REPORT EORTC OSTEOSARCOMA INTERGROUP MEETING
Amsterdam, October 26, 1988

Chairman : R.L. Souhami, London.

Statistical Report on Protocol 80831
A total of 297 patients has been entered in this study which was closed to patient entry in October 1986. The acute and chronic toxicity of the two regimens have been evaluated on the basis of 274 patients, while haematological toxicity is evaluable for 225 cases. When comparing the two drug regimens, more severe leucopenia and a higher rate of neurological side effects can be seen in arm 1 while there is a higher rate of liver toxicity in arm 2. A difference in response to therapy can be seen between metastatic patients and primary patients : 28% of metastatic patients responded to treatment 1 (CR+PR) while 58% responded to treatment 2 showing an apparent superiority of the HDMTX regimen in advanced disease. However, this conclusion must be considered tentative since it is based on a limited sample size. In primary patients no difference in response rate was found between the two treatment arms and this lack of difference should be verified with the histological evaluation which is not yet available.
When assessing the results of the randomized comparison of the two chemotherapy regimens in operable non-metastatic patients (more than 100 patients in each arm, median follow-up nearly 3 years), the study demonstrates the superiority of the ADM/DDP arm in survival and in disease free interval. However, this difference is not apparent in patients whose tumour was initially considered as not suitable for conservative surgery (bad risk patients).
In the (neo)adjuvant trial, overall disease free rates are estimated at 58% after 2 years and 46% after 4 years. The relapse rate is decreasing now after 2 years although a "plateau" has not yet been reached. The previous EORTC adjuvant study showed no relapse after 4 years and so it can be estimated that 75% to 80% of the relapses are recorded during the first 2 years.
A publication on the results of this study will be prepared for the Spring of 1989.

Pathology Review
The pathology panel, consisting of Pringle, Malcolm, Misdorp, Voisin, Roels and Martinez Tello has been meeting regularly to carry out quantitative response measurements according to the method they have developed. This method, which was presented to the EOI members in Madrid last year, has been presented also by Malcolm and Pringle in Vienna at the EMSOS and at the Pathological Society meeting in Newcastle, U.K.
Cases in protocol 80831 are proposing problems to the group : some data are missing in 174 cases in the U.K. However, quantitative assessments can already be made for 149 cases but some initial biopsies are missing. Biopsy material may be retrievable but resection specimens are not always available. There are 25 cases in the U.K. were no material is available at all. It will be necessary to retrieve these cases before the pathology publication can be completed. The pathologists should obtain material from primary and metastatic tumours concurrently. The Data Center will provide an updated list of patients (eligible and non-eligible) for the pathologists.

Administrative Report on Protocol 80861
One hundred and thirty-two patients have been randomized. Recruitment is very slow from continental Europe and this makes assessment of the multidrug arm difficult as too few patients are evaluable for toxicity. So far this is consistent with the previous trial.
The data should be brought up to date as soon as possible.
European participants should be encouraged to enter patients, and members were asked to publicize the protocol in an effort to raise accrual. Van Oosterom will present some preliminary data within the next 3 months and Bramwell will do her best to increase recruitment from Canada.
Patients refusing randomization may now be registered in protocol 80861 as this was approved by the Protocol Review Committee of the EORTC and the Cancer Therapy Committee of the MRC. Souhami will send all members a reminder of this in a newsletter.

Administrative Report on Protocol 80862
No renal toxicities have been reported in the study which has accrued 50 patients. A decision will be made on future work - either building on the PIA study or devising a new study for non-metastatic patients. A more aggressive chemotherapy regimen was discussed and also the combination of ifosfamide and platinum. A subcommittee was formed to select a general direction and present outlines for a future study. This committee, consisting of Van Oosterom, Lewis and De Kraker, will define the next step for metastatic and axial primary cases for the next meeting.

Protocol 80871 - Pilot study of ADM/DDP chemotherapy in patients with spindle cell sarcomas of bone other than osteosarcoma
One patient has been entered in this study which was opened for patient entry in September 1988.

Surgical Review of Protocol 80831
At the start of the protocol where there was a possibility of a choice between amputation or conservative surgery, amputations were done in 60% of patients, 40% having conservative surgery. There is now a striking difference, conservative surgery being twice as frequent as amputation. Surgical incisions are narrowing as more conservative procedures are adopted. This can influence the number of recurrences.

Next meetings
Saturday, March 11, 1989 in Amsterdam
Sunday, September 3, 1989 in London

REPORT EORTC RADIOTHERAPY COOPERATIVE GROUP
Besançon, October 28-29, 1988

President : W. van den Bogaert, Louvain

Administrative Data Center Report
Protocol 22844
Randomized trial on the dose response in radiation therapy of low grade cerebral gliomas. The so-called "believers" protocol.
Accrual : 214 patients from 23 institutions.
Off study : 33 patients, mostly because of progression.
There has been a good response to the Quality of Life questionnaire.

Protocol 22845
Randomized trial on the efficacy of radiation therapy of low grade cerebral gliomas. The "non-believers" protocol.
Accrual : 51 patients.
Off study : 3 patients, due to recurrence or progression.