

# MSTS Newsletter

Volume 27, Spring 2021

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## President's Report – Carol Morris MD, MS



Carol Morris MD, MS

Lots of individuals are certainly hoping 2021 will be a better year after 2020 was turned upside down by the global pandemic. As the vaccine is starting to be more broadly distributed, there

is a glimmer of hope on the horizon even with the news of more aggressive variants of the virus hitting the states and abroad. We are happy that through all of the challenges of 2020, we as a Society were able to make some key decisions that will help poise the Society for additional growth while remaining on solid ground as we continue making an impact in our field. I want to recognize our tremendous management team Kerri Mink and Deborah Meyer. They remained committed to the MSTS throughout all of the turbulence of the past year and we are happy that they will continue their supportive role under our new management agreement.

The MSTS Executive Committee welcomes Dr. Benjamin Miller as our new Treasurer, Dr. Michelle Ghert moves on to Secretary and Dr. Michael Mott becomes President-Elect. Dr. Joel Mayerson is now Immediate Past-President and Dr. Lor Randall will serve as Past-President. Thank you Dr. Mayerson for your leadership during un-

precedented times. We also welcome our new Executive Committee (EC) members: Dr. Megan Anderson as Member-at-Large, Dr. Wakenda Tyler as Education Chair, Dr. Kurt Weiss as Research Chair, Dr. Raffi Avedian as Fellowship Chair, Dr. Odion Binitie as Annual Meeting Program Chair; and several new MSTS committee members and volunteers:

- **Pat Linn, MD** – Fellowship Committee
- **Emily Carmody, MD** – Fellowship Committee
- **David Greenberg, MD** – Membership Committee
- **Andre Spiguel, MD** – Membership Committee

We would also like to express our many thanks to all the EC members and outgoing EC committee members: EC Member-at-Large, Gary Friedlaender, MD and second past president, Joseph Benevenia, MD. We value the impact that you have had to better the MSTS. We are quickly approaching our virtual Specialty Day which will take place Friday, March 26th from 9 am until noon CT. Special thanks to our Specialty Day Program Chair Dr. Pietro Ruggieri for pivoting to a virtual format and also to his committee for their hard work - Dr. Nicholas Bernthal, Vice-Chair, Member-at-Large Dr. David King.

The 2020 Virtual Annual Meeting was not what we expected but was a nice opportunity for our membership to connect

virtually and listen to presentations of the top papers from last year. Though not the same as in person discussion, we had an active audience posing questions to our panel as well as some engaged industry supporters. We appreciate the hard efforts of the Annual Meeting Committee under the leadership of Program Co-Chairs, Drs. Thomas Scharschmidt and Kurt Weiss for navigating new education territory for the Society. Thanks to those who provided feedback that will be used for virtual meetings moving forward-- lots of lessons learned.

At the end of March, the EC discussed and voted to hold a hybrid meeting in the Fall - October 6-8, 2021. We are working on the details, and I look forward to the program Dr. Binitie and his team are able to put together. As information becomes available, we will post it at the web site.

In the year ahead, I remained focus on the goals of greater diversity and inclusion, owning metastatic disease, and increased

*Continued on page 12*

## 2021 Annual Meeting

Please watch you email and the MSTS website for details on the hybrid Annual Meeting to be held October 6-8, 2021.

### MSTS Headquarters

1515 E. Woodfield Road, Suite 345

Schaumburg, IL 60173

info@msts.org

847/698-1625

## Treasurer's Report – Benjamin Miller, MD, MS

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The calamitous COVID pandemic of 2020 did not leave the finances of the MSTs unaltered, but fortunately the Society has emerged relatively unscathed to date. Our members continued to support the MSTs through payment of member dues and a number of philanthropic contributions to support our research commitments via OREF at year's end.

The cancellation of Specialty Day and switch to a virtual Annual Meeting disrupted a major source of revenue for the MSTs. The virtual meeting did decrease some financial liability, but we still re-

quired generous support from industry for the meeting to occur and prove a financial success. A second auspicious occurrence was the strong performance of our investment portfolio. Although this provides comfort for the tumultuous storm we have weathered, it does introduce an area of uncertainty in the future. Without the unpredictable buoyancy of the stock market, the MSTs would have marked this year as a loss rather than a small gain.

One area that continues to perform remarkably well is the philanthropic giving to support sarcoma research through com-

munity events arranged by our members. Matt DiCaprio and his Sarcoma Strong efforts deserve much recognition and praise, as these sarcoma fundraisers are snowballing across the membership and providing the Society with more options to support the research efforts of our members.

Finally, thanks and recognition to Anna Greene and Kerri Mink for their help with the finances and management of the MSTs.

## Musculoskeletal Tumor Registry Update – by Benjamin Miller, MD, MS

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The Musculoskeletal Tumor Registry (MSTR) continues to mature. Currently there are 16 sites fully contracted and the AAOS team is starting to pull data from some of the earliest participating centers. This year should be a significant one, as we anticipate that we will be able to publish an Annual Report Preview and envision provider-facing dashboards to begin to explore the utility of this resource. The Steering Committee has also prioritized increasing the public and professional awareness of the registry through publications and presentations with the goal of fully contracting 15 additional sites this year.

In addition to the collection of pelvis and extremity sarcoma, we are also working to create a spine tumor registry (in collaboration with the American Spine Registry and co-led by MSTR Steering Committee member Peter Rose). Similarly, Eric Henderson is leading the effort to create a metastatic disease of bone module. Finally, David Greenberg was recently awarded an OREF clinical research grant for a randomized controlled trial investigating the use of bisphosphonates in cement for treatment of giant cell tumor of bone. We are working with his team to explore the use of the MSTR as a data collection instrument for clinical trials. Our hope is that the les-

sons learned with this project will inform how the registry may be used to facilitate prospective clinical investigations in the future. Centers that are involved in this trial will be prioritized for contracting and enrollment in the MSTR.

If any further questions or if you would like to explore joining the MSTR, <https://www.aaos.org/registries/> has additional information.

## MSTS Executive Committee

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### President

Carol D. Morris, MD  
cmorri61@jhmi.edu

### President-Elect

Michael P. Mott, MD  
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### Secretary

Michelle Ghert, MD  
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### Past President

R. Lor Randall, MD, FACS  
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### Research Committee

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### Membership Committee

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brian.brigman@duke.edu

### Members-at-Large

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Megan Anderson, MD  
Megan.Anderson@childrens.harvard.edu



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# Welcome New Members

MSTS is pleased to welcome the following new members who were approved for membership by the Executive Committee in September 2020 through February 2021.

## ACTIVE Members

Christina Gutowski, MD, MPH  
Lisa Kafchinski, MD  
David Wilson, MD

## AFFILIATE Member

Katherine Thornton, MD

## CANDIDATE Members

Albert D. Chan, MD  
Christopher D. Collier, MD  
Corey Gene Couch, MD  
Michael Duran, MD  
D. Ian English, MD  
John William Krumme, MD  
Taylor James Reif, MD  
Brandon Jonard, MD  
Duncan C. Ramsey, MD, PhD  
Ali Zarezadeh, MD

## RESIDENT Members

Caleb Gottlich, MD  
Dan Johnson, MD  
Danny Mangual-Perez, MD  
Carl Quinion, MD  
Samir Sabharwal, MD  
Babe Westlake, MD

## 2021 Dues Renewal

We will be invoicing our 2021 dues out of our new database shortly. Please be on the lookout for your dues invoice. Prompt payment is always appreciated.

Need login help? Contact MSTS for assistance at 847/698-1625 or [info@msts.org](mailto:info@msts.org).

# Thank you Donors!

MSTS Donations Received 8-1-2020 through February 28, 2021

John A. Abraham, MD  
B. Hudson Berrey, MD  
Gary D. Bos, MD  
Scot A. Brown, MD  
Emily E. Carmondy, MD  
Felix H. Cheung, MD  
Kenneth J. Chirba, MA  
Andrea J. Evenski, MD  
Mark C. Gebhardt, MD  
David S. Geller, MD  
Michelle A. Ghert, MD  
John J. Healey, MD  
Eric R. Henderson, MD  
David W. Hennessy, MD  
Joseph M. Lane, MD  
Patrick P. Lin, MD  
David M. King, MD  
Joel L. Mayerson, MD  
Susan M. McDowell, MD  
Benjamin J. Miller, MD, MS  
Carol D. Morris, MD, MS  
Michael P. Mott, MD  
John C. Neilson, MD  
Vincent Y. Ng, MD  
Lukas M. Nystrom, MD  
Richard J. O'Donnell, MD  
Herrick Siegel, MD  
Franklin H. Sim, MD  
Brian Walczak, MD  
William G. Ward, MD  
Adam N. Wooldridge, MD  
Rosanna L. Wustrack, MD  
Melissa N. Zimel, MD

# THANK YOU

The Musculoskeletal Tumor Society extends sincere appreciation to the following exhibitors for their generous support of the MSTS 2020 virtual Annual Meeting

## Diamond Exhibitors



## Bronze Exhibitor



## Exhibitors

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IMPLANTCAST NORTH AMERICA  
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## 2021 MSTs Specialty Day

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The specialty day program took place on Friday, March 26th from 9 am CT until 12:00 pm CT. The focus was advances in musculoskeletal oncology around the world. With presenters from 6 continents, attendees had the opportunity to learn the

cutting-edge science, surgical techniques, and innovative technologies moving our field forward. Attendees also saw different approaches to the challenges faced in orthopaedic oncology, and with interactive sessions. The program was well received.

Congratulations to Professor Ruggieri and his committee for a well done program.

## Education Committee Update – Wakenda Tyler, MD

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The year 2020 has thrown our traditional educational events for quite the loop. Thanks to the hard work of our Annual Meeting Program Co-Chairs Doctors Thomas Schar Schmidt and Kurt Weiss, we were able to bring together an abbreviated virtual annual meeting in October that was informative and enlightening. This meeting was followed up with a virtual coding seminar also in October focused on the new office visit coding criteria. We have also now completed 3 of our educational webinar series **“Barriers to Care During Covid 19”, “Superficial Spreading Malignancies and Tumor Defects” and “Well-Being for Orthopaedic Oncologists: Not the Same Old Burnout Talk”**. These have all been well-received and although, it would be nice to see each other in person, the virtual format has al-

lowed folks to attend and learn from these seminars in the comforts of their home or office. Please keep a look out for emails regarding participation and sign-up for our currently scheduled remaining educational virtual seminars: [Non-traditional Adjuvant Therapies for Cancer Patients - Date TBD](#); [Balancing It All - May 19, 2021](#); [Computer Assisted Surgical Planning for Tumor Resection - June 16, 2021](#).

Thanks to the hard work of Professor Pietro Ruggieri and his Specialty Day Committee, we moved forward with an exciting and stimulating virtual Specialty Day, which took place this year on Friday, March 26th running from 9:00 am central time to 12 noon central time. Although, again, it is hard to replace in-person meetings for their social engagement that we

all so desperately miss these days, this was an engaging and educational experience for our membership. We hope you were able to take the time away from your practices to join us.

This year’s AAOS meeting will take place the last week of August and, although there will not be a formal Specialty Day at this meeting, MSTs will be hosting several Instructional Course Lectures. The normal scientific programs, including paper and poster presentations, will take place as well during this time. The 2021 MSTs Annual Meeting planning is underway at this time and we will hopefully be able to provide our membership with more details on the October 6-8, 2021 hybrid Annual Meeting in the coming months.

## Fellowship Committee Update – Raffi S. Avedian, MD, Chair

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The MSTs is excited to announce a new fellowship accreditation program that will advance our society’s mission for excellence in education and patient advocacy.

Beginning in the Spring of 2021 MSTs will start a process to formally recognize musculoskeletal oncology fellowships. The proposed timeline is such that by the Fall of 2021 Fellowship programs must be MSTs recognized to participate in the 2022 match. Starting with the 2023 match, fel-

lows who wish to become active members of the MSTs must graduate from a recognized program.

The purpose of this new initiative is to ensure that fellowship programs, current and future, meet a minimum standard of educational and experiential quality as they train the next generation of orthopaedic oncologists. For a fellowship program to be recognized by the MSTs it must either be ACGME accredited or MSTs accred-

ited. The rules and procedures for MSTs accreditation will be posted on the MSTs website in the coming weeks while rules for ACGME accreditation can be found on the [ACGME website](#).

Executive and Fellowship Committee leaders will hold a question and comment session open to all MSTs members in the coming weeks.

## Evidence Based Medicine Committee – Felasfa Wodajo, MD, Chair

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The last few months have been eventful for the Evidence Based Committee. In addition to ongoing work, summarized below, the Committee has launched an important initiative for MSTs to develop its own clinical practice guidelines (CPGs).

Until now, all musculoskeletal oncology practice guidelines have been developed by other societies. In some cases, MSTs members have been members on other societies’ workgroups. Or, as in our recently completed guideline on metastatic

carcinoma of the femur, the work was done under contract by the AAOS Clinical Quality unit.

*Continued on page 6*

## Evidence Based Medicine, cont'd from pg. 5

The goal of a CPG is to improve quality of care. While we know that the orthopedic oncology literature has a paucity of randomized controlled studies, this does not preclude the development of high quality and trustworthy CPGs if a rigorous and transparent process is followed. This requires a carefully written methodology which spells out, among other things, criteria for assembling workgroups, inclusion and exclusion criteria for evidence, how the evidence quality is graded and rules for deciding recommendation strength. There is a large literature on guideline methodology and internationally recognized standards. To help us navigate this process, MSTS has contracted the experienced methodologists of the AAOS Clinical Quality Unit.

Work on this multi-year project has begun and we look forward to sharing updates. Our goal is to start work on our first CPG in about a year. In the past, MSTS members have readily volunteered to serve on

other societies' workgroups. We hope this enthusiasm continues as MSTS develops its own clinical practice guidelines.

We continue to collaborate with other medical and surgical societies. This multidisciplinary approach allows us to share ideas and increase the visibility of our society. Our finished multidisciplinary CPG on Metastatic Carcinoma and Myeloma of the Femur is available on the [MSTS website](#) and via the [AAOS Orthoguidelines website](#) and app. It has been publicized on [AAOS Now](#), [ASCO Daily News](#) and [ASCO Guidelines Podcast](#).

The American Society of Radiation Oncology (ASTRO) completed work on a multidisciplinary CPG on Radiation Therapy for Treatment of Soft Tissue Sarcoma in Adults. Steve Thorpe represented MSTS on the workgroup, other MSTS members served as peer reviewers. The draft CPG is undergoing public review and should be finalized soon.

We have two ongoing collaborations with American College of Radiology (ACR) to develop structured reporting formats, known as [Reporting and Data Systems \(RADS\)](#). Surgeons may already have encountered structured reports of lung, prostate and breast imaging, i.e. "lung RADS", "PI RADS" and "BI RADS", respectively. These tools are very helpful in providing clinicians more legible reporting and risk stratification. MSTS members received an update on Bone RADS from Eric Henderson during the virtual [MSTS Annual Meeting](#) in October 2020. Work on a soft tissue RADS is just beginning, with MSTS members again on the workgroup.

The EBM committee serves the MSTS membership. If you have any ideas for guidelines or other quality improvement projects, please do not hesitate to reach out to [myself](#) or any EBM committee members.

## Practice Management Committee – Adam S. Levin, MD, Chair

What a year! Undoubtedly, 2020 presented quite a bit of complexity to our lives, our families, our patients, and our practices. As we negotiated this new environment, we have seen the rapid and marked expansion of telehealth services. While certainly not a panacea, telemedicine has afforded an opportunity to engage with patients in a different way. Though initially it was a means to continue patient care while limiting exposure to SARS-CoV-2, we've seen secondary effects that are mostly favorable. The expansion of telehealth services could not have been possible without key waivers from CMS and HHS. We have been working on an ongoing basis with various entities to help governmental agencies understand our experiences with telemedicine in delivering care for our patients, as well as opportunities for improvement and the importance of extending key waivers that allow for our continued level of service.

Perhaps the biggest adjustment in the current calendar year relates to the CPT

changes related to Evaluation and Management codes (9920x and 9921x). We'd like to thank Sarah Wiskerchen from Karen Zupko for running the timely and well-attended coding course, which certainly was valuable in preparing us for these changes. The constraints of a virtual course limited the scope of content to evaluation and management coding, though the feedback was overwhelmingly positive. There appears to be some interest in following this up with a surgical coding curriculum, and we may be soliciting further input about another course along those lines.

The Practice Management Committee has been working across specialty societies for coding considerations. Unfortunately, CMS has adjusted the valuation of total hip and total knee arthroplasty. We are, however, pleased to report the funding measure to offset much of the drop in the CMS RVU conversion rate, as well as a delay in the introduction of the G2211 code. We are also continuing to advocate regarding the value that our members

provide – to society, to our patients, and to our institutions and practices. We look forward to investigating additional ways of quantifying that value going forward.

In addition, we would like to encourage feedback regarding your experiences, needs, and interests related to how the Practice Management Committee can better support our members and practices. Please feel free to reach out at any time: [alevin25@jhmi.edu](mailto:alevin25@jhmi.edu). Otherwise, please stay well and have a happy 2021.

Please let us know if there are any additional practice management or coding questions or concerns that we can either answer or address, in order to better suit the needs of our membership

# New Agents for the Management of

## **TENOSYNOVIAL GIANT CELL TUMOR:**

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*This activity is provided with an educational grant from Daiichi Sankyo.*

# Sarcoma Strong Corner – Matthew R. DiCaprio, MD

*“Everything negative – pressure, challenges – is all an opportunity for me to rise.”*

– Kobe Bryant

Since the pandemic began a year ago, we have all experienced loss in some capacity, personally and professionally. The year challenged us all in each aspect of our work and home lives. At the same time many opportunities presented themselves. Early in 2020, it was apparent our usual in person SarcomaStrong events were not going to be possible. We pivoted to an embracing, engaging outreach to spread awareness and continue our mission to fund sarcoma research. The journey and outcome have been a ray of light during a very dark time in history. A global community came together last summer to stand in solidarity with sarcoma warriors and offer hope and inspiration.

2020 Global event by the numbers:

1100 participants worldwide

From 14 countries (United States, Canada, Japan, India, United Kingdom, Switzerland, Philippines, Ireland, Ecuador, Mexico, Australia, Puerto Rico, Czech Republic, United Arab Emirates) And 40 US states  
\$90,000 raised to support Sarcoma research

We are hopeful some element of in person gatherings will be possible by August but are prepared to be fully Virtual again in 2021. Our Global Virtual event is planned

for August 13-15th, 2021. Our registration link is open, <http://www.sarcomastrong.com/run/>. A donation page for those unable to participate in an event but who wish to support the mission can also be found at <http://www.sarcomastrong.com/donate/>. Thank you to all of the individuals, departments, and institutions who have participated in previous years. It is easy to get involved and make a difference in your home communities and worldwide. Register as an individual, start a team and champion the cause. As Orthopaedic Oncologists, we are our patients greatest advocates: In the clinic, in the operating room and in their communities. No one is better prepared to fill this roll than we are.

Please feel free to reach out directly to me at, [dicaprm@amc.edu](mailto:dicaprm@amc.edu) for any guidance and support. Let’s make 2021 an even greater success and continue to lead the way to a self-sustaining funding source for our Society (MSTS) and lead the way in



the field of sarcoma research. SarcomaStrong’s 2021 goals are to surpass \$100,000 raised in the fiscal year, increase the number of teams from American and Canadian institutions who treat sarcomas, broaden our global outreach to include participation from over 20 countries, increase our social media presence, and further explore merchandising to enhance year round donations. If you are considering starting an event at your institution please visit [www.sarcomastrong.com/startup](http://www.sarcomastrong.com/startup) for documents and tips to help take your ideas and put them into action. Together we Unite the Sarcoma Fight!



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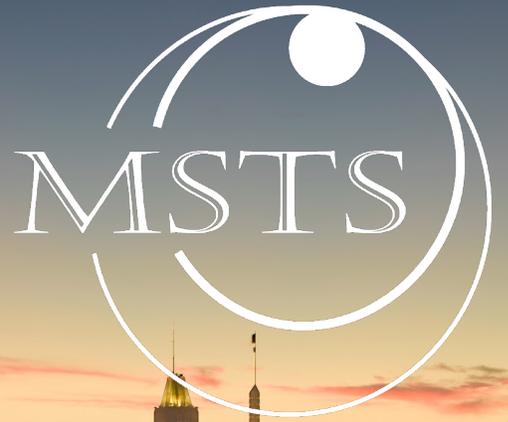


# CLINICAL CHALLENGES DEMAND OPTIONS MEGASYSTEM - C



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Save the Date



## MSTS 2021 Hybrid Annual Meeting

(Live and Virtual)

October 6, 7 and 8, 2021

Four Seasons Hotel  
Baltimore, Maryland



Dr. Carol Morris  
MSTS President



Dr. Odion Binitie  
Program Chair

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## President's Report, cont'd from pg. 1

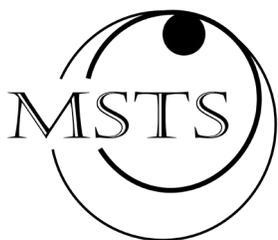
research collaboration. Several of you reached out to me after the Annual Meeting in support of my vision for increased diversity and inclusion in the society. Thank you. Specifically, the suggestion was made to start a diversity committee. I believe diversity should be incorporated into all aspects of our mission. To that end, I have asked the committee chairs to reexamine the committee charges to see where there is room for improvement in

this regard. I am grateful for the strong leadership on the Executive Committee in helping to realize all of these goals.

One last item to note is that our Society offices officially moved on April 1st. As you may recall, we are co-locating with several other orthopaedic societies occupying space in Schaumburg, Illinois. We have updated our web site with our new address but will be keeping our society

phone number.

I am honored and humbled to serve as your President this year. Thank you for your continued engagement in the MSTs. Please reach out to me or the executive committee with your ideas and concerns. Hope to connect with everyone soon!  
Carol



## Musculoskeletal Tumor Society

1515 E. Woodfield Road, Suite 345 • Schaumburg, IL 60173

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phone: 847/698-1625 e-mail: [info@msts.org](mailto:info@msts.org)