

Highlights of the ISOLS/MSTS 2009 Meeting

Editorial Comment

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Despite much progress in the last three decades, our patients with musculoskeletal neoplasms deserve better outcomes and quality of life from limb salvage procedures than we currently provide. To accomplish this, we in the profession must direct our attention to more research, more education, and more innovation to minimize disease and preserve patient function. While there are many obstacles to understanding and treating musculoskeletal neoplastic disease, the international community has shown its ability to leverage intellectual and societal resources to make progress. An outstanding example of this was the first combined meeting of the International Society of Limb Salvage (ISOLS) and the Musculoskeletal Tumor Society (MSTS) held in Boston in September 2009. Such collaborative efforts allow orthopaedic surgeons and scientific investigators to document the progress in orthopaedic oncology, highlight the remaining problems with limb salvage, and fertilize clinical and basic research efforts worldwide.

The combined MSTS/ISOLS meeting was the largest gathering of orthopaedic oncologists in the world, allowing the most experienced surgeons and scientists to share their

research and surgical innovations. Documentation of these proceedings is an essential part of the educational process and provides a foundation for further advances. Both ISOLS and MSTS are grateful to Clinical Orthopaedics and Related Research for this opportunity to share outstanding manuscripts from the meeting and summarize the current state of the art and define the research needs.

Limb salvage is a well-accepted approach to the treatment of musculoskeletal sarcoma. Challenges remain, however, in both effective eradication of the local tumor and durability and functional outcome of reconstructive techniques. Several manuscripts in the symposium focus on the adequacy of the surgical resection and surgical margins in relationship to the risk of local tumor recurrence. Local tumor control remains essential for patient survival, yet despite the use of adjuvant therapies such as radiation and chemotherapy, the exact surgical margin necessary to avoid local recurrence remains a critical and poorly defined factor for recurrence. Although dramatic improvements in survival statistics have been realized, especially in pediatric sarcomas, the importance of surgical treatment is emphasized by the lack of recent progress in the development of newer chemotherapeutic agents for adults and children. While we look forward to the development of biologically based cures for sarcoma, the reality is that surgical treatment will remain an essential component of treatment in the foreseeable future.

Reconstruction after tumor resection remains demanding, particularly for long-term outcomes. The experiences at several institutions with differing reconstructive techniques are detailed in several papers. It is clear that more durable implants and fixation methods are needed for patients as well as other innovations to decrease the risk of infection and soft tissue complications to improve outcomes.

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Fig. 1 John H. Healey, MD is shown.

Pediatric patients deserve particular attention and care. The experience of several authors with innovative techniques for limb salvage in the growing child such as physal preserving resections and use of expandable implants are included. Further study of the longevity and outcomes of these techniques, and others, are needed as many children survive their sarcoma to become patients with challenging reconstructive failures.

The papers presented in this symposium reflect the continued efforts of members of both ISOLS and MSTs to advance the science and treatment of patients with musculoskeletal neoplasm. While progress is occurring on many levels, much work still needs to be done. We appreciate the opportunity to edit these outstanding manuscripts.



Fig. 2 Mary I. O'Connor, MD is shown.



Fig. 3 Mark C. Gebhardt, MD is shown.