Strategy for tumor banking and translational research	Katja Zils, Jan Smida/Michaela Nathrath
16:45-17:00	4. COSS: Radiology – diffusion study	Thekla von Kalle
17:00-17:15	5. Discussion	
17:15	**Break**	
17:50	**6 ENCCA WP7 steering group meeting** **Chair: Stefan Bielack**	
	Task presentations: Current activities / Annual report Achieved deliverables/milestones/realized meetings/next planned steps	
17:50-17:55	Introduction	Stefan Bielack
17:55-17:58	CURIE	Jean Michon
17:58-18:01	IGR	Nathalie Gaspar
18:01-18:05	St. Anna	Heinrich Kovar
18:05-18:15	7.1	Miriam Wilhelm et al.
18:15-18:20	7.2	Miriam Wilhelm et al.
18:20-18:25	7.3	Miriam Wilhelm et al.
18:25-18:35	7.4	Ian Lewis et al.
18:35-18:45	7.5	Heribert Jürgens, Uta Dirksen et al.
18:45-18:55	7.6	Heribert Jürgens, Uta Dirksen et al.
18:55-19:15	**Open discussion, next steps**	
19:15	**7 ENCCA WP17 steering group meeting** **Chair: Ian Lewis**	
	ENCCA WP17	Ian Lewis/Dan Stark
19:15-20:00	**To be completed**	
20:00	**Networking dinner**	

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Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees

Duesseldorf, Germany, November 29, 10 a.m. - 5 p.m.

Minutes

1. Participants	
Total number of participants	60
Countries	Germany (N = 45), Switzerland (N = 4), Italy (N = 1), France (N = 2), United Kingdom (N = 2), Austria (N = 4), Hungary (N = 2)
Meeting organizers	Wilhelm Miriam / Bielack Stefan (COSS) and Braun-Munzinger Gabriele / Jürgens Heribert (CESS)
COSS	Andreou Dimosthenis, Baumhoer Daniel, Bielack Stefan, Borkhardt Arnd, Branscheid Detlef, Butterfaß-Bahloul Trude, Calaminus Gabriele, Dürr Roland, Exner Ulrich, Ferrari Stefano, Funovics Philipp, Hillmann Axel, Jundt Gernot, Jürgens Heribert, Kager Leo, Kevric Matthias, Köhler Gabriele, Kontny Udo, Kühne Thomas, Lehner Burkhard, Mayer-Steinacker Regina, Nathrath Michaela, Papai Zsuzsanna, Reichardt Peter, Schulz Andreas, Schwarz Rudolf, Smida Jan, Sorg Benjamin, Timmermann Beate, Tunn Per-Ulf, von Kalle Thekla, Wilhelm Miriam, Zils Katja
CESS	Amler Susanne, Bauer Sebastian, Bielack Stefan, Braun-Munzinger Gabriele, Burdach Stefan, Calaminus Gabriele, Dantonello Tobias, Dirksen Uta, Eich Hans-Theodor, Faldum Andreas, Fulda Simone, Grünewald Thomas, Hardes Jendrik, Hauser Peter, Hillmann Axel, Hoffmann Christiane, Jürgens Heribert, Kloss Regina, Köhler Gabriele, Kontny Udo, Kovar Heinrich, Ladenstein Ruth, Leuschner Ivo, Metzler Markus, Nathrath Michaela, Paulussen Michael, Pilge Hakan, Poremba Christoph, Reichardt Peter, Sheikh-Mounessi Faegheh, Timmermann Beate, Tunn Per-Ulf, Weckesser Matthias
Other groups and networks	Bielack Stefan (ECT-EURAMOS, ENCCA WP 7), Dirksen Uta (ENCCA), Ferrari Stefano (ISG), Gaspar Nathalie (ENCCA WP 7, SFOP), Jürgens Heribert (ENCCA WP7), Kovar Heinrich (ENCCA WP7), Lewis Ian (ENCCA WP7), Michon Jean (ENCCA), Stark Dan (ENCCA), Wilhelm Miriam (ECT-EURAMOS, ENCCA WP 7), Zils Katja (ECT-EURAMOS, ENCCA WP 7)

Area	Item
1	**Welcome** **Arndt Borkhardt, Stefan Bielack, Heribert Jürgens**
Notes	Arndt Borkhardt, Düsseldorf, as representative of the Düsseldorf Pediatric Oncology Unit and Heribert Jürgens, Münster, and Stefan Bielack, Stuttgart, as hosts of the meeting and chairs of the Cooperative Ewing and Osteosarcoma Study Goups (CESS, COSS), respectively, welcomed 60 participants from 7 European countries to the intergroup meeting and presented the agenda. Delegates represented all subspecialties involved in bone tumor treatment and research, including pediatric and medical oncology, pathology, radiology, orthopedic and thoracic surgery, radiotherapy, biometrics, and tumor biology.
2	**Status Reports** **Chair: Stefan Bielack, Heribert Jürgens**
1. ENCCA WP7 (Bone Sarcoma): Implications for our multidisciplinary study groups COSS und CESS Miriam Wilhelm, Stefan Bielack, Ruth Ladenstein	
Notes	Miriam Wilhelm presented Work Package 7 (WP7), the Bone Tumor Work Package of the EU-FP7 funded European Network for Cancer Research in Children and Adolescents (ENCCA), one of 18 WPs in the network. Its focus is on osteosarcoma and Ewing sarcoma. Topics for the bone sarcoma framework include the establishment of a European trial platform for osteosarcoma and Ewing sarcoma, the integration of biological research objectives into clinical trials, improved access to tumor tissue via an extension of current biobanking efforts, establishment of a European tumor board, and the roll out of referral schemes for patients outside of clinical trials. ENCCA WP7 has strong links with COSS and CESS, and EURAMOS as well as the European Ewing working group. Institutions taking leading responsibilities in WP7 (and other WPs) of ENCCA are also represented in the steering committees of these groups. Ruth Ladenstein provided additional insights into the overall aims and structure of ENCCA.
2. COSS: ECT-EURAMOS1 Stefan Bielack	
Notes	Stefan Bielack, Stuttgart, ECT-EURAMOS project leader, presented EURAMOS-1 as an example of successful COSS participation in a prospective, randomized, international and even intercontinental intergroup osteosarcoma trial. Large scale collaboration between groups was required because no single group could have met the requirements for sufficient recruitment in this rare cancer: At least 1,260 patients needed to be randomized in order to answer one question each in good responders and in poor responders to preoperative chemotherapy. Challenges associated with intergroup collaboration were multiple, but could be resolved through efforts by all participating groups. In addition, EURAMOS-1 was the first bone sarcoma trial for children and adolescents which had to observe the European clinical trials directive 2001/20, posing multiple additional challenges and a greatly increased bureaucratic and financial load. In the end, European participation in the study was only made possible due to funding through the European Science Foundation's ECT-EUROCORES program. German ECT funding came through DFG and continues to

	contribute to the European overhead structures (coordinating data center, quality of life center) and quality assurance (safety desk, monitoring). The COSS group's own trial infrastructure as well as documentation fees for participating institutions come from a grant by Deutsche Krebshilfe. Obtaining sufficient funding will again be a challenge for future trials. As the international randomization rate was around 60% of registered patients, more patients than initially planned were required to answer the study questions. In total, 2,260 patients from 330 centers and 17 countries were recruited. One-hundred-one COSS centers contributed 520 patients, making COSS the second largest contributor after the North American Children's Oncology Group, but also demonstrating the considerable fragmentation of care which young sarcoma patients – and clinical trials trying to improve their prognosis – are facing. Overall, only three EURAMOS centers averaged to recruit an average of more than 5 patients per year, and 22 patients over the whole recruitment period of 6 years qualified an institution to be among the top 10/330 recruiters. Four of the COSS centers were in the top 10. Of the 520 COSS patients, 432 were recruited by 85 centers from Germany, 28 were registered by 5 centers from Austria, 27 by 7 centers from Switzerland, 24 by 2 centers from Hungary, and 9 by 2 centers from the Czech Republic, which only joined the COSS group in 2010. EURAMOS-1 was open for patients aged 0 to 40 years of age, and, as expected, children and younger adolescents recruited best when compared to incidence data. There was moderate under-recruiting for patients 15-19 years and considerable under-recruiting above 20 years, reflecting different trial philosophies in pediatric and medical oncology. While recruitment could be completed in June 2012, treatment of registered patients will be going on for up to two years after closure. Results from the trial are still blinded and can be expected for ca. 2013 (good responders) resp. 2015-16 (good responders. In summary, COSS participation in EURAMOS-1 was associated with additional challenges when compared to its own previous trials, but was well worthwhile as the study questions which will now be answered could not have been answered otherwise.
3. COSS: EURO-B.O.S.S. Stefano Ferrari	
Notes	Stefano Ferrari, project leader from the Istituto Rizzoli, Bologna, Italy, presented the European Bone Over 40 Sarcoma Study EURO-B.O.S.S., a treatment protocol for patients aged 41 – 65 with osteosarcoma and a variety of other, related bone sarcomas, as a successful example of academic cooperation in rare disease entities and rare patients. Originally envisioned during an EMSOS meeting in Pamplona, this collaborative project between the Italian Sarcoma Group ISG, the Scandinavian Sarcoma Group SSG, and COSS describes diagnostic and age-adapted therapeutic standards and registers epidmiological, treatment, and outcome data. EURO-B.O.S.S. has recruited patients ever since 2004. Over 300 patients have been registered so far, COSS contributing 42% to total recruitment. Among 283 patients eligible for interim analysis, the median age was 51 years, 55% were male, 24% had primary metastases (59 lung, 19 bone, 9 other). The site of the primary tumor was in an extremity in 197 (70%), pelvis/sacrum in 40 (14%), other central in 27 (10%), and craniofacial in 16 (6%). 144 tumors (50%) were conventional, 9 teleangiectatic, and 12 secondary osteosarcoma, 6 were classified as dedifferentiated parosteal osteosarcoma. There were 37 dedifferentiated chondrosarcomas, 28 high grade sarcomas NOS, 30 MFHs, 15 leiomyosarcoma of bone. Surgery was resection in 96

	(79%) and amputation in 22 (18%) among patients with relevant data. Histologic response data was as follows: 44 (52%) Salzer-Kuntschik grades 1-4; 40 (48%) grades 5-6. Actuarial 5-year overall survival was 54% (65% for non-metastatic tumors). Toxicity data: 30 % of patients received reduced doses, this was the case in most of the patients aged over 60 years. Nine percent of patients had delayed MTX excretion. Problems with MTX administration particularly arose in patients older than 60 years.. In summary, EURO-B.O.S.S.is the first prospective project in this patient cohort ever performed. Results obtained in this standardized diagnostic and therapeutic framework compare favorably with those from the literature.
4. COSS: EURAMOS2 Leo Kager, Stefan Bielack	
Notes	Leo Kager, Vienna, and Stefan Bielack, Stuttgart, gave an update on the current situation and the activities concerning the development of a next prospective COSS osteosarcoma trial. At present, COSS is running a registry for all osteosarcoma patients. Recommendations for standard osteosarcoma diagnosis, therapy, and follow-up are based on those given in EURAMOS-1. A more detailed guidance is being developed, a biobank under development. Following consensus obtained during the 2010 COSS study commission meeting, COSS representatives joined international efforts to build an intergroup follow-up study to EURAMOS-1, the study question being put forward by COSS (and others) centering on a randomized addition of muramyl tripeptide (MTP), a macrophage activator with possible activity against osteosarcoma, to standard chemotherapy. During an ESF supported osteosarcoma planning meeting in London in March 2010, this trial concept was agreed upon with multiple other osteosarcoma groups from Europe, North America, Asia, and Australasia. An intergroup infrastructure with a Steering Committee and a Protocol Writing Group was established. A biology group was implemented and developed a program for inclusion into the next intergroup trial. In addition to obtaining samples for investigations into tumor biology, the groups intend to collect blood samples to perform pharmacogenomic research. Unfortunately, an osteosarcoma application to the 7th Framework Program put forward by European consortium, while passing the first round of assessment, was not chosen for funding. So far, due to unavailability of MTP in non-European partner countries and insufficient interest by pharma to assist with drug supply for the trial as originally proposed, this idea for a clinical trial could not be taken forward into a finalized study. It became clear during the discussion at the Düsseldorf meeting that there is still substantial interest within the COSS study committee to further pursue the development of an MTP study for COSS, and that the study group should continue to search for potential opportunities to still run such a trial. Following stagnation regarding development of an MTP trial, the collaborating groups went on to develop „Plan B“, a study of standard chemotherapy ± bisphosphonates. A detailed study concept was developed, but – even though written in large parts by COG representative of the Protocol Writing Group - this did not pass COG scientific council. There is another, ongoing osteosarcoma trial with bisphosphonates in France, but this is based on an unconventional chemotherapy backbone not using anthracyclines. This would make COSS participation in that particular study rather difficult. Currently, there is further development of study infrastructure, design, and protocol by using the possibilities offered by ENCCA (particularly integration of research questions WP7 task 7.1, European trial platform for osteosarcoma WP7 task 7.3). A

	large intergroup planning meeting was envisioned for early 2012. COSS delegates agreed that the trial-free interval should be kept as brief as possible.
6. EURO-E.W.I.N.G. 99 Results R1 R2 R3 Ruth Ladenstein, Uta Dirksen, Heribert Jürgens	
Background (H. Jürgens)	CESS 81 to EURO-E.W.I.N.G. 99 saw an intensification of chemotherapy intensity. Accrual to EURO-E.W.I.N.G. 99: N = 3110 3-year EFS (localised disease): 71% Current knowledge from trials on the international level: • INT-0091 (focus: newly diagnosed Ewing tumors, USA, Grier NEJM 2003): Standard regimen +/- IFO/ETO. Trial shows benefit for localized disease (R1), no benefit for patients with primary metastases (R3). • INT-0154 (focus: newly diagnosed Ewing tumor, localized disease (R1), USA, Granowetter JCO 2011): VDC/IE at standard dose versus dose intensified VDC/IE regimen. Trial shows no benefit in the patient group studied. • AEWS-0031 (USA, Womer ASCO 2008): Standard interval VDC/IE regimen versus interval compressed VDC/IE regimen. First results: interval compressed schedule superior, with no increase in toxicity. Awaiting publication. ISG/SSG III (focus: newly diagnosed Ewing tumor, localized disease (R1), Ferrari Ann Oncol 2011): standard regimen plus high-dose therapy (BuMel) in poor responders. Results: treatment is feasible and effective.
R1 of EURO-E.W.I.N.G. 99 (U. Dirksen)	Randomization was VAI versus VAC for consolidation treatment. Non-inferiority limits for this group were adapted during the course of the trial (2007; 8.5%) and patient number estimate adjusted to 809. Results: • GPOH: Overall Survival 85%, Event-Free Survival 74%. • The intent to treat analysis of the R1 group done by the coordinating data center (Marie-Cécile Le Deley) showed no significant difference between VAI and VAC. • The per protocol analysis showed a slight trend for more favorable results with VAI. • Treatment compliance: VAI to VAC switch was significantly more frequent than vice versa; possible reasons: toxicity, longer hospital stays with VAI. • Toxicity: especially nephrotoxicity under VAI • Findings: Benefit from VAI for male sex, age >25 years, UK residents Pending: Analyses on long-term toxicity, renal function, gonadal function.
R2loc of EURO-E.W.I.N.G. 99 (U.Dirksen)	• GPOH: Overall Survival 81%, Event-Free Survival 58%.
R2pulm of EURO-E.W.I.N.G. 99 (U.Dirksen)	• GPOH: Overall Survival 73%, Event-Free Survival 52%.

R3 of EURO-E.W.I.N.G. 99 (U.Dirksen)	• Published: Ladenstein JCO 28, 2010 Results: Risk score (age >14 years, number of bone metastases, dissemination to bone marrow, primary tumor volume >200 ml, dissemination to lung) for a better prognosis rating. • GPOH: Overall Survival 33%, Event-Free Survival 26%. • Published: Häusler et al., Cancer 2010 Results: EFS following OP+RAD clearly superior, local treatment in R3 situations of relevance.
Discussion	• Resection of lung metastases: which procedure? Which surgeon (reference surgeons?)? (Branscheid) Jürgens: Usually remission induction by pre-operative chemotherapy, followed by lung irradiation, surgery not evaluated so far. Dirksen: Currently ongoing doctoral thesis work looks at chest surgery. • Randomization compliance in R2 is not satisfactory. Could this be managed by randomization at start of treatment? (Bielack) Jürgens: Usually, randomization depends on histological response which is not available until after surgery. Obtaining blanket consent before treatment is started is ethically not justifiable.
7. Ewing 2008: Status report and additional studies Uta Dirksen, Susanne Amler	
EWING 2008 (U.Dirksen)	EWING 2008 treatment schema: • R1: VIDE - local treatment - VAC (f) or VAI (m) +/- zoledronic acid • R2: VIDE – local treatment – VAI or BuMel HDT • R3: VIDE – local treatment – VAC of VAC+TreoMel • Under discussion: R3: VIDE – local treatment – TreoVAC or TreoVAC+ new targeted therapies EURO-EWING 2012: Treatment protocol of the UK and French trial groups about to be submitted for regulatory approval. Depending on the evaluation process, the GPOH group will consider submitting the randomized question of the EURO-EWING 2012 protocol as an amendment to EWING 2008.
EWING 2008 Accrual (S.Amler)	Cutoff 17 Oct 2011: • 209 Patients (160 protocol pts, 49 registry pts) reason for classification as registry pt: registration >45 days after biopsy or before trial site contract was signed • Risk groups (initial): localized tumor 66%, R2pulm 13%, R3 21% • 42% of protocol pts so far randomized, 36% randomization pending, 22% not randomized (most frequent reason: patient's/parents' decision)
EWING 2008 Ancillary studies (U.Dirksen)	• EFACT (EWS-FLI sequence analysis from ctDNA, Metzler, Erlangen) studies circulating mutant DNA to assess tumor dynamics. The project is established in a few centers. Centers obtain tumor samples according to a structured schedule. First results are expected to be presented at the next meeting of the study committee. • Long-term follow-up after Ewing sarcoma treatment: cf. TOP 3.1
Discussion	• Heribert Jürgens comments on the current situation of two trial projects within the EWING consortium (GPOH and UK/France): Early action by the GPOH group was called for by the German funding institution and authorities. Future developments (amendment or meta-analysis) are not yet decided. Bielack: How would authorities and ethics board view closure of one

	randomization arm? Faldum: This would only be acceptable for very good reasons (toxicity, significant difference between treatment arms) • Tobias Dantonello asks about experience with the Marvin RDE system Dirksen: Marvin has established a number of useful verification and control steps; so far, experience is positive.
9. COSS/CESS: Quality of life aspects Gabriele Calaminus	
QoL in CESS	3 issues: • Effects of oncological treatment on quality of life • Differences according to sex, age, risk group • Effects of experimental treatment (zoledronic acid, treosulfan) on quality of life Current accrual from EWING 2008: 118 International structures are well established.
Notes	QoL is secondary objective in the EURAMOS1 osteosarcoma study (influence of disease and treatment, difference regarding age, sex or treatment group) • 3 key questions • Weeks: 8, 23, 72, 144 • Participation rate 80% • 2 points outside of intensive treatment – Germany: Patients get a cover letter by post (2 age groups for cover letter ≤ 18 and < 18 years) • 1,406 patients at T1, 752 at T3. • Markedly reduced subjective well-being at T1 when compared to healthy norms • Physical functioning was most affected in all patients • Gender and age do not reveal consistent differences in QoL appraisal. This preliminary conclusion at T1 requires reexamination after not masked the T2 – T4 data. • Ewing: Secondary objective for EWING trial • Points of time: after week1, before local therapy and further points of time depending of randomization, T4 after end of therapy • No progress/no recurrent disease for follow up included • T1: age cut 12 years – no influence from age, restricted quality of life, gender: no influence, but all less QOL than healthy population, QOL reduced – physical! • 190 patients asked T1 – 118 take part, high take part quote, high compliance • High level of QoL-Participation/Compliance is obtained • Widely accepted, can be good integrated • The established international structures work well • QoL-Assessment is also well integrated in pre-existing national structures • QoL-module is widely accepted by patients/parents
10. COSS/CESS: Recurrent disease registry (SAREZ, EURELOS) Benjamin Sorg, Uta Dirksen	
SAREZ	SAREZ is part of the TranSaRNet project (Translational Sarcoma Research Network). • Aim: prospective data collection on the treatment, course and outcome of all patients with a bone or soft tissue sarcoma relapse. • Cooperating trials: COSS, CESS, CWS, IAWS

	Accrual not satisfactory so far (missings due to missing consent, LFU, change of hospital)
EURELOS	Benjamin Sorg, Stuttgart, presented two projects dealing with recurrent sarcomas: EURELOS (European Relapsed Osteosarcom Registry), is a joint project of COSS with the Italian and Scandinavian Sarcoma Groups, ISG and SSG. The inclusion criteria are: high grade osteosarcoma, first recurrence after first surgical remission, informed consent. So far (06/05 – 03/11), 298 patients were registered (234 COSS, 41 ISG, 23 SSG); median interval from biopsy to first relapse: 1.66 years (range: 0.3 - 20.4); 244 metastases, 31 local recurrence, 20 combined, 3 no data). Outcome: Median follow-up from 1st relapse: all patients (297*): 0.99 years (range: 0.0 - 5.16) (*1 no data); patients alive (169): 0.83 years (range: 0.0 - 5.16), 65 of these in 2nd CR; 3-year OS: 39.2%, 3-year EFS: 21.1%
3	**Local Therapy: Orthopaedics** **Chair: Jendrik Hardes, Per-Ulf Tunn**
1. Long-term results after Ewing Sarcoma local therapy Christiane Hoffmann, Andreas Ranft	
Notes	• Aim: Quantification of activity level in long-term survivors of Ewing sarcoma therapy • Inclusion criteria: >5 years after diagnosis, CR, no relapse • Median follow-up: 7.7 years • Method: Step Activity Monitor (SAM) (objective), TESS (Toronto Extremity Salvage) Score (subjective), comparison with control group • Results: self-report by TESS (tendency to more positive results) differs from results obtained with SAM. • 50% of patients achieve an active lifestyle (>10.000 steps per day) • SAM results in patients who had lower limb surgery show clearly reduced activity level Future: Consider subjective view as well as objective measurement when assessing a former patient's long-term level of activity.
2. COSS: Surgical guidelines Per-Ulf Tunn	
Notes	Per-Ulf Tunn, Berlin, gave a review of recent (orthopedic) surgical data relating to osteosarcoma (and other bone sarcomas) and their impact on the COSS surgical guidelines. COSS surgical data on 1,355 patients has been published by Andreou et al., Ann Oncol, 2011: The surgical margin width in bone did not correlate to local recurrence rate in patients with a margin width of ≤ 10 mm vs. ≤ 20 mm. Breach of the periosteum was associated with a poorer oncological outcome. The local recurrence rate was increased in cases where the biopsy was performed at a center other than the one performing the definitive surgical procedure. High volume centers performed limb-sparing procedures with a significantly higher frequency than low volume centers, without compromising local control. Several papers dealing with postoperative infections were discussed. The Italian experience was that endoprosthetic reconstruction after pelvic resection resulted in a higher infection rate than procedures without reconstruction (20.9% vs. 11.1%). In a

	British experience, endoprosthetic replacements after extremity resections were associated with a 1% risk of infection/year (amputation: 0.5%), most commonly staphylococcus species. In one British multy center study (Andreou et al., results presented at CTOS 2011, publication in work), postoperative deep infections seemed to correlate with improved oncological outcomes for osteosarcoma patients in univariate analysis, however multivariate analysis of the data suggested that this apparent benefit was due to more favorable tumor characteristics rather than the infection itself. The potential role of silver coated endoprostheses as a mode against infections was discussed, but long term results are still pending. Other papers mentioned were those by Kager et al., Cancer, 2010 (COSS-data), Abate et al, Pediatr Blood Cancer, 2010, and Worch et al., Pediatr Blood Cancer, 2010. They dealt with very young osteosarcoma patients aged 5 years and younger. Those had a high amputation rate, teleangiectatic osteosarcomas and pathologic fractures were more common than in older patients. A paper by Ferguson et al., J Surg Oncol., 2010, on pathological fracture concluded: no increased recurrence rate, but reduced overall survival. Consequences for the COSS surgical guidelines include: • Pelvic osteosarcoma – reduced infection rate without reconstruction • Increased risk of amputation after infection • Two stage revision of infected endoprostheses is accepted • Biopsy should be performed in centers able to perform definitive surgery, preferably in high volume centers
3. Trends and developments in Ewing Sarcoma surgery Jendrik Hardes	
Notes	• Periprosthetic infection 17-18% • Silver prothesis – antimicrobiell? Long time results still missing (Muenster 500 prothesis with silver) • Right management of periprosthetic infection? • Long bones: Radiation therapy improves the outcome in patients with a poor chemotherapy response • Tumor volume < 200 ml in the pelvis radiotherapy instead of surgery one option, Patient education about oncologic value of surgery and functional limitations due to surgery is important! • Combined modal therapy for > 200 ml pelvic tumors • For Ewing facts (data) necessary • Clear benefit for surgery in long bones • If R1 resection is feasible on extremity: Do it • Significant risk factor: pelvis p<.001 • Clear benefit of combined modality local therapy – whenever possible in > 200 ml pelvic tumors • Do we need sacrectomy? • Combined modality treatment for spinal tumors? • Individual decision in R2/R3 situations
Discussion	• Guidelines necessary • Bielack: Superior results with surgery in large centers should be published. • Dirksen: Combine data on risk from surgery in smaller centers for osteosarcoma and Ewing sarcoma. • Branscheid: S3 Guideline? Jürgens: Yes, would surely be funded by German Cancer Aid.

4	**Local Therapy: Radiotherapy** **Chair: Beate Timmermann**
1. COSS: News for radiotherapy and oncology Rudolf Schwarz, Beate Timmermann	
Notes	Rudolf Schwarz, Hamburg, presented a review of the current status of radiotherapy in osteosarcoma, including a review of the COSS experience. While it is generally accepted that survival from osteosarcoma requires surgical removal, this is not feasible for some 5-10% of all patients at initial diagnosis and for additional patients at recurrence. Radiotherapy has been used in such situations, but experience is limited to that gained from retrospective analyses. Doses used depended on normal tissue tolerance and risk organs in the field. Local control rates varied, but seemed to be better if radiotherapy was used at first-line rather than for recurrences, with (intralesional) surgery rather than alone. Current standards include: • Pre-operative radiation in the range of 54-60 Gy, 60-70 Gy for postoperative radiation, definitive radiotherapy of inoperable with doses up to 70 Gy or more. • 1,8-2 Gy dose per fraction (5 per week), optional subintegrated boost with higher doses per fraction (acceleration) possible • Target definition: initial tumor volume by imaging, security margins of 2 cm in axial sites , larger in extremities • Simultaneous chemo- and radiotherapy possible, recommendation of cisplatin, carboplatin, etoposide. Avoidance of high dose MTX during or after radiotherapy, avoidance of adriamycin, avoidance of ifosfamide when irradiating brain or bladder • Intensity modulated radiotherapy may be an option for many tumor sites A study of particle irradiation for inoperable osteosarcoma is open at the University of Heidelberg for inoperable osteosarcoma
2. Trends and developments in Ewing Sarcoma radiotherapy Beate Timmermann, Hans Theodor Eich, Faegheh Sheikh-Mounessi, Norman Willich	
Notes	Within the GPOH, radiotherapy issues are discussed by the Working Party for Paediatric Radiooncology (Arbeitsgemeinschaft für Pädiatrische RadioOnkologie, APRO) • Responsibilities of APRO: Training, developing treatment guidelines, quality control, research projects, international cooperation, service, consultation, defining standards • Results so far: Standards defined in therapy optimization studies, consultation • Objectives: Modernization of concepts, cooperation in project assessments , developing new research questions, integration of new techniques, improving treatment documentation, relapse analyses, concepts for relapse treatments including palliative approaches New techniques • IMRT, SIB (simultaneous integrated boost), proton therapy Advantage of SIB: shorter duration, pinpoint intensification, precision,

	feasible with protons. • Advantages of proton therapy: ideal method for pelvic and paraspinal tumors, no impact on quality of life. Open questions: • Optimization of schedules • Definition of target volume • Dose escalation in large pelvic tumors, residual tumor, definitive irradiation • Relevance of whole lung irradiation • Special techniques • Documentation • Quality control Follow-up strategies
Discussion	• Jürgens: S3 Guideline? Exploratory analysis first, then meta-analyses? • Timmermann: International cooperation is very important. Documentation must be improved; suggestion: establish radiotherapy documentalists in the 10 largest centers. Develop questions for international randomized studies. • Eich: Specific criteria should be set for trial-associated radiotherapy centers. Only those centers may give radiotherapy within the trial that have the necessary equipment and provide adequate documentation.
5	**Translational Research** **Chair: Uta Dirksen, Simone Fulda**
1. COSS/E.W.I.N.G.: TranSaRNet – Network Presentation Stefan Bielack, Heribert Jürgens, Uta Dirksen, Eberhard Korsching	
Notes	• Translational Sarcoma Research Network, structur, ressources • Kathrin Poos: Micro RNA´s to predict the migratory potential of osteosarcoma cell lines: • First results: high and low migratory potential of osteosarcoma cells
2. TranSaRNet: Virtual Biobank and translational research Sebastian Bartholomäus, Heribert Jürgens, Uta Dirksen	
Notes	Biobank networking is as TranSaRNet project in work.
3. COSS: Strategy for tumor banking and translational research Katja Zils, Jan Smida / Michaela Nathrath	
Notes	Katja Zils, Stuttgart, presented ideas for a COSS biobank for osteosarcoma. The central collection and repository of blood and tumor samples of patients with osteosarcoma is planned. The provision of samples for analysis in research on osteosarcomas shall be according to predefined rules and allocation principles.. The combination of biologic with pseudonymised clincal data is envisioned. The consent form shall ask for research on osteosarcoma in general and not refer only to one project. Genetic analyses on tumor samples and on genomic DNA shall be made possible and consented separately, consent shall not be restricted temporally. Michaela Nathrath (Clinical Cooperation Group Osteosarcoma Munich) presented results obtained by the CCG osteosarcoma group in Munich and outlined ideas for future group wise collaborative biologic and translational activities. These included further validation of the CAS system (Smida et al., Clin Cancer Res, 2010) and

	identification of additional tumor related alterations by various methods including MALDI imaging, miRNA screening, and Tissue Micro-Arrays. A small molecule library containing 10,000 compounds is available for testing.
4. COSS: Radiology – diffusion study Thekla von Kalle	
Notes	Thekla von Kalle, Stuttgart, presented an open multicenter study on the early assessment of osteosarcoma response by diffusion weighted MRI. This study has passed the Stuttgart ethics committee, is currently recruiting and participation by COSS centers is endorsed by the COSS study committee. Technical and time requirements for study images are limited and include MRI-Imaging: DWI + 3 minutes, Dyn-MRI + 5 minutes. The endpoint is the correlation of imaging findings with histological response. The discussion centered on better recruitment of centers and patients. Dissemination of information to both radiologists and clinicians (incl. orthopedics, pediatric oncologists) was seen as essential.

Stefan Bielack Miriam Wilhelm Katja Zils
Heribert Jürgens Gabriele Braun-Munzinger

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- European Network for Cancer Research in Children and Adolescent (ENCCA)

WP7 and WP17 Meeting
Duesseldorf, Germany, November 29, 5.30-8 p.m.

Minutes

1. Participants/Apologies		
Attendance	Attendance	Apologies
Task leaders	OLGA - Stefan Bielack (WP 7, 7.1) LTHTNHS- Ian Lewis (7.4) WWU - Heribert Jürgens (7.5, 7.6)	LUMC - Pancras Hogendoorn (7.2) UCL - Jeremy Whelan (7.3)
Other Members of steering group	OLGA - Miriam Wilhelm St. Anna - Heinrich Kovar CURIE - Jean Michon	IGR – Odile Oberlin
Local task responsibles	WWU – Uta Dirksen OLGA - Katja Zils LTHTNHS - Dan Stark	
Other	IGR – Nathalie Gaspar WWU IBKF - Faldum Andreas EWING - Paulussen Michael ENCCA – Ruth Ladenstein	

Area	Item
2. Introduction, agenda	
Notes	• After being welcomed by the WP leader, the participants gave a brief introduction of themselves. SB presented the agenda for the meeting
3. Group report WP7	
Notes	• The following participating institutions presented themselves, their involvement in bone sarcoma and their roles within ENCCA (WP7 and others: LTHTNHS (IL, DS), OLGA (SB/ MW), St. Anna (HK), WWU (HJ/UD), CURIE (JM), IGR (NG)
4 Discussion	
	• It was agreed that common structures are needed for better European connection and data exchange: database, informed consent, unique patient identifier for both biobanking and clinical data exchange. It was noted that this also involved activities by WP 5, and that the WPs should have complementary roles. The potential for interaction between WP7 and this and other WPs was discussed in

	considerable detail. HK noted that WP5 - the biology group - should identify relevant targets and forward the information to WP7 - the clinical groups - to prioritize these biological research findings and to move the most relevant ones forward into clinical trials. • It was agreed that it would be helpful to include patient/parent representatives at rather early stages of project development. Examples of relevant organizations were given. It seems that focus of the groups – research vs. patient-care – varies considerably from country to country. • Discussion on osteosarcoma trials development were taken forward from the Leiden Meeting (June 29-30, 2011). At present, following previous attempts to implement intergroup trials focusing on MTP or bisphosphonates, alternatives are being sought. Entry criteria must be permissive in order not to lose patients. Biology questions shall be part of any protocol. • A European and global consensus meeting is being prepared.
4. Interaction WP7 / WP 17 (TYA)	
Notes	• WP 17 aim is to further develop multiprofessional networks focused on improving outcome for teenagers and young adults (TYA). A telephone conference TYA was announced for December 21, 3 p.m. (UK time). Interaction with Pancare, WP15, WP18 was already ongoing, WP5 was to follow. A TYA session to be held at the next ECCO conference in Amsterdam is being developed.
5. Future meetings, next steps, open discussion	
Future meetings	• ENCCA General Assembly (Vienna/Austria, December 1-2, 2011) • WP7 telephone conference January 2012 • Pan-European and global osteosarcoma planning meeting planned for spring 2012
Publications	• Report of the WP7 co-hosted European Bone Sarcoma Meeting (Leiden, 06/11) to appear in the Journal of Adolescent and Young Adult Oncology • Annual report needs to be written with input from all Task Leaders
Actions	**AP1: All: Please send additional information about planned and completed meetings, activities, interactions with other WP´s in ENCCA and with other Consortiums/networks of excellence to SB/MW**

Stefan Bielack Miriam Wilhelm Katja Zils

Ian Lewis Dan Stark

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- European Network for Cancer Research in Children and Adolescent (ENCCA)

- Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees
- ENCCA Workpackage 7 (WP7 – Bone Sarcoma) Meeting
- ENCCA Workpackage 17 (WP17 – Teenagers and Young Adults) Meeting

Düsseldorf, Germany, November 29, 2011

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36	Prof. Dr.	Ladenstein	Ruth	F	St. Anna-Kinderspital Päd. Hämatologie / Onkologie CCRI	Kinderspitalgasse 6 1090 Wien IX Austria	ruth.ladenstein@ccri.at	+43 (0) 1 40 170 250	+43 (0) 1 40 170 70
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38	Prof. Dr.	Leuschner	Ivo	M	Univ.-Klinikum Schleswig-Holstein, Campus Kiel Institut für Pathologie Sektion Kinderpathologie	Arnold-Heller-Straße (Haus 14) 24105 Kiel Germany	ileuschner@path.uni-kiel.de	+49 (0) 431 597 3444 3451	+49 (0) 431 597 3486
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40	Dr.	Mayer-Steinacker	Regine	F	Comprehensive Cancer Center Ulm (CCCU) Integratives Tumorzentrum des Univ.-Klinikums und der Med. Fakultät	Robert-Koch-Str. 8 89081 Ulm Germany	regine.mayer-steinacker@uniklinik-ulm.de	+49 (0) 731/500-23333	+49 (0) 731/500-24626
41	PD Dr.	Metzler	Markus	M	Kinder- und Jugendklinik Universitätsklinikum Erlangen	Loschgestr. 15 91054 Erlangen Germany	markus.metzler@uk-erlangen.de	+49 (0) 9131 85 33117	+49(0) 9131 85 35867
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56	Dr.	Tunn	Per-Ulf	M	HELIOS Klinikum Berlin-Buch, Department Tumororthopädie Sarkomzentrum Berlin-Brandenburg Zentrum für Orthopädie und Unfallchirurgie	Schwanebecker Chaussee 50 13125 Berlin Germany	per-ulf.tunn@helios-kliniken.de	+49 (0) 30 9401 54800	+49 (0) 30 9401 54809
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60	Dr.	Zils	Katja	F	Klinikum Stuttgart - Zentrum für Kinder- und Jugendmedizin - Olgahospital	Bismarckstr. 8, 70176 Stuttgart Germany	katja.zils@olgahospital-stuttgart.de K.zils@klinikum-stuttgart.de	+49 (0) 71127873877	+49 (0) 71127873882

- **Joint Meeting of the German GPOH Cooperative Osteosarcoma and Ewing Sarcoma Study Committees**
- **ENCCA Work package 7 (WP7 – Bone Sarcoma) Meeting**
- **ENCCA Work package 17 (WP17 – Teenagers and Young Adults) Meeting**

Düsseldorf, Germany

ATTENDANCE LIST ***Meeting date: 29 November, 2011***

	Nr.	*Family Name*	*First Name*	*Institution*	*Signature*
X	1	Amler	Susanne	Univ.-Klinikum Münster Institut für Biometrie und Klinische Forschung	
	2	Andreou	Dimosthenis	HELIOS-Klinikum Berlin-Buch Klinik für Orthopädie	
X	3	Bauer	Sebastian	Innere Klinik (Tumorforschung) Universitätsklinikum Essen	
	4	Baumhoer	Daniel	Basel University Hospital Institute of Pathology	
X	5	Bielack	Stefan	Klinikum Stuttgart – Zentrum für Kinder- und Jugendmedizin - Olgahospital	
	6	Borkhardt	Arndt	Univ.-Klinikum Düsseldorf Klinik für Kinder-Onkologie, -Hämatologie, -Immunologie	
X	7	Branscheid	Detlev	Evang. Krankenhaus Bielefeld Klinik für Thoraxchirurgie (Gilead I)	
	8	Braun-Munzinger	Gabriele	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	
X	9	Burdach	Stefan	Klinikum rechts der Isar der TU Klinik für Kinder- und Jugendmedizin Klinikum München Schwabing - Kinderklinik	
	10	Butterfaß-Bahloul	Trude	Univ.-Klinikum Münster Zentrum für Klinische Studien	
	11	Calaminus	Gabriele	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	
	12	Dantonello	Tobias	Klinikum Stuttgart – Zentrum für Kinder- und Jugendmedizin – Olgahospital	
X	13	Dirksen	Uta	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	

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Düsseldorf, Germany

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	Nr.	*Family Name*	*First Name*	*Institution*	*Signature*
X	14	Eich	Hans-Th.	Univ.-Klinikum Münster Klinik und Poliklinik für Strahlentherapie – Radioonkologie	
X	15	Exner	Ulrich	Orthopädie-Zentrum Zürich	
X	16	Faldum	Andreas	Univ.-Klinikum Münster Institut für Biometrie und Klinische Forschung	
	17	Ferrari	Stefano	Istituto Ortopedici Rizzoli, Bologna	
	18	Fulda	Simone	Institut für Experimentelle Tumorforschung in der Pädiatrie Goethe-Universität Frankfurt	
	19	Funovics	Philipp	Orthopädische Universitätsklinik Medizinische Universität Wien	
X	20	Gaspar	Nathalie	Institut Gustave Roussy, Villejuit	
X	21	Gosheger	Georg	Univ.-Klinikum Münster Klinik und Poliklinik für Allg. Orthopädie und Tumororthopädie	
X	22	Grimer	Rob	The Royal Orthopaedic Hospital Woodlands, Northfield	
X	23	Grünewald	Thomas	Klinikum rechts der Isar der TU Kinderklinik München Schwabing Forschungszentrum für krebskranke Kinder	
	24	Hardes	Jendrik	Univ.-Klinikum Münster Klinik und Poliklinik für Allg. Orthopädie und Tumororthopädie	
X	25	Hauser	Peter	Semmelweis University, 2nd Dept of Pediatrics Budapest	
X	26	Hillmann	Axel	Klinikum Ingolstadt Orthopädische Klinik	

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Düsseldorf, Germany

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	Nr.	*Family Name*	*First Name*	*Institution*	*Signature*
	27	Hoffmann	Christiane	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	
X	28	Jürgens	Heribert	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	
	29	Kager	Leo	St. Anna Kinderspital, Wien	
X	30	Kevric	Matthias	Klinikum Stuttgart – Zentrum für Kinder- und Jugendmedizin – Olgahospital	
	31	Kloss	Regina	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	
	32	Köhler	Gabriele	Univ.-Klinikum Münster Gerhard-Domagk-Institut für Pathologie	
X	33	Kontny	Udo	Univ.-Klinikum Freiburg, Zentrum für Kinder- und Jugendmedizin	
X	34	Kovar	Heinrich	St. Anna Kinderkrebsforschung, Wien	
	35	Krauspe	Rüdiger	Univ.-Klinikum Düsseldorf Orthopädische Klinik	
	36	Kühne	Thomas	Univ.-Kinderspital beider Basel Abt. Hämatologie/Onkologie	
X	37	Ladenstein	Ruth	St. Anna-Kinderspital, Wien Päd. Hämatologie / Onkologie CCRI	
	38	Langer	Thorsten	Univ.-Klinikum Erlangen Kinder- und Jugendklinik	
X	39	Lehner	Burkhard	Univ.-Klinikum Heidelberg Orthopäd. Universitätsklinik Orthopäd. Onkologie und Septische Orthop. Chirurgie	

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Düsseldorf, Germany

ATTENDANCE LIST ***Meeting date: 29 November, 2011***

	Nr.	*Family Name*	*First Name*	*Institution*	*Signature*
	40	Leuschner	Ivo	Univ.-Klinikum Schleswig-Holstein, Campus Kiel, Institut für Pathologie Sektion Kinderpathologie	
X	41	Lewis, MD	Ian	Alder Hey Children's NHS Foundation Trust, Liverpool	
	42	Mayer-Steinacker	Regine	Comprehensive Cancer Center Ulm (CCCU) Integratives Tumorzentrum des Univ.-Klinikums und der Med. Fakultät	
	43	Metzler	Markus	Kinder- und Jugendklinik Universitätsklinikum Erlangen	
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	45	Nathrath	Michaela	Klinikum Kassel Pädiatrische Hämatologie und Onkologie	
X	46	Papai	Zsuzsanna	Allami Egészségügyi Központ Onkologiai Osztaly, Budapest	
X	47	Paulussen	Michael	Vestische Kinder- und Jugendklinik Datteln, Universität Witten/ Herdecke	
	48	Pilge	Hakan	Univ.-Klinikum Düsseldorf Orthopädische Klinik	
X	49	Poremba	Christoph	Zentrum für Histologie, Zytologie und Molekulare Diagnostik (ZHZMD) Wissenschaftspark Trier	
	50	Reichardt	Peter	HELIOS Klinikum Bad Saarow, Klinik für Innere Medizin III, Hämatologie, Onkologie und Palliativmedizin	
	51	Schulz	Andreas	Institut für Pathologie und Zytodiagnostik, Bad Homburg	
	52	Schwarz	Rudolf	Univ.-Klinik Hamburg Eppendorf Abt. für Strahlentherapie	

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Düsseldorf, Germany

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	Nr.	*Family Name*	*First Name*	*Institution*	*Signature*
X	53	Sheikh-Mounessi	Faegheh	Univ.-Klinikum Münster Klinik und Poliklinik für Strahlentherapie - Radioonkologie	
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X	55	Sorg	Benjamin	Klinikum Stuttgart – Zentrum für Kinder- und Jugendmedizin – Olgahospital	B. Sorg
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X	57	Timmermann	Beate	Westdeutsches Protonentherapiezentrum Essen (WPE) Universitätsklinik Essen	
	58	Tunn	Per-Ulf	HELIOS Klinikum Berlin-Buch Department Tumororthopädie Sarkomzentrum Berlin-Brandenburg	
X	59	von Kalle	Thekla	Klinikum Stuttgart - Olgahospital Radiologisches Institut	
	60	Weckesser	Matthias	Univ.-Klinikum Münster Klinik und Poliklinik für Nuklearmedizin	
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X	62	Zils	Katja	Klinikum Stuttgart – Zentrum für Kinder- und Jugendmedizin – Olgahospital	
	63	Dirn	Hans Peter	Tumorbiologie 44	
	64	JUNDT	GERNOT	Hospital Basel Pathology	
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WP7-Meeting
Düsseldorf, November 29, 2011

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Nr	*Family Name*	*First Name*	*Institution*	*ENCCA-Institution*	*WP-involvement*	*Signature*
1	Bielack	Stefan	Klinikum Stuttgart - Zentrum für Kinder- und Jugendmedizin - Olgahospital	OLGA	ENCCA WP4 & 5 & 7 & 8 & 17	
2	Dirksen	Uta	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	WWU	ENCCA WP7 & 17	
3	Gaspar	Nathalie	Institut Gustave Roussy	IGR	Representative Odile Oberlin (IGR) WP7	
4	Jürgens	Heribert	Univ.-Klinikum Münster Klinik und Poliklinik für Kinder- und Jugendmedizin - Päd. Hämatologie und Onkologie -	WWU	ENCCA WP7	
5	Kovar	Heinrich	Children's Cancer Research Institute	ST. ANNA	ENCCA WP5 & 7	
6	Michon	Jean	Départment d'oncologie pédiatrique, Institut Curie	CURIE	ENCCA WP7	
7	Lewis	Ian	Alder Hey Children's NHS Foundation Trust	LTHTNHS	ENCCA WP7 & 17	
8	Stark	Dan	St. James's University Hospital Leeds	LTHTNHS	ENCCA WP7 & 17	
9	Wilhelm	Miriam	Klinikum Stuttgart - Zentrum für Kinder- und Jugendmedizin - Olgahospital	OLGA	ENCCA WP7 & 17	
10	Zils	Katja	Klinikum Stuttgart - Zentrum für Kinder- und Jugendmedizin - Olgahospital	OLGA	ENCCA WP7	

Meeting Secretary (name and signature): ..... Miriam Wilhelm

Bielack

WP7-Meeting
Düsseldorf, November 29, 2011

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European Network for Cancer research in Children and Adolescents

ATTENDANCE LIST

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12	STARK	DAN	St James's Hospital Leeds	LEEDS JH	17, 7	
13	PAULUSSEN	MICHAEL	Datteln Ped. Hosp.		17	
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