

Synovial Sarcoma Post-Conference Questions

Common Questions	Response
<p>How do I find a sarcoma specialist or centers domestically or internationally?</p>	<p>There are several websites linked below that have a list of centers which provide care for patients with sarcoma. Please note that additional information may be needed from a center to guide if it is the best option for an individual patient and that there may be other centers available that are not listed on these websites.</p> <p>https://sarctrials.org/sarcoma-centers/ https://sarcomaalliance.org/sarcoma-centers/ https://www.sarcoma-patients.org/sarcoma-centers/</p>
<p>What is the most current guidance on how long patients in remission should be scanned for recurrence?</p> <p>If a patient is NED (No Evidence of Disease), how long should they take Votrient?</p>	<p>In general, patients are often followed with imaging for approximately 5 years after the completion of their treatment. Adjustments to this duration may be needed based on the details of an individual's case.</p> <p>There is not one-size-fits-all approach to the appropriate duration of pazopanib (Votrient) for a patient who has no evidence of disease. While many providers will treat patients between 6 months to 1 year, a shorter or longer duration may be recommended depending on an individual's history and how well they are tolerating the medication.</p>
<p>Is there a way to change the treatment approach, such as prioritizing genomic testing earlier instead of defaulting to chemotherapy?</p>	<p>There is great interest in developing new treatment approaches for synovial sarcoma. While genomic testing can be informative, often times they do not identify alterations that we can use to guide our treatment. Ongoing work in this area is needed.</p>
<p>Is there any current research on developing a T-cell treatment for patients with other HLA types or other T-cell targets?</p>	<p>The current clinical trials for T cell receptor therapies in synovial (targeting MAGE-A4 and NY-ESO-1) are focused on patients with the same HLA types, which are the most common in the population in the United States. Unfortunately, not all patients have these HLA types so not all patients are eligible. It is our shared hope that future work can identify T cell treatment approaches for patients with other HLA types.</p>
<p>Can a liquid biopsy identify translocations in the body?</p>	<p>There are various approaches to evaluating liquid biopsies. Some approaches can identify translocations, if the translocation is present above the level of detection in the sample collected.</p>
<p>Is surgery only a reasonable approach for small superficial non-metastatic tumors? Or is adjuvant radiation and/or chemotherapy necessary for a better overall prognosis for pediatric patients?</p>	<p>The optimal approach to treatment depends on the whether a tumor is localized (in only one place) or metastatic (has spread), whether it can be completely removed with surgery and what the functional impact of that surgery would be, the margins of a surgical resection (if there is any tumor left behind), and the grade of the tumor (based on features seen under the microscope). Non-metastatic, small (≤ 5 cm) tumors that can be completely resected may be treated with surgery alone followed by post-operative surveillance with imaging. However, it is important to discuss the specifics of each case with your doctor.</p>

<p>Can AI help improve treatment?</p>	<p>Artificial intelligence (AI) is a rapidly advancing field of study, but we are not routinely using AI to inform our treatments at this time.</p>
<p>I have spoken to several people who have had late and very late recurrences--people who were NED for 9 years (!) but then when it did come back - it grew very aggressively. I'm struggling to understand this behavior, my thinking is it would either grow slow and steady over all those years or not at all. But it's like something activated their cancers to go into overdrive out of nowhere. Is this something you have seen a lot, and what is your theory as to why it happens?</p>	<p>We can see late recurrences of synovial sarcoma. When synovial sarcoma or other cancers recur, there may be additional changes that develop in the tumor which can cause them to behave more aggressively.</p>
<p>Is tumor glow widely available for the surgical procedure and ablations?</p>	<p>TumorGlow (cytalux) is approved by the Food and Drug Administration (FDA) to be used as an imaging agent to aid in the intraoperative identification of lesions in adults with ovarian cancer or lung lesions in adults with known or suspected cancer in the lung. We are still learning more about the appropriate role of TumorGlow in patients with sarcomas and in children. Tumor glow is available at some but not all centers and may be available either as part of routine clinical care or only in the context of a clinical trial, depending on the specifics of the clinical situation.</p>