SYMPOSIUM: HIGHLIGHTS FROM THE FIRST COMBINED 2011 MEETING OF THE MUSCULO-SKELETAL TUMOR SOCIETY AND CONNECTIVE TISSUE ONCOLOGY SOCIETY

Highlights from the First Combined 2011 Meeting of the Musculoskeletal Tumor Society and Connective Tissue Oncology Society

Editorial Comment

Cooperation to Move the Hope Curve to the Right

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Cooperation. Collaboration. Working together. When we strive to embody these values, we are better. When we do not, we are less.

Our patients are our joint responsibility. When we collaborate, caring for them together, they do better. When we do not, they do less well.

Sarcomas are a threat to life and limb, and surgery is our most effective treatment. In many ways, it is the ultimate targeted therapy. In most localized tumors, we can achieve a complete response much more effectively than by any other modality. As surgeons, we strategically remove tumors, preserving as much function as possible, and hope for the best. The best does not always come. Often, the complete responses are not sufficiently durable. Whenever possible, we look to our colleagues in other specialties to improve the results from surgery alone.

In certain types of sarcomas, there is a role reversal: chemotherapy is the backbone of treatment, with surgery as the adjuvant for local cleanup. For example, with systemic chemotherapy, we tripled the survival rate in osteosarcoma,

Fig. 1 R. Lor Randall, MD, FACS, Past President, CTOS, and Chair, Orthopaedic Committee, COG, is shown.

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Ewing's sarcoma, and rhabdomyosarcoma, compared to the rate achieved with local control alone. Similarly, in a majority of soft tissue sarcomas, we rely on the expertise of our radiation oncology colleagues to improve our ability to control the local tumor.

All too often our local and systemic tools are limited, and we are left hoping for the best. New tools to enhance the impact of our care are a necessity. Enter the molecular scalpel. Biotargeting, in the form of directed monoclonal antibodies and small molecule inhibitors, to name just two, have helped save lives and move the hope curve to advantage the survival of more patients with sarcoma.

Fig. 2 John H. Healey, MD, FACS, President, MSTS, and Past Chair, Orthopaedic Committee, COG, is shown.

Without the efforts of our research colleagues, such tools would not be available to our patients.

The conditions we treat are rare. Consequently, it is only through analysis of our combined experience that we can establish reliable outcome data to determine whether our treatments are effective. This requires cooperation.

Leading the way toward this goal are the Radiation Therapy Oncology Group (RTOG), Eastern Cooperative Oncology Group (ECOG), SWOG (formerly the Southwest Oncology Group), Children's Oncology Group (COG), and the Sarcoma Alliance for Research through Collaboration (SARC), to name a few. Some of us are active in these groups; more of us should be.

The Musculoskeletal Tumor Society (MSTS) has convened numerous combined meetings with the International Society of Limb Salvage (ISOLS), the European Musculoskeletal Oncology Society (EMSOS), and now the Connective Tissue Oncology Society (CTOS). These combined meetings bring out the best from our learned societies as we search to better understand the pathophysiology of sarcomas and treat them more successfully. We hope you enjoy reading these select symposium papers from the 2011 MSTS/CTOS combined meeting. As you read them, we hope two common themes will resonate: (1) cooperation across disciplines stimulates new ways of thinking and (2) interdisciplinary approaches enhance outcomes. A commitment to transdisciplinary cooperation will promote the synergies that we need to move beyond hope and cure more patients. On behalf of both societies, we trust you will enjoy this symposium.