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## President’s Report – Francis Y. Lee, MD, PhD



Francis Y. Lee, MD, PhD, honMBA

Dear MSTS Members,

I hope all of you have a great start of the new year. It has been a very busy first month as MSTS President.

### Incoming Presidential Address:

I shared what I have been preparing for the MSTS and respectful members since 2022. **(1)** I have been exploring an alternative publication platform for our early- and mid-career MSTS members; **(2)** I have submitted NIAMS/NCI R13 Conference Grant on behalf of MSTS Early Stage Investigators; **(3)** I have connected with global partner societies such as EMSOS, APMSTS, SLATME, ISOLS, BOOM, and Madrid Bone & Soft Tissue Tumors; **(4)** Establishing Skeletal Metastatology with special emphasis on minimally invasive procedures, including cancer ablation; **(5)** Enhance **Membership Experience & Engagement** and Develop **‘MSTS Early Stage Investigator (ESI) Enrichment Program.’** For further details, please watch the video using the link below:



**Early-Stage Investigator (ESI) Enrichment Grant Program’** were perceived well, and the MSTS Board will work on how we can invest back into our MSTS ESIs who will lead our society in 10-15 years. I will report back to you regarding the specific plans for the MSTS ESIs. **At the February 25, 2026, 7pm EST, Board Meeting Open Mic Sessions**, we will invite General Members to discuss **Membership Experience/ Value; MSTS Board Function; and MSTS Officer Election Process.**

### Engagement with Committee Members:

I have been participating in the Committee Meetings because the MSTS Board Members (Chairs of Committees) can’t always represent the diverse needs of hundreds of MSTS members. To this end, in addition to the Open Mic Sessions, I have been interacting with MSTS Committee Members. The first Committee Meeting was the **MSTS Education Committee** Meeting that was chaired by **Dr. Ginger Holt**. Committee members are very well-respected members and emphasized the importance of hands-on technical workshops. The committee will collaborate with the Fellowship Committee and Communication & Technology Committee to investigate the Value/Impact, Feasibility, Finance, and Logistics of the technical workshop on October 28, 2026.

### Preparation of the 2026 50th Anniversary Annual Meeting:

The monumental *Continued on page 2*

## MSTS Headquarters

1515 E. Woodfield Road  
Suite 345  
Schaumburg, IL 60173  
info@msts.org  
847/698-1625

### Monthly Open Mic Session on MSTS

**Research:** In January 2026, I invited 15 General Members to the 1st Monthly Open Mic Session of the MSTS Board Meeting on Jan 21, 2026. The invited panelists provided very straightforward opinions and suggestions. We identified major areas of improvement and opportunities to foster MSTS ESIs. Specific suggestions such as creating an **‘MSTS**

**50<sup>TH</sup> ANNIVERSARY MSTS ANNUAL MEETING**  
October 29 - 31, 2026  
Miami, Florida

**Abstract Submission**  
Opens: February 1, 2026  
Closes: March 31, 2026

Abstracts Now Open  
Submit at [www.msts.org](http://www.msts.org)

# President's Report – Francis Y. Lee, MD, PhD, continued

50th Anniversary MSTS Annual Meeting will take place at the JW Marriott Miami Turnberry Hotel, October 29-31, 2026. Halloween decorations and treats will be available at the adjacent Aventura Mall and at the JW Marriott Hotel.

On January 14, 2026, we had the 2026 Annual Meeting Program Committee kick-off meeting that was led by **Dr. Francis J. Hornicek, Program Chair**, University of Miami, 2022-2024 President of the ISOLS. 20 committee members will prepare an unprecedented, monumental 3-day meeting that will consist of Invited Lectures, Expert Debates, Interactive Cases on Disasterplas-

ty/Complications, Multidisciplinary Tumor Board, Original Research Session, Poster Award Finalist Teaser Session, and 50th Anniversary Ceremony. Many international tumor society members are committed to coming to the 2026 MSTS Annual Meeting.



Dr. Hornicek and I are planning the **MSTS Research Fundraising Golf Event** at the JW Marriott Miami Turnberry Golf Course, on October 28, 2026.

The MSTS is your Society and we will listen to your concerns and suggestions. Please send me any comments to [francis.lee@yale.edu](mailto:francis.lee@yale.edu).

Thank you so much for your support and participation.

Francis Y. Lee, M.D., Ph.D., honMBA  
Wayne O. Southwick Professor,  
Yale University  
2025-2026 MSTS President



## Call for Research Grants



### MSTS/Sarcoma Strong Inc. - STL Cure Sarcoma Research Award Deadline: **March 23, 2026**

Sarcoma Strong Inc. through a generous collaboration with STL Cure Sarcoma organization, will support the MSTS to provide \$50,000 one-year grants for impactful sarcoma research.

Eligibility: The Principal Investigator (PI) or Co-Investigator must be an MSTS member in good standing at an institution with an appropriate research infrastructure. Recipients of prior MSTS grants within the past two years will not be eligible. Recipients of NIH R01/R03/R21 or K-grants, DOD, NSF, and OREF grants are eligible to apply. [Click to view the Research Funding Announcement.](#)

### MSTS/Sarcoma Strong Inc. Mentored Research Award Deadline: **March 23, 2026**

Sarcoma Strong Inc. will support the MSTS to provide \$25,000 one-year grants for developing research under the direction of an experienced mentor in sarcoma research.

Eligibility: Applicants should be at least MSTS Candidate Members within their first 6 years of faculty appointment. Mentors do not need to be MSTS members or from the same institution but should have an independent research program and mentoring experience. Applicants should articulate concrete plans for the development of grant-writing skills and should state how the Mentored Research Award will generate preliminary data for future applications. Recipients of prior or simultaneous major NIH, DOD, NSF, or equivalent funding will not be eligible. [Click to view the Research Funding Announcement.](#)



## MSTS Executive Committee

### President

Francis Y. Lee, MD, PhD  
[francis.lee@yale.edu](mailto:francis.lee@yale.edu)

### President-Elect

Matthew R. DiCaprio MD  
[mdicaprio15@gmail.com](mailto:mdicaprio15@gmail.com)

### Secretary

Nicholas Bernthal, MD  
[NBernthal@mednet.ucla.edu](mailto:NBernthal@mednet.ucla.edu)

### Treasurer

Felasfa Wodajo, MD  
[wodajo@tumors.md](mailto:wodajo@tumors.md)

### Immediate Past President

Rajiv Rajani, MD  
[rrojani@ttuhsc.edu](mailto:rrojani@ttuhsc.edu)

### Past President

Benjamin Miller, MD  
[benjamin-j-miller@uiowa.edu](mailto:benjamin-j-miller@uiowa.edu)

### Education Committee

Ginger Holt, MD  
[holtginger@gmail.com](mailto:holtginger@gmail.com)

### Research Committee

Bang Hoang, MD  
[bahoang@montefiore.org](mailto:bahoang@montefiore.org)

### Membership Committee

David Greenberg, MD  
[david.greenberg@slucare.ssmhealth.com](mailto:david.greenberg@slucare.ssmhealth.com)

### Members-at-Large

Lisa B. Ercolano, MD  
[Lisa.Ercolano@ahn.org](mailto:Lisa.Ercolano@ahn.org)  
Alexander Lazarides, MD  
[Alexander.Lazarides@moffitt.org](mailto:Alexander.Lazarides@moffitt.org)

# 2026 MSTS Specialty Day – Friday, March 6

8:00 am – 8:05 am **WELCOME AND OPENING REMARKS**  
*Francis Y. Lee, MD, PhD, MSTS President*  
*Alan Blank, MD, MS, Program Chair*

**MSTS Investigator Series: Molecular Oncology**  
Moderators: *Regis O’Keefe, MD, PhD* and *Francis Y. Lee MD, PhD*

8:05 am – 8:15 am **Molecular Pathogenesis and Targeting of Synovial Sarcoma**  
*Kevin Jones, MD*

8:15 am – 8:25 am **Metastatic Bone Disease and IL-6 as Drivers of Cachexia in Kidney Cancer**  
*Christopher Collier, MD*

8:25 am – 8:35 am **Multi-Wavelength and Functional Fluorescence Imaging in Surgery - Imaging in Surgery - Moving Beyond Merely “What is It?”**  
*Eric Henderson, MD*

8:35 am – 8:45 am **Molecular Mechanism of Bone Destruction in Renal Cell Cancer Metastases**  
*Robert Satcher, MD, PhD*

8:45 am – 9:05 am **Discussion, Q&A**

**MSTS Young Investigator Forum: Applications of Artificial Intelligence and Augmented Reality**  
Moderators: *Matt Cable, MD* and *Christina Gutowski, MD, MPH*

9:05 am – 9:15 am **Augmented Reality / 3D Scanning**  
*Joshua Lawrenz, MD, MS*

9:15 am – 9:25 am **Machine Learning in Clinical Practice**  
*Anthony Bozzo, MD, MSc, FRCSC*

9:25 am – 9:35 am **Utilizing AI to Improve Histologic Analysis and Prognostication in Sarcoma**  
*Julia Visgauss, MD*

9:35 am – 9:45 am **How to Use AI in Your Clinical and Academic Practice**  
*Tae Won Kim, MD*

9:45 am – 10:10 am **Discussion, Q&A**

10:10 am – 10:20 am **Mystery Case Presentation**  
Moderator: *Samir Sabharwal, MD, MPH*

10:20 am – 10:50 am Morning Break

**Management of Spinal, Sacral, and Pelvic Tumors**  
Moderators: *Francis J. Hornicek, MD* and *Matthew Colman MD*

10:50 am – 11:00 am **Mobile Spine**  
*Justin Bird, MD*

11:00 am – 11:10 am **Pelvis**  
*Max Vaynrub, MD*

11:10 am – 11:20 am **Sacrum**  
*Peter Rose, MD*

11:20 am – 11:50 am **Discussion, Q&A**

## With Sincere Appreciation

MSTS extends our sincere appreciation to the following industry partners for their generous support. We are grateful for your ongoing dedication to MSTs:

### Diamond Level

**Daiichi Sankyo, Inc.**

**Deciphera  
Pharmaceutical**

**EMD Serono**

**Onkos Surgical**

**Zimmer Biomet**

### Platinum Level

**Inhibrx Biosciences, Inc.**

**Medtronic**

**Stryker**



## Soft Tissue Reconstruction of Oncologic Defects

Moderators: *Alexander Lazarides, MD* and *Izuchukwu K. Ibe, MD*

- 11:50 am – 12:00 pm **The KMSTS Experience**  
*Ilkyu Han, MD, PhD*
- 12:00 pm – 12:10 pm **The SLATME Experience**  
*Juan Pablo Zumarraga, MD*
- 12:10 pm – 12:20 pm **OI, More Than Just a Bone Procedure**  
*Jonathan Forsberg, MD, PhD*
- 12:20 pm – 12:30 pm **The PRS Perspective**  
*Harvey Chim, MD, FACS*
- 12:30 pm – 12:40 pm **Discussion, Q&A**
- 12:40 pm – 1:45 pm **Working Lunch and MSTs Business Meeting**

1:45 pm – 2:15 pm



### KEYNOTE SPEAKER

*R. Lor Randall, MD, FACS*

From the Bard Parker to the Molecular Scalpel  
– A Surgeon’s Perspective on Sarcomatology

## Case Controversy: Pediatric

Moderators: *Nicholas Bernthal, MD* and *Tom Scharschmidt, MD*

- 2:15 pm – 2:40 pm **Proximal Humerus**  
*Alexandra Callan, MD*  
*Odion Binitie, MD*  
*Constantino Errani, MD, PhD*
- 2:40 pm – 3:05 pm **Distal Femur**  
*Daniel Prince, MD, MPH*  
*Megan Anderson, MD*

## Case Controversy: Metastatic

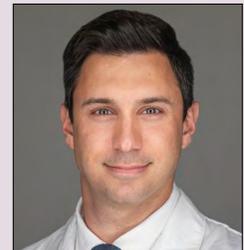
Moderators: *Brooke Crawford, MD*; *Pia Chowdry, MD*;  
*Ashley Brown, MD* and *Joseph Ippolito, MD*

- 3:05 pm – 3:30 pm **Oligometastatic RCC to Proximal Femur**  
*Meredith Bartlestein, MD*  
*Cynthia Emory, MD, MBA*  
*Pietro Ruggieri, MD*
- 3:30 pm – 3:55 pm **Periacetabular Metastatic Disease**  
*Panayiotis J. Papagelopoulos, MD, DSc. FACS*  
*Dan Lerman, MD*  
*David Joyce, MD*
- 3:55 pm – 4:00 pm **Mystery Reveal & Concluding Remarks**  
*Samir Sabharwal, MD, MPH*
- 4:00 pm **Adjourn**

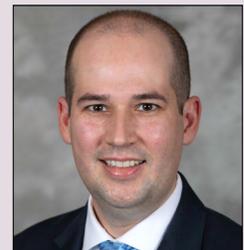
## THANK YOU 2026 MSTs Specialty Day Program Committee



**Alan Blank, MD**  
Specialty Day  
Program Chair



**Alexander Lazarides, MD**  
Specialty Day  
Vice Chair



**Christopher Collier, MD**  
Specialty Day  
Member-at-Large



**Samir Sabharwal, MD**  
Specialty Day  
Member-at-Large

# Look out for Musculoskeletal Oncology ICL's and Symposia Approved for AAOS Meeting in New Orleans in 2026

## ICL's

Title: **Management of the Infected Endoprosthesis**  
Applicant: **Matthew Houdek, MD**

Title: **Advances in Surgical Planning and Reconstruction Options of the Shoulder Girdle after Oncologic Resection**  
Applicant: **Matthew Houdek, MD**

Title: **Pathologic Fractures: Who Should Manage Them?**  
Applicant: **Rajiv Rajani, MD**

Title: **Percutaneous Treatment of Periacetabular Osteolytic Metastases and Pathological Fractures**  
Applicant: **Rosanna Wustrack, MD**

## Symposia

Title: **Global Consensus and Controversies on Massive Pelvis Defects and Reconstruction: From Minimal to Extreme**  
Moderator: **Francis Hornicek, MD, PhD**

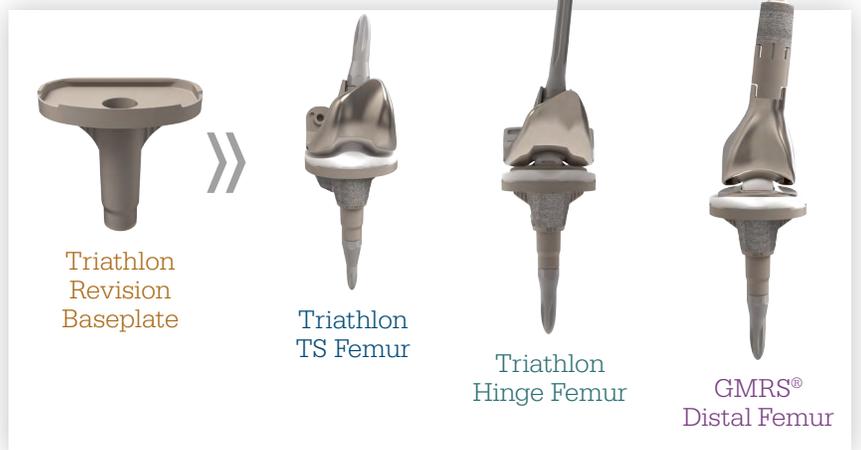


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A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery. The information presented is intended to demonstrate the breadth of Stryker's product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any of Stryker's products.

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# ABOS Musculoskeletal Oncology Practice – Profiled Examination No Longer Available After 2030

Due to the popularity of the ABOS WLA Pathway, the number of ABOS Diplomates taking an ABOS Practice-Profiled Examination has decreased. Some Examinations now have fewer than 10 Examinees. Setting meaningful passing standards becomes difficult with so few Examinees. The Board has made the difficult decision to phase out several of the ABOS Practice-Profiled Examinations. As we know that

some Diplomates like these examinations, each will be administered three more times. The examinations being discontinued are:

- Foot and Ankle Surgery
- **Musculoskeletal Oncology**
- Orthopaedic Trauma
- Pediatric Orthopaedic Surgery
- Shoulder and Elbow Surgery

View the graphic below to see when the Musculoskeletal Oncology Exam is available for your use in fulfilling the Knowledge Assessment portion of your Continuing Certification with the ABOS.

## ABOS Computer-Based Recertification Examinations Schedule

Examination	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
General Orthopaedic Surgery	Offered	Offered	Offered							
Foot and Ankle Surgery		Offered		Offered		Offered		Not Offered After 2031		
Orthopaedic Trauma		Offered		Offered		Offered		Not Offered After 2031		
Pediatric Orthopaedic Surgery		Offered		Offered		Offered		Not Offered After 2031		
Shoulder and Elbow Surgery		Offered		Offered		Offered		Not Offered After 2031		
Surgery of the Hand		Offered		Offered		Offered		Offered		Offered
Surgery of the Spine	Offered		Offered		Offered		Offered	Offered		Offered
Adult Reconstruction	Offered		Offered		Offered		Offered		Offered	
Orthopaedic Sports Medicine	Offered		Offered		Offered		Offered		Offered	
Musculoskeletal Oncology	Offered		Offered		Offered			Not Offered After 2030		

The General Orthopaedic Surgery Examination is offered every year. Practice-Profiled Examinations are offered in alternating years.

The following Practice-Profiled Examinations will **NOT be offered after 2031**:

- Foot and Ankle Surgery
- Orthopaedic Trauma
- Pediatric Orthopaedic Surgery
- Shoulder and Elbow

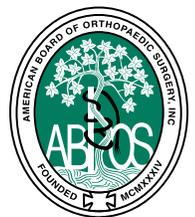
The Musculoskeletal Oncology Practice-Profiled Examination will **NOT be offered after 2030**.

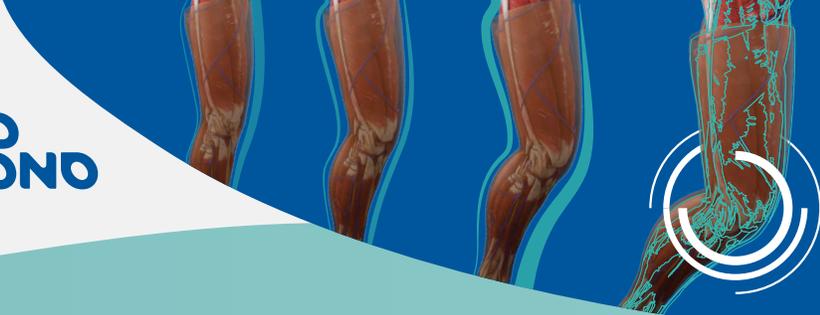
The Surgery of the Spine Practice-Profiled Examination will switch from being offered in even years to odd years starting in 2033. The Examination will be offered in both 2032 and 2033.

Any questions about Continuing certification can be answered by your certification specialist at the ABOS or directed to

Matthew R. DiCaprio, [dicaprm@amc.edu](mailto:dicaprm@amc.edu) and Scott E. Porter, [scott.porter@prisma-health.org](mailto:scott.porter@prisma-health.org)

American Board  
of Orthopaedic Surgery  
[www.abos.org](http://www.abos.org)





# TGCT CAN BE RELENTLESS, BUT SO ARE WE – in continuing to raise awareness about the burden of TGCT

**Please join us** at the AAOS 2026 Annual Meeting to  
**learn more about TGCT and its impact on patients**  
by attending the OrthoDome® session

## BEYOND THE SCOPE: Open Resection of a Complex TGCT Case

**Tuesday March 3, 2026**  
**1:00 to 1:15 pm CST**  
**OrthoLive (Great Hall)**



*Presented by*  
**Alysia Kemp, MD, FAAOS**  
*The University of Texas  
MD Anderson Cancer Center*

AAOS, American Academy of Orthopaedic Surgeons;  
TGCT, tenosynovial giant cell tumor

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US-NONOTGCT-00182 | 01/26



## Advocacy Taskforce – Kelly Homlar, MD, Lead

The advocacy taskforce has been actively working to identify meaningful ways our society can better advocate for both our patients and our profession.

Think about your practice. What is keeping you from taking the best possible care of your patients? What hassles are creating additional work for you and your staff, taking your attention away from your patients, eroding at the doctor-patient relationship, and creating burnout? Do we want to accept the status quo, or do we want to try to fight to improve the lives of our patients and ourselves?! This is advocacy!

Many of our current concerns are shared by all physicians. Things like the unnecessary hassle of prior authorization for imaging and procedures that creates delays in care; continued cuts to the physician fee schedule despite rising inflation and the increased cost of delivering care; and threats to funding for research. As such, many medical organizations like the AAOS and AMA have prioritized these issues. We support these efforts by being members of the state and national societies that are advocating on our behalf, donating to their respective PACs, attending advocacy events in DC such as at NOLC/Hill Days, and developing relationship with our lawmakers.

On the other hand, MSTs members have unique concerns given the rare diseases we treat. Many of us are experiencing narrowing networks for our sarcoma patients. More patients are being referred to us only to discover that they are out-of-network.

This then requires hours on the phone by the patient or physician to request a gap exception (which is often denied) or the patient is forced to travel hours away to an in-network orthopaedic oncologist (which creates unnecessary delays in care and places the financial burden of travel and time away from work squarely on the patient). We have collected stories that clearly demonstrate delays in care and patient harm due to patients struggling to get seen by an in-network physician. We are actively working on both the state and federal level to fight for automatic gap exceptions for rare and orphan disease like sarcoma OR require the process to be streamlined with clear, easily accessible gap exception forms and expedited reviews. We are fortunate to have Dr. Joel Mayerson stepping into the role of AAOS Advocacy Council Chair who has promised to prioritize this issue with the AAOS Office of Government Relations this year.

We need your help! We need as many examples as possible (with detailed insurance plan information) so that we can document the scope of the problem and determine the best strategy.

Here is one example: 54 y M with 4cm L palmar hand mass concerning for possible soft tissue sarcoma. Seen in clinic, sent for image-guided core needle biopsy. Patient was called by interventional radiology scheduler and was told they are out of network. Biopsy cancelled and patient was told to call member services. The hospital insurance lead and surgeon both spent hours being passed back and forth

between callers to find a person who could help with a gap exception request. Initially they were told that only the patient can ask for a gap exception, but with the surgeon's persistence, they ultimately agreed to allow a request for gap exception. This required clinical notes and letter of necessity included with the request. Surgeon requested expedited decision to prevent any further delays. The request was denied and the surgeon was chastised in the denial letter for asking for an expedited review. This patient is 17 minutes away from an orthopaedic oncologist, but is being forced to travel 2 hrs 50 minutes from home to have this mass appropriately evaluated. This creates unnecessary delay in care and increased cost and travel for the patient. BCBS 380 /SC OPEN ACCESS POS.

Join us in the fight! Submit your out-of-network story [here](#).

At the [advocacy section of the website](#):

- Watch the Intro to Advocacy Webinar [here](#) and be on the lookout for the 2nd webinar on the regulatory side of advocacy in March.
- Click this [link](#) to find your legislators and initiate contact.
- Register [here](#) for the Introduction to the Regulatory Side of Advocacy Webinar - March 23rd.
- Consider joining and supporting your state orthopaedic society and the AAOS, and contributing to their respective PACs. Collective engagement is essential to meaningful change.

### Interested in Becoming a MSTs Member or Are You Ready to Advance In Your Career to the Next Membership Category?

Membership Application Deadline: **September 1, 2026**

Details [here](#).



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#### References

1. Taunton MJ, et al. Pelvic discontinuity treated with custom triflange component. A reliable option. *Clin Orthop Relat Res.* 2012;470(2):428-434.
2. Petrie J, et. al. Pelvic discontinuity current solutions. *Bone Joint J.* 2013;95B(suppl A):109-113.
3. Gladnick BP, et al. Midterm survivorship after revision total hip arthroplasty with a customer triflange acetabular component. *J Arthroplasty.* 2018;33(2):500-504.

Over the past several months, the Communications Committee has continued to build momentum in expanding the reach, visibility, and impact of MSTs while strengthening engagement with our members and the broader musculoskeletal oncology community.

A major highlight of this period was our social media campaign promoting the MSTs Annual Meeting in Mexico. This effort was highly successful, generating strong member engagement and enthusiasm across platforms, and contributing to the overall excitement and success of the meeting. We were encouraged to see members actively sharing content, interacting with posts, and helping amplify MSTs messaging.

We remain committed to keeping our members informed and connected. Our Membership Spotlight series continues to feature members whose work and dedication have a meaningful impact on our field, while the I'm Your Orthopaedic Oncologist series highlights early-career and diverse colleagues who represent the future of musculoskeletal oncology. At

the same time, our social media presence on Instagram and LinkedIn continues to grow steadily, expanding our reach among professional audiences, trainees, and collaborators worldwide.

Our website is updated regularly with new content, including meeting information, webinars, and updates from other MSTs committees. We are proud to report that over the past year, the new website received **67,000 views**, demonstrating strong engagement from both members and the broader musculoskeletal oncology community. We are also continuing to expand the Patients' Topics Library, providing accessible, high-quality educational resources for patients and families under the "Conditions We Treat" section. We encourage members to share these materials with their patients and to collaborate with us by suggesting or contributing additional patient-focused topics.

In addition, we actively promote MSTs and partner webinars, conferences, advocacy efforts, and educational initiatives, and we regularly share updates and achievements from across MSTs committees to ensure

broad visibility of the Society's work.

We would also like to share several committee updates. Please join us in welcoming our new Communications Committee members, **Dr. Vincent Ng** and **Dr. Devin Conway**. We extend our sincere thanks to **Dr. Susan McDowell** and **Dr. Alysia Kemp** for their valuable contributions and service to the committee. We would also like to thank **Kerri Mink** for her continued support and ongoing contributions. We are grateful for the dedication and leadership of our current members, **Dr. Izu Ibe**, **Dr. Nick Arpey**, and **Dr. Mathew Wells**, whose efforts remain essential to the committee's success.

We are proud of the progress made and remain energized by the opportunities ahead. As always, we welcome ideas, feedback, and collaboration from the MSTs community as we continue working to strengthen communication, engagement, and the voice of our Society. We encourage all members to follow MSTs on [Instagram](#) and [LinkedIn](#) and engage with our content to help us continue strengthening the voice and reach of our Society.

# Learn about the results of the ChonDRAGON clinical trial

ChonDRAGON is a randomized registrational phase 2 study of ozekibart (INBRX-109) in unresectable or metastatic conventional chondrosarcoma

Scan or [click here](#) to find out more



Ozekibart (INBRX-109) is an investigational medicine whose efficacy and safety profile have not been established. It has not been approved by the U.S. FDA or other health authority for any use.

# INHIBRX

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**LIMB SALVAGE**  
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# Musculoskeletal Tumor Registry Update – Benjamin J. Miller, MD, MS

It was nearly 10 years ago, in October of 2016, when I persuaded then MSTs president Ted Parsons to allocate 3 minutes at the business meeting in Detroit for me to give the first pitch for a society-wide sarcoma registry. The time was right, I felt, and was confident that a plurality of the membership would agree. A dedicated contingent emerged, and together we determined the data elements we would need to record and searched for a vendor to build our vision.

Our relationship with the AAOS registry platform began about 2 years later, first as a pilot trial and then as a full registry, joining the AJRR and SER at the same time as the ASR. Without the early work, OREF/MSTs grant funding, and demonstrated dedication of these initial workgroups, we would not have been taken into the fold so

readily, if at all. And without the support of the AAOS, the long-term finances and sustainability of this registry would have been a serious, likely definitive, impediment.

The years have ticked by with slow but steady progress. In massive undertakings such as this, there will undoubtedly be unforeseen delays, pivots, and frustrations – and we have had our share. If we had been more lenient on issues of data quality and accuracy, we could have moved faster and delivered an inferior product. But we never compromise on our initial foundation of research-quality data and expect that this principle will eventually yield answers to important clinical questions new and old.

My time leading the registry effort has

come to an end, but my support will continue. I want to recognize three individuals: **Adam Levin** (who will be taking over as chair), **Eric Henderson**, and **Nate Mesko**. They have been there from the beginning and continue to provide critical leadership and insight. Thanks to all the steering committee members who have served since its formation 6 years ago, thanks to **Matt Watson** (Iowa) and **Matt Rerko** (Cleveland) who built out the smartforms in Epic and REDCap and were absolutely critical partners, thanks for all the administrative assistance from the AAOS (most notably **Atusa Moreno** who has been the project lead for the past several years), and thanks to all the MSTs members who see the value in this effort and put in the individual uncompensated work needed to support it.

## Thank You to the Following for their Support of MSTs

MSTs extends our sincere appreciation to the following donors for contributions to MSTs and OREF.

*Donations posted to MSTs from January 1, 2025 through December 31, 2025*

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\*Improved function is defined as an improvement in PROMIS-PF, which measures a patient's ability to do a range of daily activities.<sup>3,4</sup>

NCCN=National Comprehensive Cancer Network® (NCCN®); PRO=patient-reported outcome; PROMIS-PF=Patient-Reported Outcomes Measurement Information System Physical Function (TGCT-specific); ROM=range of motion; TGCT=tenosynovial giant cell tumor.

## INDICATIONS AND USAGE

ROMVIMZA is indicated for treatment of adult patients with symptomatic tenosynovial giant cell tumor (TGCT) for which surgical resection will potentially cause worsening functional limitation or severe morbidity.

## IMPORTANT SAFETY INFORMATION

### WARNINGS AND PRECAUTIONS

#### Hepatotoxicity:

- Cases of serious and fatal liver injury have occurred with the use of another kinase inhibitor that targets CSF1R. Serious and fatal liver injury have not been observed with ROMVIMZA.
- Elevated AST and ALT can occur with ROMVIMZA.
- Avoid ROMVIMZA in patients with pre-existing increased serum transaminases; total bilirubin or direct bilirubin (>ULN); or active liver or biliary tract disease, including ALP.
- Monitor liver function tests prior to initiation of ROMVIMZA, twice a month for the first two months and once every 3 months for the first year of therapy and as clinically indicated thereafter. Withhold and reduce the dose, or permanently discontinue ROMVIMZA based on the severity of the hepatotoxicity.

#### Embryo-Fetal Toxicity:

- ROMVIMZA may cause fetal harm when administered to pregnant women. Advise pregnant women on the potential risk to the fetus.
- Advise females of reproductive potential and males with female partners of reproductive potential to use effective contraception during treatment with ROMVIMZA and for 1 month after the last dose.

#### Allergic Reactions to FD&C Yellow No. 5 (Tartrazine) and No. 6 (Sunset Yellow FCF):

- ROMVIMZA 20 mg capsule contains FD&C Yellow No. 5 (tartrazine) which may cause allergic reactions (including bronchial asthma) in certain susceptible patients. FD&C Yellow No. 5 (tartrazine) sensitivity is frequently seen in patients who also have aspirin sensitivity.

- Advise patients that ROMVIMZA 14 mg and 20 mg capsules contain FD&C Yellow No. 6 (Sunset Yellow FCF), which may cause allergic reactions.

#### Increased Creatinine without Affecting Renal Function:

- Increases in serum creatinine can occur with the use of ROMVIMZA. These increases in serum creatinine may not be associated with changes in renal function. Increases in creatinine reversed upon ROMVIMZA discontinuation. During ROMVIMZA treatment, use alternative measures that are not based on serum creatinine to assess renal function.

#### Adverse Reactions:

The most common (≥20%) adverse reactions, including laboratory abnormalities that occurred in patients receiving ROMVIMZA were increased AST, periorbital edema, fatigue, rash, increased cholesterol, peripheral edema, face edema, decreased neutrophils, decreased leukocytes, pruritus, and increased ALT.

#### Drug Interactions:

- **P-glycoprotein (P-gp) substrates:** Avoid concomitant use of ROMVIMZA with P-gp substrates. If concomitant use cannot be avoided, take ROMVIMZA at least 4 hours prior to P-gp substrates.
- **Breast Cancer Resistance Protein (BCRP) substrates:** Avoid concomitant use of ROMVIMZA with BCRP substrates.
- **Organic Cation Transporter 2 (OCT2) substrates:** Avoid concomitant use of ROMVIMZA with OCT2 substrates.
- Concomitant use of vimseltinib with P-gp substrates, BCRP substrates or OCT2 substrates may increase exposure of these substrates.

**Lactation:** Advise females not to breastfeed during treatment with ROMVIMZA.

**Please click for the full Prescribing Information.**

**References:** **1.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Soft Tissue Sarcoma V.5.2024. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed March 12, 2025. To view the most recent and complete version of the guideline, go online to [NCCN.org](https://NCCN.org). NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way. **2.** ROMVIMZA [package insert]. Waltham, MA: Deciphera Pharmaceuticals, LLC. **3.** Gelderblom H, Bhadri V, Stacchiotti S, et al. Vimseltinib versus placebo for tenosynovial giant cell tumour (MOTION): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet.* 2024;403(10445):2709-2719. **4.** Gelderblom H, Bhadri V, Stacchiotti S, et al. Vimseltinib versus placebo for tenosynovial giant cell tumour (MOTION): a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet.* 2024;403(10445)(suppl):1-124.

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# The Hatcher Pathology Fellowship

The Hatcher Pathology Fellowship was established in 1983, named in honor of the late C. Howard Hatcher, MD. The Fellowship was developed by Dr. Hatcher's former residents and friends in the spirit of enriching orthopaedic surgeons with post-graduate experience in musculoskeletal oncology, with an anticipation of an academic career in musculoskeletal oncology. The fellowship is offered annually to US and international orthopaedic surgeons who have completed an accredited orthopaedic surgery residency or its equivalent.

## 2025 Recipient - Sarah Tepper, MD

I am deeply grateful for the opportunity to complete the Hatcher Fellowship at the University of Padova under the mentorship of Professor Pietro Ruggieri. This experience proved invaluable in advancing my training in musculoskeletal oncology, allowing me to achieve the goals I had outlined in my original application and to further my professional development in this field.

## Achievement of Fellowship Goals

During my time in Padova, I observed numerous surgeries for extremity sarcomas, metastatic disease, and benign tumors. Particularly interesting cases included resection of a medial thigh soft tissue sarcoma that required multidisciplinary collaboration with vascular surgery due to involvement of the femoral vein and a case of fixation of a complex pathologic humerus fracture with carbon fiber implants. I also had the opportunity to observe surgical techniques and approaches that differed from those at my home institution. Observing these procedures allowed me to meet my goals of broadening my perspective on surgical planning and techniques for multiple musculoskeletal oncology indications and comparing to practices in the United States.

I also accompanied Professor Ruggieri in his orthopedic oncology clinic and learned about his diagnostic reasoning and treatment paradigms. Notably, I learned about his evolving approach to distal tibia reconstruction, transitioning from allografts to endoprostheses. I also gained insight into his indications for denosumab use in giant cell tumors of bone, his principles of

biopsy, and his approach management of atypical cartilage tumors. One of my goals was to gain experience in planning, techniques, and postoperative care of complex limb salvage surgeries. During my fellowship, I saw multiple patients for follow up after internal hemipelvectomy, some who had undergone reconstruction and some who had not. I was able to learn Professor Ruggieri's indications for reconstruction, discuss the techniques he used, and evaluate patient functional outcomes with and without reconstruction. These experiences enriched my understanding of both adult and pediatric musculoskeletal oncology care and strengthened my clinical decision-making.

I also attended the Musculoskeletal Oncology Course organized by Professor Ruggieri and Dr. Andreas Leithner, which brought together experts from Italy, Austria, Georgia, Croatia, Brazil, Spain, and the United States. The lectures and case-based discussions provided important insights into evolving international practices, highlighting variations in surgical and oncologic decision-making between centers. This conference enhanced my academic knowledge and enabled valuable networking opportunities for future research collaboration.

## Professional Impact

The combination of operative exposure, participation in an international oncology course, and immersive clinic experiences provided a uniquely comprehensive learning opportunity. Equally valuable were the personal connections fostered with Professor Ruggieri and his team. These relationships have already resulted in a commitment to a multi-institutional research project between Moffitt Cancer Center and the University of Padova, directly aligned with my focus on foot and ankle musculoskeletal oncology.

Beyond the hospital, my time in Padova also offered the opportunity to explore the history of the city and its university, which is one of the oldest in the world, as well as the nearby city of Venice. Experiencing the rich academic and cultural heritage at the University of Padova added a broader dimension to my fellowship experience.



*Sarah Tepper, MD  
2025 Hatcher Pathology Fellowship Recipient*

## Conclusion

This fellowship was instrumental in achieving my goals of expanding surgical expertise, enhancing my understanding of multidisciplinary sarcoma care, and fostering international collaboration. The knowledge, technical insight, and professional connections I gained in Padova will significantly inform both my clinical practice and my academic trajectory in musculoskeletal oncology. I am sincerely appreciative of the support that made this transformative experience possible.



# Expanding the Future of Care

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Get to know us better.



## Thank you to Onkos for their support!



**Mahmoud Ayche, MD**

I am pleased to share a brief summary of my experience during the MSTs Traveling Fellowship at Massachusetts General Hospital. This opportunity allowed me to engage with a leading orthopedic oncology team and gain firsthand exposure to the multidisciplinary management of complex sarcoma cases. The insights and skills acquired during this fellowship will have a lasting impact on my training and future practice.

My name is Mahmoud Ayche, and I am an international medical graduate currently completing a fellowship in musculoskeletal oncology at the University of Iowa Hospitals and Clinics. I had the privilege of being awarded a traveling fellowship, which allowed me to spend one week at Massachusetts General Hospital shadowing Dr. Raskin in both clinic and the operating room.

This was an incredibly enriching experience. I participated in in-depth discussions on the management of complex sarcoma cases and had the opportunity to observe several unique and challenging surgical procedures, including the resection of a malignant peripheral nerve sheath tumor of the brachial plexus and navigation-guided fixation of pathological pelvic fractures.

I gained valuable insights into the team's approach to complex prosthetic reconstruction following osteosarcoma resections, particularly in restoring the continuity and function of soft tissue stabilizers. Additionally, I took part in a journal club focused on the management of infections following soft tissue sarcoma surgery,

which further deepened my understanding of post-operative challenges and solutions.

I am deeply satisfied with this experience. It has broadened my perspective on sarcoma care and provided me with knowledge and techniques that I intend to incorporate into my future clinical practice.



**Megan Hsu, MD**

Thank you for this opportunity to complete a travelling fellowship. I was able to observe educational conferences, clinics, and operative procedures. Specific practices I will now incorporate at my institution include the "Pre-cement Pause" for safety to mitigate the risk of bone cement implantation syndrome. I was also able to get valuable input on my future planned lecture series topics for residents at my institution. I was able to observe challenging operative cases and ask questions regarding technique and implant selection. During case conference, I was exposed to new surgical techniques such as resecting the distal radius and performing a wrist fusion for advanced distal radius giant cell tumors. I was also able to learn about a different surgical technique with tandem reconstruction of the femoral diaphysis using an intercalary prosthesis and a fibular free flap. This opportunity will also continue to benefit my future career through foraging strong relationships with future colleagues and collaborators.



**Sarah Ballatori, MD**

I'm very grateful to Onkos and the MSTs Traveling Fellowship for supporting my week-long experience at UCLA. I chose UCLA for its outstanding orthopedic oncology team—three attendings with different backgrounds and leadership roles who together offer a truly well-rounded perspective on sarcoma care.

Dr. Bernthal not only provided great clinical teaching but also took the time to show me around UCLA Santa Monica Hospital and walk me through how their Orthopedic Oncology division operates. I was especially struck by how closely their multidisciplinary team works together, with radiology and pathology right on site and deeply integrated into the Orthopaedic department's daily workflow.

During my visit, I saw a number of interesting cases, including a rotationplasty fracture treated with a pediatric lateral-entry intramedullary nail. Dr. Christ's arthroplasty-focused practice was another highlight—particularly an antibiotic-coated endofusion case—and I learned a lot from Dr. Wessel, who performed a below-knee amputation with a combination of TMR and RPNI.

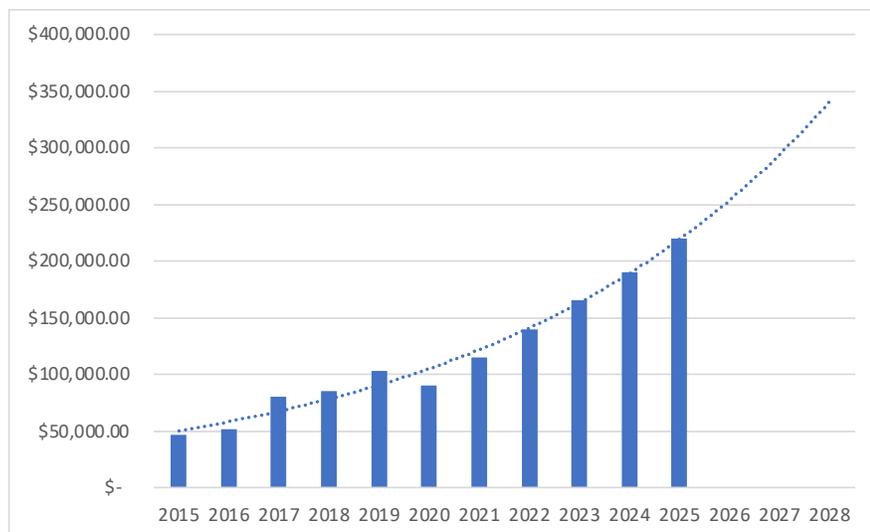
Overall, this fellowship was a fantastic addition to my training. It gave me the chance to see how another leading center approaches complex sarcoma care and to appreciate both the similarities and subtle differences between institutions.

# Sarcoma Strong Corner – Matthew R. DiCaprio, MD

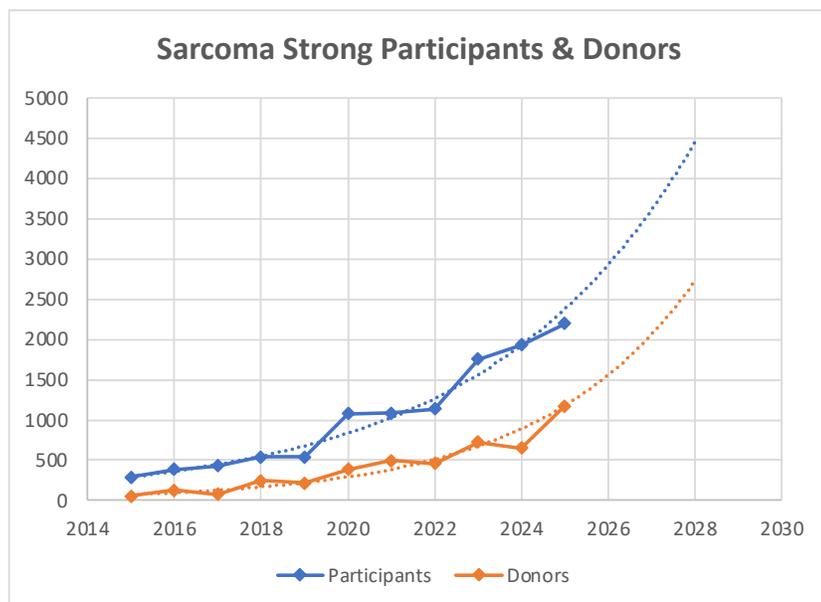
Sarcoma Strong Inc. had a productive and successful 2025. Tremendous gratitude to all the MSTs members who have contributed their time, talent and finance to push our mission forward.

Here are some of the highlights from 2025:

- Sarcoma Strong reached its highest single year net revenue and surpassed \$1.4 million in research funding, directly accelerating sarcoma discovery.



- Our Annual Global 5K expanded to 12 in-person sites. Demonstrating participation and donor growth through collaboration.



- The Sarcoma Strong Service-Learning Program continued to train future physicians in rare cancer advocacy.

Towards the end of 2025, Sarcoma Strong began using DonorPerfect, a comprehensive, cloud-based fundraising and donor management software designed specifically for nonprofit organizations. It provides an all-in-one platform to manage gifts, track donor relationships, handle communications, and streamline administrative tasks. DonorPerfect includes the Constant Contact email platform which Sarcoma Strong is using to help us to keep in better touch with our constituents and increase awareness of our mission.

## Our Focus Turns to 2026

Our first big event in 2026 is our Sarcoma Strong Gala on March 14th in Scotia, New York.



Our guest speaker will be Albert Aboulafla, Musculoskeletal Tumor Society President from 2009-2010. Dr. Aboulafla embodies the theme of this year's gala which is the spirit of collaboration between the multi-disciplinary care teams needed to treat our sarcoma patients and the hope that it offers to them knowing they are not fighting alone.

The Sarcoma Strong Service-Learning program that began at Albany Medical College continues to grow to other medical institutions including Cleveland Clinic, Rutgers, University of Pennsylvania, and University of Colorado. This program is a medical education initiative designed to cultivate the essential soft skills that future physicians need to lead with compassion. Through interactive learning experiences in empathy, advocacy, patient communication, and humanitarian values, the program equips medical students to build meaningful relationships and drive change in rare cancer care. This year we will be applying for grant funding ideally in the \$1-2million range to be able to construct a valuable curriculum and implantation schedule for medical schools throughout the US.

The Sarcoma Strong Endowed Research Fund has reached its goal endowment level of >\$500,000 early in 2026. We anticipate funding our first \$25,000 grant from this fund in 2027.

The global 2026 Sarcoma Strong 5k will be held Friday August 14th through Sunday August 16th. Our flagship event will be August 15th at Saratoga Spa State Park in Saratoga Springs, NY. Registration is open at [www.sarcomastrong.com/run](http://www.sarcomastrong.com/run). We are hoping to add a few more institutions to our growing collaborative efforts, with a goal to have more than 15 total sites in 2026 with over 2,600 participants and over 1,400 donors. Anyone interested in leading a program in your community please feel free to email me at [dicaprm@amc.edu](mailto:dicaprm@amc.edu).

**Together We Are Sarcoma Strong!**



Musculoskeletal Tumor Society Webinar

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Lukas Nystrom, MD  
Cleveland Clinic



Nate Mesko MD  
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1. Levy et al. *Cardiovasc Intervent Radiol.* 2023;46(5):600-609.

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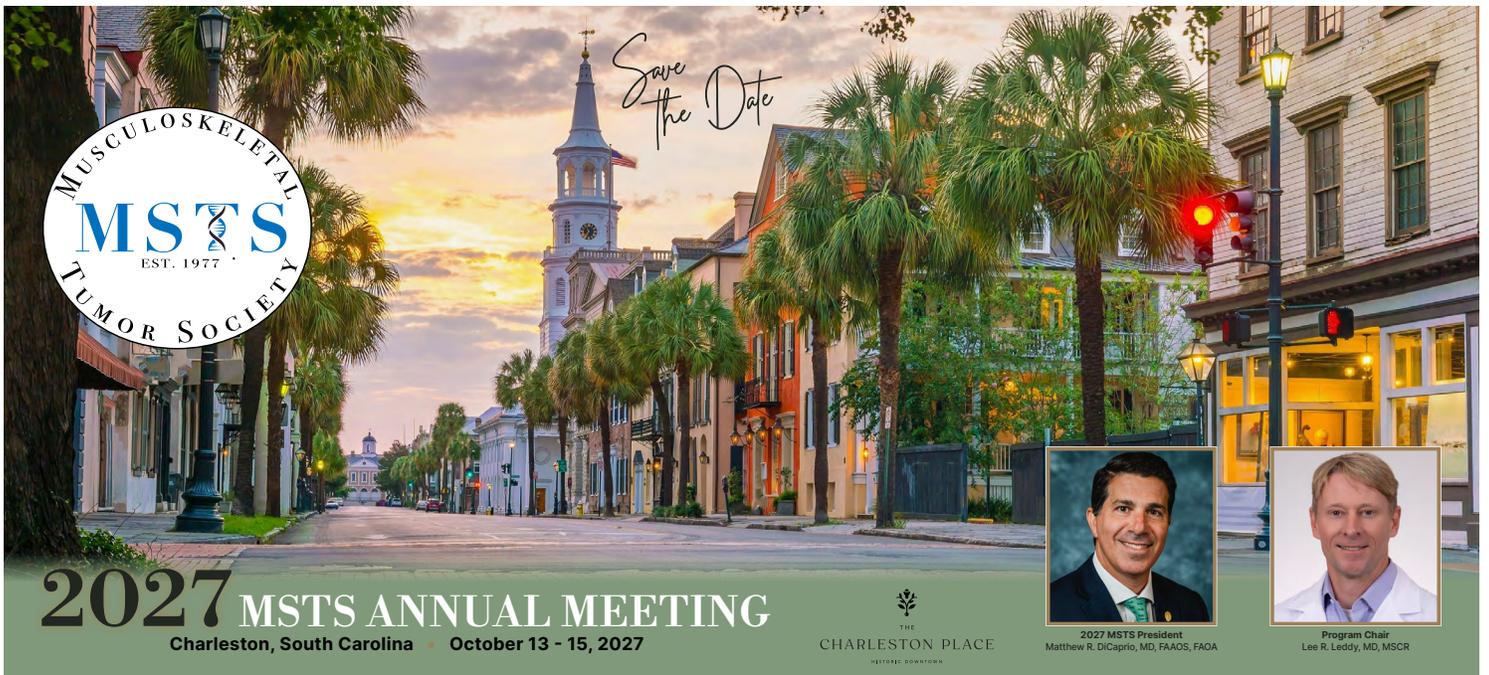
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Opens: February 1, 2026  
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