



# SSO 2022—International Conference on Surgical Cancer Care and Advanced Care Therapies Highlights

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The Society of Surgical Oncology (SSO) 2022—International Conference on Surgical Cancer Care and Advanced Care Therapies meeting, finally in person, after a 3-year pandemic-related hiatus, was eagerly awaited and particularly memorable. The meeting, held at Hilton Anatole in Dallas, TX from March 9 to 12, was very well attended. It drew significant interest and included 485 accepted abstracts, including 83 oral presentations, 80 virtual poster presentations, and 252 ePosters. In addition, the Advanced Cancer Therapies included 49 oral presentations and 20 ePosters.

There were several new components to the meeting this year, focusing on the sharing of clinical practices and data in a manner that fostered connection and community (SSO HUB) and a virtual pre-meeting component. The four days of pre-meeting virtual content from February 28 to March 3 was a welcome addition and set the tone for the in-person meeting. The pre-meeting virtual schedule included the Global Partner Posters grant rounds and virtual poster sessions in melanoma, breast, endocrine/head and neck, hepatopancreatobiliary, sarcoma, colorectal, upper gastrointestinal/thoracic, quality and disparities, as well as some of the great debates. The integration of Advanced Cancer Therapies into a common meeting was another welcome change. The program included a total of 107 sessions, including 33 SSO HUB sessions. In addition, the SSO HUB provided the ability to live stream several sessions to virtual attendees.

In the SSO Presidential address, “What is a Surgical Oncologist: Evolution of Surgical Oncology and the SSO in an Era of Hyperspecialization,” Dr. Douglas Tyler spoke about the history and evolution of the specialty of surgical oncology and the Society of Surgical Oncology, which has its beginnings in 1939. He discussed the evolution of subspecialty training in surgical oncology, Accreditation Council

for Graduate Medical Education (ACGME) certification, and ongoing changes to the field of surgical oncology and the SSO, including the society’s increasing international engagement and presence. He called for making society more relevant to a broader and more diverse array of cancer providers and a global vision of cancer care.

Dr. Wayne Frederick, president of Howard University, delivered the inspiring American Cancer Society/SSO diversity, equity, and inclusion lecture: Reversing Cancer Disparities through Greater Diversity, where he discussed insights and ideas on building workforce diversity and community-centered care. His thought-provoking and insightful lecture called for developing a more diverse and inclusive workforce to improve patient care and provided practical strategies and examples from Howard University’s history.

In the James Ewing lecture, “Value-Based Delivery of Cancer Care”, Dr. Elizabeth Teisberg at the University of Texas at Austin, shared insights into creating value for patients and health systems. She discussed that while cost reduction is necessary, it is not sufficient, and that value can be created by improving health outcomes for all. She exhorted the audience to study outcomes, not process measurement to improve the value of health care investments.

The John Wayne lecture, “Neoadjuvant Immune Checkpoint Blockade: A Pre-Surgical Window into Treatment Response and Primary Resistance,” was delivered by Dr. Suzanne Topalian, who discussed the use of checkpoint inhibitors and their potential role in the neoadjuvant setting. She spoke about the surgical issues around this approach, including questions about a safe preoperative treatment time frame, the extent of required surgery in regressing tumors, and a potential role for the standard of care adjuvant therapy. She also discussed recent trials, including the KEYNOTE-522 randomized trial for neoadjuvant pembrolizumab and chemotherapy in triple-negative breast cancer, which resulted in FDA approval in July 2021; and the CheckMate 816 for resectable non-small cell lung cancer, which randomized

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neoadjuvant nivolumab and chemotherapy versus chemotherapy alone and demonstrated a 24 versus 2.2% complete pathologic response and increased event-free survival, resulting in FDA approval in March 2022.

The Great Debates, which are always popular, and also educational, were expanded this year to one for each subspecialty area and were spread across the virtual and in-person components of the meeting. The melanoma, endocrine, and upper gastrointestinal great debates were part of the pre-meeting virtual content. The in-person great debates included the colorectal, HPB, sarcoma, and gastrointestinal great debates.

1. The colorectal great debate: Total Neoadjuvant Therapy for Locally Advanced Rectal Cancer, moderated by Dr. Martin Weiser and Dr. David Shibata, consisted of Dr. Nancy You debating in favor of and Dr. Julio Garcia-Aguilar debating against the routine use of total neoadjuvant therapy (TNT) and the standard of care for locally advanced (T3/4 or N+) rectal cancer. The Phase III RAPIDO (short course radiation followed by consolidative FOLFOX therapy) and PRODIGE 23 (induction FOLFIRINOX followed by long course chemoradiation) trials were discussed, both of which demonstrated increased pathologic response, and increased disease-free survival at 3 years, without an increase in perioperative complication rates. In addition to the increased response with a higher likelihood of tumor downstaging and complete clinical and pathological response, other potential benefits discussed included increased adherence to therapy, included improved sphincter preservation and a reduction in time with diverting loop ileostomy. However increased toxicity was discussed as a limitation.
2. The HPB great debate: Liver Transplantation for Colorectal Liver Metastases was moderated by Dr. Alexandra Gangi, with Dr. Shimul Shah debating for and Dr. Michael D'Angelica debating against. The SECA trials were discussed, with the SECA I trial of 21 patients, demonstrating a 1-year recurrence-free survival of 35% and with a predicted 5-year overall survival of 60%. The SECA II trial with stricter selection included 15 patients with unresectable liver only colorectal cancer, and demonstrated 1- 2- and 3- year disease-free survival of 53%, 44%, and 35%, respectively.
3. The sarcoma great debate: Neoadjuvant Radiation Therapy for Primary Retroperitoneal Sarcoma was moderated by Dr. Chandrajit Raut, with Dr. Samuel Singer arguing against it, and Dr. Carol Swallow arguing for neoadjuvant radiation in resectable retroperitoneal sarcomas. The presenters discussed the EORTC-62092 STRASS trial, a multicenter prospective randomized trial comparing surgery alone to preoperative radiotherapy, which

found no difference in abdominal recurrence-free survival or overall survival across all histologic types, however a 10% risk reduction at 3 years in abdominal recurrence-free survival for well-differentiated liposarcomas, which comprised the majority of enrolled retroperitoneal sarcomas.

4. The last great debate of the program “Immunotherapy for GI Malignancy. Is it Primetime?” was moderated by Dr. Francis Spitz, who had Dr. Yuman Fong debating the pro and Dr. Ronald Dematteo debating the con. Various trials were discussed including KEYNOTE-177 (MSI-H or microsatellite repair deficient colon cancer randomized to Pembrolizumab versus chemotherapy) which demonstrated improvement in progression free survival and improved quality of life scores. Other studies discussed included the CheckMate 142 (evaluating combination immunotherapy in colon cancer), KEYNOTE-590 and KEYNOTE-062 (gastric cancer), and KEYNOTE-240, CheckMate 040 and CheckMate 459 (hepatocellular carcinoma).

The disease site-focused SSO HUB was a welcome addition. The HUB space consisted of a center main stage theater surrounded by 6 disease-site-focused zones that allowed for specialized learning and networking in a space that facilitated connection and community. There were a total of 33 presentations in the SSO HUB, some highlights of which included sessions on controversies in the management of pancreatic neuroendocrine tumors, updates in HPB clinical trials, and improving surgical outcomes through frailty assessment and prehabilitation. Controversies in the management of pancreatic neuroendocrine tumors (PNETs), moderated by Dr. Patricio Polanco, included talks on indications for resection for genetic-related PNETs, perioperative PRRT, and management of 1–2 cm nonfunctional PNETs. Updates in HPB clinical trials: How to incorporate clinical trials in your institution, moderated by Dr. Flavio Rocha, included sessions on A021501, alliance, and beyond (discussing preoperative mFOLFIRINOX versus mFOLFIRINOX plus hypofractionated radiation therapy for borderline resectable pancreatic adenocarcinoma), S1505, SWOG, and more (evaluating perioperative chemotherapy with mFOLFIRINOX versus gemcitabine/nab-paclitaxel for resectable pancreatic ductal adenocarcinoma), and JCOG 0603 and what it means (discussing hepatectomy alone versus hepatectomy followed by adjuvant mFOLFOX in liver only metastatic colorectal cancer).

The disparities in cancer care outcomes and mitigation strategies session, moderated by Dr. Syed Zafar and Dr. David Caba-Molina, had presentations on the data on disparities by Dr. Alliric Willis, interventions to mitigate poor outcomes in marginalized groups, presented by Dr. Lesly Dossett, and the importance of the diverse workforce to lessen cancer disparity outcomes, presented by Dr. Lisa Newman.

As with every SSO meeting, a major highlight was the opportunity to reconnect with old friends, mentors and mentees, and meet and make new acquaintances and friends. This year, the opportunity to reconnect again in person to learn and share new data made the meeting incredibly memorable. We certainly look forward to the 2023 SSO meeting in Boston.

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