The Oncologist
The official journal of the Society for Translational Oncology

Supplemental Appendix for:
SARCOMA EUROPEAN & LATIN AMERICAN NETWORK (SELNET) RECOMMENDATIONS ON PRIORITIZATION IN SARCOMA CARE DURING COVID-19 PANDEMIC
Javier-Martin Broto et al.

Appendix S1. ESMO-Magnitude of Clinical Benefit Scale (ESMO-MCBS)

The ESMO-MCBS has 5 forms:
1.- For new approaches to adjuvant therapy or new potentially curative therapies, 2a for therapies that are not likely to be curative with primary endpoint of overall survival (OS). This form contains 3 grades: A if >5% improvement of survival at ≥3 years' follow-up or improvements in disease-free survival (DFS) alone (primary endpoint) (HR <0.65) in studies without mature survival data; B that includes the following cases: improvement in OS ≥3% BUT ≤5% improvement at ≥3 years' follow-up, improvement in DFS alone (primary endpoint) (HR 0.65 – 0.8) without mature survival data, non-inferior OS or DFS with reduced treatment toxicity or improved quality of life (QoL) (with validated scales), non-inferior OS or DFS with reduced treatment cost as reported study outcome (with equivalent outcomes and risks); and C, <3% improvement of survival at ≥3 years follow-up, improvement in DFS alone (primary endpoint) (HR >0.8) in studies without mature survival data.

2.- For therapies that are not likely to be curative with primary endpoint of overall survival (there are 3 separate forms if median OS with the standard treatment is ≤ 12 months, >12 and ≤ 24 months and > 24 months. For each form 4 grades have been designed:
If standard treatments achieve OS ≤ 12 months as a median:
- Grade 4: HR ≤0.65 AND gain ≥3 months or Increase in 2-year survival ≥10%;
- Grade 3: HR ≤0.65 AND gain ≥2.0-<3 months;
- Grade 2: HR ≤0.65 AND gain ≥1.5-<2.0 or HR >0.65-0.70 AND gain ≥1.5 months;
- Grade 1: HR >0.70 OR gain <1.5 months.

If standard treatments achieve OS > 12 months as a median:
- Grade 4: HR ≤0.70 AND gain ≥5 months or Increase in 3-year survival alone ≥10%;
- Grade 3: HR ≤0.70 AND gain ≥3-<5 months;
- Grade 2: HR ≤0.70 AND gain ≥1.5-<3 months or HR >0.70-0.75 AND gain ≥1.5 months
- Grade 1: HR >0.75 OR gain <1.5 months.

3.- For therapies that are not likely to be curative with primary endpoint of progression-free survival (PFS) (these forms can be adjusted by QoL and toxicity):
If median PFS with standard treatment is ≤ 6 months:
- Grade 3: HR ≤0.65 AND gain ≥1.5 months;
- Grade 2: HR ≤0.65 BUT gain <1.5 months;
- Grade 1: HR >0.65.

If median PFS with standard treatment is > 6 months:
- Grade 3: HR ≤0.65 AND gain ≥3 months;
- Grade 2: HR ≤0.65 BUT gain <3 months;
- Grade 1: HR >0.65.

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4.-For therapies that are not likely to be curative with primary endpoints other that OS or PFS or equivalence studies:
If primary outcome is toxicity or improved QoL and non-inferiority studies:
- Grade 4: Reduced toxicity or improved QoL (using a validated scale) with evidence for statistical non-inferiority or superiority in PFS/OS;
- Grade 3: Improvement in some symptoms (using a validated scale) BUT without evidence of improved overall QoL

If primary outcome is response rate (RR):
- Grade 2: RR is increased ≥20% but no improvement in toxicity/QoL/PFS/OS;
- Grade 1: RR is increased <20% but no improvement in toxicity/QoL/PFS/OS.

5.- For single-arm studies in orphan diseases and for diseases with "high unmet need" when primary outcome is PFS or overall response rate (ORR).
- Grade 3: PFS ≥6 months or ORR (PR+CR) ≥60% or ORR (PR+CR) ≥20-<60% AND DoR ≥9 months;
- Grade 2: PFS ≥3-<6 months or ORR (PR+CR) ≥40-<60% or ORR (PR+CR) ≥20-<40% AND DoR ≥6-<9 months;
- Grade 1: PFS 2-<3 months or ORR(PR+CR) ≥20-<40% AND DoR <6 months or ORR (PR+CR) >10-<20% AND DoR ≥6 months.

For the therapeutic sections, we will consider "high priority" those therapies with substantial and moderate benefit (grades ≥ 3) in non-adjuvant therapies or with important or major benefit (grades A or B) for adjuvant therapies following the definitions of ESMO-MCBS.

SARCOMA PRIORITIZATION DURING COVID-19 OUTBREAK QUESTIONNAIRE

Multidisciplinary sarcoma tele-committees

Soft-tissue, bone or visceral sarcoma (Higher Priority)

- Localized and advanced disease

1. Every new suspicion of sarcoma (soft tissue, bone or visceral) diagnosis. The only exceptions being the cases likely to be well-differentiated liposarcoma or low risk gastric GIST

		Answers	Percentage
Strongly Agree		23	74.19%
Agree		7	22.58%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

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2. Therapeutic plan for patients previously diagnosed with: - Any sarcoma with metastatic life-threatening lesions; - Ewing sarcoma; - High grade recurrent resectable tumours; - High risk localized sarcoma; - Osteosarcoma; - Rhabdomyosarcoma.

		Answers	Percentage
Strongly Agree		29	93.55%
Agree		2	6.45%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

3. Therapeutic plan for recurrent or progressing sarcomas

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		17	54.84%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

Soft-tissue, bone or visceral sarcoma (Lower Priority)

- Localized and advanced disease

4. Cases with diagnostic suspicion of: - Bone lesions likely to be benign; - Desmoid tumours; - Lipomas; - Tenosynovial giant cell tumor.

		Answers	Percentage
Strongly Agree		20	64.52%
Agree		10	32.26%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

5. Indolent tumours for which the committee discussion can be delayed, at physician discretion

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		8	25.81%
Disagree		2	6.45%
Strongly disagree		0	0%

No Answer		0	0%

Diagnostic process

Soft-tissue sarcoma (higher priority)

- Localized disease

6. Deep lesions larger than 3 cm or any tumour larger than 5 cm in limbs or trunk-wall with no lipoma aspect

		Answers	Percentage
Strongly Agree		28	90.32%
Agree		3	9.68%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

7. Any lump that even not fitting with point 1 had experienced a recent fast growth

		Answers	Percentage
Strongly Agree		26	83.87%
Agree		4	12.9%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

8. Lesions with suspicion of local recurrence

		Answers	Percentage
Strongly Agree		16	51.61%
Agree		14	45.16%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

9. Local neurofibroma or TGCT with suspicion of malignant transformation

		Answers	Percentage
Strongly Agree		16	51.61%
Agree		14	45.16%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

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10. Any new tumoral lesion in somatic tissues with apparent metastatic spread

		Answers	Ratio
Strongly Agree		15	48.39%
Agree		16	51.61%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

11. Any new metastatic recurrence with unexpected behaviour for the tumour context

		Answers	Percentage
Strongly Agree		16	51.61%
Agree		13	41.94%
Disagree		1	3.23%
Strongly disagree		1	3.23%
No Answer		0	0%

Soft-tissue sarcoma (lower priority)

- Localized disease

12. Lesions not fitting with the points 6 or 7 of the higher priority

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		17	54.84%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

13. Retroperitoneal mass with the appearance of well differentiated liposarcoma

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		12	38.71%
Disagree		8	25.81%
Strongly disagree		0	0%
No Answer		0	0%

14. Lesions with appearance of desmoid tumours, or oligosymptomatic lesions with appearance of TGCT

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		10	32.26%
Disagree		6	19.35%
Strongly disagree		0	0%
No Answer		2	6.45%

- Advanced disease

15. Lung micronodules (less than 1 cm)

		Answers	Percentage
Strongly Agree		9	29.03%
Agree		16	51.61%
Disagree		6	19.35%
Strongly disagree		0	0%
No Answer		0	0%

16. Appearance of metastatic spread in the context of indolent tumours (i.e. extraskeletal myxoid chondrosarcoma or alveolar soft part sarcoma)

		Answers	Percentage
Strongly Agree		9	29.03%
Agree		14	45.16%
Disagree		7	22.58%
Strongly disagree		0	0%
No Answer		1	3.23%

<u>Bone sarcoma (higher priority)</u>

- Localized disease

17. Any new tumoral lesion with suspicion of malignancy)

		Answers	Percentage
Strongly Agree		29	93.55%
Agree		2	6.45%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

18. Bone tumours without suspicion of malignancy but with risk of fracture

		Answers	Percentage
Strongly Agree		25	80.65%
Agree		6	19.35%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

19. Osteochondromas or GCTB with suspicion of malignant transformation

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		12	38.71%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

20. Any suspicion of local recurrence

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		13	41.94%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

21. Any new bone tumour with metastatic spread

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		9	29.03%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

22. Any new metastatic recurrence with unexpected behaviour for the tumour context

		Answers	Percentage
Strongly Agree		17	54.84%
Agree		13	41.94%
Disagree		1	3.23%

Strongly disagree		0	0%
No Answer		0	0%

Bone sarcoma (lower priority)

- Localized disease

23. Bone lesions likely to be benign without symptoms or complication risks

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		8	25.81%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		1	3.23%

- Advanced disease

24. Lung micronodules (less than 1 cm)

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		13	41.94%
Disagree		6	19.35%
Strongly disagree		1	3.23%
No Answer		0	0%

25. Indolent metastatic disease (i.e. adamantinoma or periosteal osteosarcoma)

		Answers	Percentage
Strongly Agree		10	32.26%
Agree		17	54.84%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		0	0%

GIST/ other visceral sarcomas (higher priority)

- Localized disease

26. Clinically evident intramural gastrointestinal lesion

		Answers	Percentage
Strongly Agree		23	74.19%
Agree		7	22.58%

Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

27. Clinical and radiological suspicion of uterine leiomyosarcoma (subserosal mass, with recent symptoms)

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		8	25.81%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

- Advanced disease

28. Any appearance of new nodules suspected of metastatic spread (except for micronodules or indolent). Biopsy of metastatic nodules will be not necessary in the context of consistent natural history

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		13	41.94%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		1	3.23%

<u>GIST/ other visceral sarcomas (lower priority)</u>

- Localized disease

29. Intramural lesions less than 1-2 cm in the gastrointestinal tract

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		15	48.39%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		1	3.23%

30. Uterine mass predominantly intramural, no recent history of symptoms/signs, more likely to be myofibromas

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		14	45.16%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		2	6.45%

- Advanced disease

31. Appearance of metastatic spread in the context of indolent GIST (PDGFR mutant, KIT/PDGFRα wild type)

		Answers	Percentage
Strongly Agree		8	25.81%
Agree		17	54.84%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		2	6.45%

Surgery

Soft-tissue sarcoma (higher priority)

- Localized disease

32. High-risk (≥ 40% of death risk by sarculator) localized STS of limbs/trunk wall (after neoadjuvant treatment if indicated)

		Answers	Percentage
Strongly Agree		29	93.55%
Agree		2	6.45%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

33. Intermediate-risk STS (20-40% of death risk by sarculator)

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		8	25.81%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

34. Any local recurrence of grade 2 or 3 STS of limbs/trunk wall

		Answers	Percentage

Strongly Agree		21	67.74%
Agree		10	32.26%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

35. Local therapy for extraskeletal Ewing sarcoma, or rhabdomyosarcoma

		Answers	Percentage
Strongly Agree		26	83.87%
Agree		4	12.9%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

36. Any surgical complication entailing risk for the patient

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		3	9.68%
Disagree		3	9.68%
Strongly disagree		0	0%
No Answer		1	3.23%

37. Retroperitoneal sarcoma (dedifferentiated liposarcoma, leiomyosarcoma, other high/intermediated grade sarcomas)

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		7	22.58%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

38. Metastasectomies in oligometastatic patients with an adequate time interval without progression

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		8	25.81%

Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

39. Any life-threatening resectable metastatic spread in adequate MDT discussion

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		8	25.81%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

<u>Soft-tissue sarcoma (lower priority)</u>

- Localized disease

40. Low-risk tumours (less than 20% of death risk) (well differentiated liposarcoma; atypical liposarcoma; low risk SFT)

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		18	58.06%
Disagree		5	16.13%
Strongly disagree		0	0%
No Answer		1	3.23%

41. Local recurrence of low-risk tumour

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		20	64.52%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		0	0%

42. Retroperitoneal sarcoma (well-differentiated liposarcoma, low grade SFT, desmoid tumours)

		Answers	Percentage

Strongly Agree		11	35.48%
Agree		15	48.39%
Disagree		5	16.13%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

43. Indicate metastasectomy but due to indolent behaviour of STS, this can be postponed (i.e. extraskeletal myxoid chondrosarcoma or alveolar soft part sarcoma)

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		14	45.16%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		0	0%

44. Synchronous metastatic STS or metachronous metastatic STS with a short relapse interval, where systemic therapy could be tried first

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		12	38.71%
Disagree		4	12.9%
Strongly disagree		0	0%
No Answer		0	0%

45. Pulmonary micronodules with uncertain malignant nature

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		8	25.81%
Disagree		4	12.9%
Strongly disagree		1	3.23%
No Answer		0	0%

<u>Bone sarcoma (higher priority)</u>

- Localized disease

46. High-grade conventional osteosarcoma and skeletal Ewing sarcoma after neoadjuvant chemotherapy

		Answers	Percentage
Strongly Agree		28	90.32%

Agree		2	6.45%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

47. High grade conventional chondrosarcoma

		Answers	Percentage
Strongly Agree		25	80.65%
Agree		6	19.35%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

48. Mesenchymal chondrosarcoma (upfront or after neoadjuvant chemotherapy, following MDT decision)

		Answers	Percentage
Strongly Agree		28	90.32%
Agree		3	9.68%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

49. Other high-grade primary bone tumours

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		6	19.35%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

50. High-grade/Intermediate grade in local recurrence

		Answers	Percentage
Strongly Agree		19	61.29%
Agree		11	35.48%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

51. Any surgical complication that would be solved by surgery

		Answers	Percentage
Strongly Agree		23	74.19%

Agree		8	25.81%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

52. Metastasectomies as part of multimodality treatment in osteosarcoma or Ewing sarcoma

		Answers	Percentage
Strongly Agree		20	64.52%
Agree		9	29.03%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

53. Oligometastatic chondrosarcoma without evidence of local recurrence

		Answers	Percentage
Strongly Agree		10	32.26%
Agree		20	64.52%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

54. Oligometastatic high grade bone sarcoma without evidence of local recurrence

		Answers	Percentage
Strongly Agree		14	45.16%
Agree		16	51.61%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

Bone sarcoma (lower priority)

- Localized disease

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55. Low-grade osteosarcoma (parosteal and other variants)

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		19	61.29%
Disagree		5	16.13%
Strongly disagree		0	0%
No Answer		0	0%

56. Low-grade chondrosarcoma

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		17	54.84%
Disagree		3	9.68%
Strongly disagree		0	0%
No Answer		0	0%

57. Adamantinoma

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		14	45.16%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		2	6.45%

58. GCTB without suspicion of malignant transformation (consider induction with denosumab)

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		9	29.03%
Disagree		1	3.23%
Strongly disagree		2	6.45%
No Answer		1	3.23%

59. Any other low-grade bone sarcoma

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		15	48.39%
Disagree		1	3.23%
Strongly disagree		2	6.45%

No Answer		2	6.45%

- Advanced disease

60. Indicated metastasectomy but due to indolent behaviour, this can be postponed (i.e. adamantinoma, low-grade bone tumours)

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		17	54.84%
Disagree		1	3.23%
Strongly disagree		2	6.45%
No Answer		0	0%

61. Metastatic GCTB (denosumab can be a therapeutic option)

		Answers	Percentage
Strongly Agree		17	54.84%
Agree		11	35.48%
Disagree		1	3.23%
Strongly disagree		2	6.45%
No Answer		0	0%

62. Pulmonary micronodules with uncertain malignant nature

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		13	41.94%
Disagree		0	0%
Strongly disagree		3	9.68%
No Answer		0	0%

<u>GIST/ other visceral sarcomas (higher priority)</u>

- Localized disease

63. Clinically evident GIST (consider neoadjuvant imatinib for gastroesophageal junction or gastric antrum or duodenal or rectal GIST or any bulky GIST in order to facilitate surgery)

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		10	32.26%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

64. Symptomatic GIST not suitable for neoadjuvant imatinib (i.e. imatinib intolerant or genotype resistant to imatinib)

		Answers	Percentage
Strongly Agree		28	90.32%
Agree		2	6.45%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

65. Any other visceral grade 2 or grade 3 sarcomas or symptomatic low-grade visceral sarcomas

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		7	22.58%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Localized disease

66. In the context of unique or oligometastatic responding patients for whom extending 3-months imatinib could be difficult

		Answers	Percentage
Strongly Agree		8	25.81%
Agree		20	64.52%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		1	3.23%

67. Multicentric GIST or with nodal involvement (i.e. KIT/PDGFRα wild type GIST)

		Answers	Percentage
Strongly Agree		5	16.13%
Agree		24	77.42%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

68. Metastatic lesion causing symptomatic or other serious effect not amenable with imatinib

		Answers	Percentage

Strongly Agree		20	64.52%
Agree		10	32.26%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

GIST/ other visceral sarcomas (lower risk)

- Localized disease

69. Low-risk or very-low risk GIST without clinical complications

		Answers	Percentage
Strongly Agree		17	54.84%
Agree		10	32.26%
Disagree		2	6.45%
Strongly disagree		2	6.45%
No Answer		0	0%

70. In the context of indolent GISTs (i.e. PDGFRα mutants or KIT/PDGFRα wild type) consider postponing surgery based on other relevant factors

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		17	54.84%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

71. Any low-grade visceral sarcoma without relevant symptoms or other complications

		Answers	Percentage
Strongly Agree		8	25.81%
Agree		19	61.29%
Disagree		2	6.45%
Strongly disagree		2	6.45%
No Answer		0	0%

- Advanced disease

72. Nodule within mass as GIST progression that could be postponed or managed with radiofrequency

		Answers	Percentage

Strongly Agree		9	29.03%
Agree		21	67.74%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

73. Metastatic indolent GIST (even oligometastatic) (i.e. PDGFRα) that could be postponed

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		17	54.84%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

Medical Oncology

Soft-tissue sarcoma (higher priority)

- Localized disease

74. Neoadjuvant chemotherapy for extraskeletal Ewing sarcoma and paediatric-type rhabdomyosarcoma

		Answers	Percentage
Strongly Agree		30	96.77%
Agree		1	3.23%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

75. Perioperative chemotherapy in high-risk STS of limbs/trunk wall (> 40% death-risk based on sarculator) (3 cycles of epirubicin + ifosfamide) in selected patients

		Answers	Percentage
Strongly Agree		14	45.16%
Agree		16	51.61%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

76. Potentially resectable localized STS

		Answers	Percentage
Strongly Agree		14	45.16%
Agree		9	29.03%

Disagree		8	25.81%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

77. Overtly disease progression

		Answers	Percentage
Strongly Agree		20	64.52%
Agree		9	29.03%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

78. Newly diagnosed metastatic disease (other than doubtful micronodules)

		Answers	Percentage
Strongly Agree		19	61.29%
Agree		11	35.48%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

79. Symptomatic patients in relation to their tumour volume

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		11	35.48%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

80. Patients with already initiated chemotherapy or other systemic treatment with clinical or radiological benefit

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		10	32.26%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

81. Potentially resectable advanced STS

		Answers	Percentage
Strongly Agree		17	54.84%
Agree		11	35.48%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		1	3.23%

Soft-tissue sarcoma (lower priority)

- Localized disease

82. Perioperative chemotherapy in localized STS of limbs/trunk wall larger than 5 cm, grade 3 and deep tumours but with risk of death less than 40% based on sarculator would be postponed or not recommended

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		21	67.74%
Disagree		3	9.68%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

83. Newly diagnosed metastatic disease with micronodules

		Answers	Percentage
Strongly Agree		8	25.81%
Agree		18	58.06%
Disagree		4	12.9%
Strongly disagree		1	3.23%
No Answer		0	0%

84. Indolent STS or slow progressive STS with barely or no symptomatic impact

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		13	41.94%
Disagree		2	6.45%
Strongly disagree		1	3.23%
No Answer		0	0%

85. Progressive disease beyond 2nd with low probability of clinical benefit

		Answers	Percentage
Strongly Agree		15	48.39%

Agree		11	35.48%
Disagree		3	9.68%
Strongly disagree		2	6.45%
No Answer		0	0%

Bone sarcoma (higher priority)

- Localized disease

86. Neoadjuvant chemotherapy in osteosarcoma or Ewing skeletal sarcoma

		Answers	Percentage
Strongly Agree		28	90.32%
Agree		1	3.23%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		2	6.45%

87. Neoadjuvant chemotherapy in mesenchymal chondrosarcoma potentially resectable

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		12	38.71%
Disagree		2	6.45%
Strongly disagree		1	3.23%
No Answer		1	3.23%

- Advanced disease

88. Upfront chemotherapy in metastatic osteosarcoma or Ewing sarcoma

		Answers	Percentage
Strongly Agree		27	87.1%
Agree		4	12.9%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

89. Chemotherapy in recurrent advanced osteosarcoma no suitable for surgery

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		9	29.03%
Disagree		0	0%
Strongly disagree		0	0%

No Answer		0	0%

90. Chemotherapy in recurrent advanced Ewing sarcoma

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		9	29.03%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

91. Metastatic undifferentiated high-grade bone sarcoma

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		8	25.81%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		1	3.23%

Bone sarcoma (lower priority)

- Localized disease

92. Perioperative chemotherapy in high-grade bone sarcoma (i.e. Undifferentiated high-grade pleomorphic bone sarcoma)

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		14	45.16%
Disagree		9	29.03%
Strongly disagree		1	3.23%
No Answer		0	0%

93. Perioperative chemotherapy in high-grade chondrosarcoma

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		12	38.71%
Disagree		6	19.35%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

94. Systemic treatment beyond second line of metastatic disease in osteosarcoma or beyond third line in Ewing sarcoma

		Answers	Percentage
Strongly Agree		12	38.71%
Agree		13	41.94%
Disagree		4	12.9%
Strongly disagree		2	6.45%
No Answer		0	0%

95. Any chemotherapy line in chondrosarcoma

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		12	38.71%
Disagree		2	6.45%
Strongly disagree		2	6.45%
No Answer		0	0%

96. Imatinib in advanced/recurrent asymptomatic chordoma

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		22	70.97%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

GIST/ other visceral sarcomas (higher priority)

- Localized disease

97. Neoadjuvant imatinib in locally advanced GIST with sensitive genotype (to facilitate posterior surgery)

		Answers	Percentage
Strongly Agree		23	74.19%
Agree		6	19.35%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		2	6.45%

98. Neoadjuvant imatinib in gastro-oesophageal junction, or gastric antrum or rectal GIST (to minimize morbidity) with sensitive genotype

		Answers	Percentage

Strongly Agree		26	83.87%
Agree		5	16.13%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

99. Adjuvant imatinib in patients with > 40% of recurrence risk (heat maps)

		Answers	Percentage
Strongly Agree		26	83.87%
Agree		5	16.13%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

100. TKI for first, second and third line in metastatic disease with imatinib, sunitinib and regorafenib respectively

		Answers	Percentage
Strongly Agree		21	67.74%
Agree		8	25.81%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

GIST/ other visceral sarcomas (lower priority)

- Localized disease

101. Adjuvant imatinib with < 40% of recurrence risk (heat maps)

		Answers	Percentage
Strongly Agree		9	29.03%
Agree		16	51.61%
Disagree		6	19.35%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

102. Metastatic indolent disease (i.e. PDGFRα mutant)

		Answers	Percentage

Strongly Agree		10	32.26%
Agree		17	54.84%
Disagree		1	3.23%
Strongly disagree		2	6.45%
No Answer		1	3.23%

103. Radiological progression without clinical impact

		Answers	Percentage
Strongly Agree		9	29.03%
Agree		12	38.71%
Disagree		7	22.58%
Strongly disagree		2	6.45%
No Answer		1	3.23%

Radiation Oncology

Soft-tissue sarcoma (higher priority)

- Localized disease

104. Perioperative radiation therapy (preferably postoperative during COVID-19 outbreak) in grade 2-3, > 5 cm and deep STS of limbs/trunk wall

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		8	25.81%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

105. Perioperative radiation therapy (preferably postoperative during COVID-19 outbreak) in > 5 cm and superficial STS of any grade in limbs/trunk wall

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		11	35.48%
Disagree		6	19.35%
Strongly disagree		1	3.23%
No Answer		0	0%

106. Perioperative radiation therapy (preferably postoperative during COVID-19 outbreak) in < 5 cm and deep STS of any grade in limbs/trunk wall

		Answers	Percentage
Strongly Agree		8	25.81%
Agree		11	35.48%
Disagree		12	38.71%

Strongly disagree		0	0%
No Answer		0	0%

107. Radiation therapy in cases of head and neck sarcomas

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		13	41.94%
Disagree		3	9.68%
Strongly disagree		0	0%
No Answer		0	0%

108. Radiation therapy in rhabdomyosarcomas and extraskeletal Ewing sarcoma

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		7	22.58%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

109. Any symptomatic metastatic lesion that could be alleviate with radiation therapy, balancing risk/benefit

		Answers	Percentage
Strongly Agree		19	61.29%
Agree		11	35.48%
Disagree		0	0%
Strongly disagree		1	3.23%
No Answer		0	0%

110. Radiation therapy for symptomatic primary tumour in the context of metastasis

		Answers	Percentage
Strongly Agree		15	48.39%
Agree		16	51.61%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

Soft-tissue sarcoma (lower priority)

- Localized disease

111. Postoperative radiation therapy in low grade, > 5 cm and deep STS of limbs or trunk-wall

		Answers	Percentage
Strongly Agree		10	32.26%
Agree		12	38.71%
Disagree		9	29.03%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

112. Radiation therapy for local control of asymptomatic primary tumour in the context of metastatic STS

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		15	48.39%
Disagree		5	16.13%
Strongly disagree		0	0%
No Answer		0	0%

Bone sarcoma (higher priority)

- Localized disease

113. Radiation therapy is skeletal Ewing sarcoma according to CPG

		Answers	Percentage
Strongly Agree		24	77.42%
Agree		7	22.58%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

114. Unresectable osteosarcoma after induction chemotherapy

		Answers	Percentage
Strongly Agree		12	38.71%
Agree		17	54.84%
Disagree		2	6.45%
Strongly disagree		0	0%
No Answer		0	0%

115. Definitive radiation therapy for grade 3 chondrosarcoma

		Answers	Percentage
Strongly Agree		10	32.26%

Agree		17	54.84%
Disagree		3	9.68%
Strongly disagree		1	3.23%
No Answer		0	0%

- Advanced disease

116. Any symptomatic metastatic lesion that could be alleviate with radiation therapy, balancing risk/benefit

		Answers	Percentage
Strongly Agree		18	58.06%
Agree		12	38.71%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		1	3.23%

GIST/ other visceral sarcomas (higher priority)

- Localized disease

117. Radiation therapy for unresectable breast or uterine sarcoma

		Answers	Percentage
Strongly Agree		11	35.48%
Agree		19	61.29%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

- Advanced disease

118. Any symptomatic metastatic lesion that could be alleviate with radiation therapy, balancing risk/benefit

		Answers	Percentage
Strongly Agree		13	41.94%
Agree		18	58.06%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

GIST/ other visceral sarcomas (lower priority)

- Localized disease

119. Postoperative radiation therapy in breast sarcoma larger than 5 cm or high grade

		Answers	Percentage
Strongly Agree		7	22.58%
Agree		13	41.94%
Disagree		10	32.26%
Strongly disagree		0	0%
No Answer		1	3.23%

- Advanced disease

120. Radiation therapy for unresectable breast or uterine sarcoma with metastatic spread

		Answers	Percentage
Strongly Agree		5	16.13%
Agree		18	58.06%
Disagree		7	22.58%
Strongly disagree		1	3.23%
No Answer		0	0%

Follow-up

121. Higher priority: The follow-up recommendation for high risk STS, conventional osteosarcoma, Ewing sarcoma, rhabdomyosarcoma, high risk GIST after completion of adjuvant imatinib is to schedule CT scans or chest X-ray (in some cases) every 3-4 months for the first 3 years, every 6 months in 4th or 5th years and then on every year. Consider, in the appropriate context, to prolong the interval 2-3 months if the patient is beyond the first 3 years of follow-up.

		Answers	Percentage
Strongly Agree		25	80.65%
Agree		5	16.13%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

122. Lower priority: The follow-up recommendation for low-intermediate risk of STS, low grade osteosarcoma, high-risk GIST under adjuvant imatinib, intermediate-low risk of localized GIST is to schedule CT scans or chest X-ray (in some cases) every 5-6 months for the first 5 years and then on every year. Consider, in the appropriate context, to prolong the interval 2-3 months if the patient is beyond the first 3 years of follow-up.

		Answers	Percentage
Strongly Agree		20	64.52%
Agree		10	32.26%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

Clinical trials

Higher priority: (To new enrolment)

123. Therapies likely to improve clinical outcome (drugs with strong preclinical rationale, drugs showing promising results in previous clinical trials, drugs with robust predictive biomarker, therapy targeting addictive signalling pathway in some tumours, therapy targeting relevant signalling in orphan diseases)

		Answers	Percentage
Strongly Agree		17	54.84%
Agree		13	41.94%
Disagree		1	3.23%
Strongly disagree		0	0%
No Answer		0	0%

Higher priority (to maintain the treatment under trial)

124. Patients with clinical or radiological benefit, patients still no assessed for efficacy without relevant toxicity. (Consider adapting procedures in agreement with the trial sponsor as relax the interval of clinical visits, to minimize as much as possible hospital frequentation)

		Answers	Percentage
Strongly Agree		22	70.97%
Agree		9	29.03%
Disagree		0	0%
Strongly disagree		0	0%
No Answer		0	0%

Lower Priority: (To new enrolment)

125. Therapies for indolent entities (TGCT, GCTB, Desmoid tumours) for which the enrolment can be postponed, phase I trials with substantial number of procedures,

serious logistic difficulties due to the pandemic situation, Car-T cells based trials (it could require intensive care support), immunomodulation therapies that could exacerbate the inflammatory response to Sars-CoV2.

		Answers	Percentage
Strongly Agree		16	51.61%
Agree		12	38.71%
Disagree		1	3.23%
Strongly disagree		2	6.45%
No Answer		0	0%