

## Symposium: 2013 Meetings of the Musculoskeletal Tumor Society and the International Society of Limb Salvage

# Editorial Comment: 2013 Meetings of the Musculoskeletal Tumor Society and the International Society of Limb Salvage

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This symposium captures the best papers presented at the 2013 meetings of the Musculoskeletal Tumor Society in San Francisco, CA, USA and the International Society of Limb Salvage (ISOLS) in Bologna, Italy. Most of the researchers at the conferences presented clinical and reported outcomes studies based on diagnosis, treatment, or reconstructive method. Pietro Ruggiero, the ISOLS host, ambitiously

subtitled the Congress, “Common Language for the New Century.” It was a worthy goal, and fulfilled former *CORR*® Editor-in-Chief Richard Brand MD’s desire to update and improve our staging and outcome reporting systems. The plenary lectures “Functional Evaluations Systems,” by Mark Scarborough MD and “Modern Assessment of Surgical Margins” by Fran Hornicek PhD, MD were provocative and offered comprehensive discussions of the topics, setting the stage for thoughtful reevaluation of our methods to assess clinical outcomes.

Most researchers at the meeting used conventional outcome measures. A few individual investigators tried to bring a fresh look at outcomes using different measures, such as postsurgical ambulatory activity level and patient-reported quality of life assessments. Still, no system was clearly accepted by the meeting participants. There would be no better way to pay tribute to the recently departed William F. Enneking MD, who championed the systems we currently use, than by continuing to study this essential issue.

While we might continue to debate how to measure functional outcomes,



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one endpoint common to many oncology papers remains sadly straightforward: Mortality. Since survival rates for musculoskeletal tumors have not changed significantly for 30 years in the developed world, and the underdeveloped world has narrowed the survival gap appreciably, fewer and fewer studies focus on patient survival. It is the rare basic science study that addresses the etiology of musculoskeletal cancers or

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addresses an actionable target to improve cure rates. Since we are no longer answering the “dead or alive question,” what are the relevant outcomes in oncology and how do we measure them?

Well-meaning observers can differ even on such basic points as what constitutes outcomes research, particularly with regard to establishing the appropriate balance of clinician-derived, more quantitative performance-based measures with patient-reported functional assessments and

quality of life. Nevertheless, we all agree that outcomes are important to the patient, surgeon, researcher, institution, and society. They are how we grade ourselves. Outcome measures are also the currency of professional communication. Only in this way can we identify problems, assess quality, document improvement in care for our patients, and compare results across geographic, demographic, and cultural differences.

Several novel measures of postoperative function and quality of life were

used, and it will be interesting to see how these methods are accepted in future investigations. Creative efforts to incorporate more comprehensive, better validated outcome measures into the posttreatment assessments of our orthopaedic oncology patients are commendable and merit further exploration. The challenge remains for all investigators worldwide to improve the comprehensiveness and relevance of our measures of quality of life while we continue to work to improve patient survival from musculoskeletal sarcoma.