



# MSTS Newsletter

Volume 324, Summer 2024

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## President’s Report – Benjamin J. Miller, MD, MS



*Benjamin J. Miller, MD, MS*

Friends and colleagues – I hope that you are all having a restorative and engaging summer. It’s a time of family vacations, swimming pools, warm nights, and new residents and fellows with the changing academic year. Interestingly, as an adult, the end of summer comes with many more feelings of disappointment than when I was a child.

Fortunately, we have the 2024 MSTS Annual Meeting to look forward to! Now just a week away, the program that Luke Nystrom and his committee has put together is fantastic – it highlights our strengths as an organization and touches on the most pressing and discussion-worthy issues in modern musculoskeletal oncology.

I am incredibly excited to host the meeting in Chicago. Not only is it one of the great American cities with international prominence, it also has a storied history for all of us professionally and me personally. It is the city where I was a resident at Rush, met my future wife, and took both

major examinations for orthopaedic board certification. It is where I attended my first pathology conference at the University of Chicago (and memorably answered correctly a question about a parosteal osteosarcoma). And it is where the seeds of our profession were sowed with the training of the first true orthopaedic oncologists under Howard Hatcher.

I was born three months after the first MSTS meeting held in Boston in 1977. Now, 47 years later, the society remains strong and continues to evolve to serve our members and contribute to public health through research and collaboration. The membership has grown, the actual practice of medicine is dramatically different, and the Society continues to be dynamic and forward-thinking.

An organization that lasts for several decades must possess several characteristics. It must, in its essence, be a good idea. Clearly a professional association dedicated to advancing the science and practice of musculoskeletal oncology was one. It must be made of people who truly care about the mission and purpose of the endeavor. The number of volunteers, quality of science, and combination of support and inquisitiveness with each other demonstrates how much value our society has to offer. Finally, successful,

durable organizations must adapt. For the many years I have spent on committees in the MSTS, I can account for the amount of discussion dedicated to improvements, adding member benefits, ensuring that we are addressing concerns, and constantly working to increase inclusiveness and participation in our Society. The passion of our members and volunteers is astounding and gives me an abundance of reassurance for the future. If you have not volunteered to be on a committee or task force – please consider doing so, there are many opportunities every year.

Looking forward to seeing you all and talking orthopaedic oncology in September!

Ben



# Must See Annual Meeting Guest Speakers

Thursday, September 12  
2:30 – 3:15pm

**Advocacy for Patients  
and the Profession**

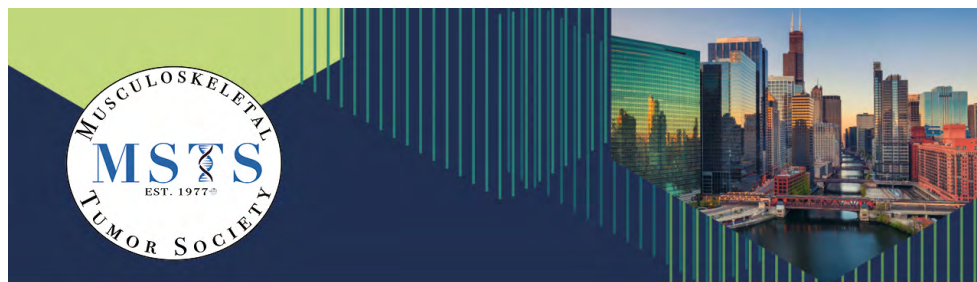
**Stuart L. Weinstein, MD**



### *About Dr. Weinstein*

Dr. Weinstein is the Ignacio V. Ponseti Chair and Professor of Orthopaedic Surgery and Professor of Pediatrics at The University of Iowa. Dr. Weinstein received his A.B. Honors degree in Political Science and History from the University of Illinois in 1968. He received his medical degree (Alpha Omega Alpha) from the University of Iowa in 1972. After interning in Internal Medicine at The University of California San Francisco, he returned to the University of Iowa for a residency in Orthopaedic Surgery. In 1976 he joined the faculty of the Department of Orthopaedic Surgery at The University of Iowa.

Dr. Weinstein was an NIH funded researcher. He has published more than 270 scientific articles in peer review journals (including first author publications in NEJM, JAMA, The Lancet, Nature). His research work has focused on spinal deformity in children and the natural history and long-term outcome of pediatric musculoskeletal conditions.



Friday, September 13  
8:40 – 9:40am

**The Role of A.I. in  
Health Care –  
Today vs. The Future**

**James N. Weinstein, DO, MS**



### *About Dr. Weinstein*

Dr. James N. Weinstein joined Microsoft in July 2018 as Senior Vice President, Microsoft Health, leading strategy, and innovation. Today, Jim leads health access and health equity, globally. Jim is the immediate past Chief Executive Officer and President of Dartmouth Health. Prior to being CEO/President, he was President of the Dartmouth physician group and was the inaugural Director of the Dartmouth Institute, home of the Dartmouth Atlas. He created the first, value-based, population health, operating model locally and nationally, grounded in, the quadruple aim. He created a joint venture with

Harvard-Pilgrim to create a provider/payer “health plan” for Northern New England. He worked with Congress during three Presidential administrations. He helped lead ACO population-based strategies and led the national efforts in Patient Reported Outcome Measures (PROM’s) and Health Equity for National Academies. In 2010, Epic EHR, adopted his real-time PROM’s. During his time as Director of TDI, Dr. Weinstein co-founded, with then Dartmouth College President Jim Yong Kim (past President of the World Bank), the Master of “Health Care Delivery Science” (MHCDS) program, the first hybrid residential and distance learning degree program at Dartmouth. He started the first multi-state telehealth program, across 12 states covering over 240 ICU beds and the first patient remote monitoring system, Imaginicare. Dr. Weinstein held the distinguished Peggy Y. Thomson Chair in the Evaluative Clinical Sciences while at Dartmouth.



## MSTTS Executive Committee

### **President**

Benjamin Miller, MD  
benjamin-j-miller@uiowa.edu

### **President-Elect**

Rajiv Rajani, MD  
rrajani@ttuhsc.edu

### **Secretary**

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Matthew R. DiCaprio MD  
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Michelle Ghert, MD, FRCSC  
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### **Past President**

Michael P. Mott, MD  
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### **Education Committee**

Ginger Holt, MD  
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### **Research Committee**

Bang Hoang, MD  
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### **Membership Committee**

Odion Binitie, MD  
odion.binitie@moffitt.org

### **Members-at-Large**

Alan Blank, MD  
alan\_blank@rush.edu  
David D. Greenberg, MD  
david.greenberg@health.sluc.edu

## 2024 Annual Meeting Product Theaters

Thursday, September 12th  
9:25 am – 9:45 am



### Onkos Surgical

Presenter: Alexandra Callan, MD  
Title: Utilizing Patient-Specific and 3D Printed Approaches as an Option for Pelvic Reconstruction Following Sarcoma Resection

Thursday, September 12th  
11:10 am – 11:30 am

### SpringWorks Therapeutics

Presenter: Ren-Jay Shei, PhD  
Title: Clinical Overview of Desmoid Tumors



Thursday, September 12th  
3:55 pm – 4:15 pm



Daiichi Sankyo, Inc. (DSI)

Friday, September 13th  
9:45 am – 10:05 am

### Zimmer Biomet

Presenter: R. Lor Randall, MD, FACS  
Title: Compressive Osteointegration in Limb Salvage Surgery: 3 Decades of Experience



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Friday, September 13th  
11:20 am – 11:40 am



### Stryker

Presenter: Nathan W. Mesko, MD  
Title: Versatility in Hinged Knee Procedures

## 2024 Annual Meeting Pathways

Wednesday, September 11, 2024  
5:00 – 6:00 pm

This year the MSTS is excited to present a new opportunity for thought and discussion: Pathways. The motivation for Pathways is that there are many facets to a career in orthopaedic oncology outside of clinical practice. One avenue that our members often pursue is in a leadership position focusing on education of trainees.

This inaugural session will feature a panel of experts who have dedicated a portion of their careers to educating others. The session will be hosted by Izu Ibe and Elyse Brinkmann as part of their “Sarcoma Insights” podcast.

We encourage all members to participate and engage in a discussion about career opportunities in education (e.g. program director), tips for obtaining and excelling at educational leadership positions, and stories of educational initiatives that have worked and others that have not. We hope that this session will be popular and useful for those attending and look forward to sessions at future annual meetings that will include topics such as professional leadership and surgical innovation.

## Treasurer’s Report – Matthew R. DiCaprio, MD

The financial health of our society remains strong through the 2nd quarter of 2024. Our Annual Meeting Committee and staff have done a tremendous job organizing an educational and engaging meeting for our members. We would like to thank all of our generous industry sponsors and all members who have registered to join us in Chicago from September 11-13th. Your involvement as a member with our annual meeting as a presenter or attendee assists in our mission to advance the science of orthopaedic oncology and promote high

standards of patient care through excellence in education and research. We are confident this will add value to your membership.

In efforts to foster improved communication and long-range meeting planning we are working to secure future venues for our annual meetings two to three years in advance. By securing venues early we hope to further strengthen our finances by negotiating better rates. A second intention is by communicating locations

and venues early we hope members will consider making the meeting a family experience.

Please join us at the members only meeting in Chicago for a full report of MSTS financials.

## Fellowship Committee – Santiago A. Lozano-Caderón, MD, PhD, Chair

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The fellowship committee is very excited to announce a hybrid program director meeting this coming MSTs annual meeting in Chicago on September 11th, 2024 at 10:00 am. In this meeting, we will be presenting statistics of the two most recent fellowship match cycles and will be presenting the timeline and requirements for fellowship recognition by MSTs. We, as committee, envision this process to become a strong and transparent self-

regulating platform helping to improve the quality of education and training of all our fellowships in the country. MSTs has acquired a platform with new innovations for logging of cases that reflects better the nature of the MSK oncology cases and that will allow the fellowship committee and MSTs to collect statistics in terms of surgical volume in a prospective manner to improve decision-making in terms of the criteria that are part of our educa-

tion goals. We also will discuss the new initiative from ACGME parting from login only case numbers to a more descriptive process of what a fellow does in a particular surgical case and its educational value. Non-program directors are welcome to participate but number of participants is limited. Please contact Kerri Mink at [kmink@msts.org](mailto:kmink@msts.org) to confirm your participation virtually or in person.

## Research Committee – Bang Hoang, MD, Chair

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The RESEARCH COMMITTEE has been hard at work during the spring and summer of 2024. We have completed a major round of review of Sarcoma Strong applications, many of which focused on the translational science and new technologies to tackle outstanding questions in the sarcoma field. We wish to thank all members (Anthony Bozzo, Elyse Brinkmann, Alex Christ, Chris Collier, Josh Lawrenz, Brock Lindsey, and Brian Walczak) for the energy and enthusiasm that each of them brings to the RESEARCH COMMITTEE. Looking forward to the second half of 2024, as Sarcoma Strong continues to thrive under the leadership of Matt DiCaprio, we anticipate that another exciting funding announcement will be forthcoming.

### AAOS Specialty Society Research Support

In response to the Research Funding Announcement (RFA) from the AAOS, an internal program announcement was released on April 22, 2024, outlining the scopes and objectives of the AAOS Specialty Society Research Support fund. Namely, the AAOS seeks to support our society in providing up to \$100,000 for impactful patient reported outcome (PRO) related research. The 2024 funding cycle is dedicated to research that advances the understanding and use of patient-reported outcome measures (PROM) in real-world clinical settings. After this program announcement, the RC received several high-impact applications from major centers in both the U.S. and Canada. Given a short

turnaround time, members of the RC quickly stepped up to conduct a thorough review of these applications. Once again, we want to recognize and thank everyone in the RC for their dedication and responsiveness in providing a fair and thorough review of each application.

We are happy to announce that a proposal from Jay Wunder (Mount Sinai, Toronto) has been selected as the top proposal to recommend to the AAOS for funding consideration. Additionally, a proposal from the team of Meredith Bartelstein, Erica Van Citters (Memorial Sloan-Kettering), and Eric Henderson (Dartmouth) was also recommended for funding as a secondary

proposal. The PIs will submit their proposals to undergo a final round of reviews by the AAOS Scientific Review Group (comprising of review members, a chair, a scientific review officer, and a research and quality council liaison). Finally, with inputs from the Executive Committee and Sarcoma Strong, we are excited to offer a \$10,000 matching fund if these proposals are selected by the AAOS.

We look forward to hearing back from the AAOS regarding these exciting proposals from Drs. Wunder, Bartelstein, Van Citters, and Henderson and wish them all the best.

### Artificial Intelligence, Grant Writing, Startup for New Faculty at MORI

AI is a hot topic but most of us are not familiar with its conceptual framework or utilities in orthopaedics. To these ends, Anthony Bozzo, Josh Lawrenz from the RC and other speakers will be featured in the session: “Artificial intelligence: Where are we now, where are we going, research collaboration opportunities” during MORI,

Wednesday afternoon, September 11, 2024. Immediately following, Kurt Weiss and I will discuss grant writing and opportunities in negotiating a startup for new faculty. Hope to see you at MORI.

We hope that by providing timely grant reviews and educational opportunities that

our membership will benefit from these activities. If you have any suggestions to improve your experience or our processes, feel free to reach out to me ([bahoang@montefiore.org](mailto:bahoang@montefiore.org)) or any member of the Research Committee at [info@msts.org](mailto:info@msts.org). See you all in Chicago.





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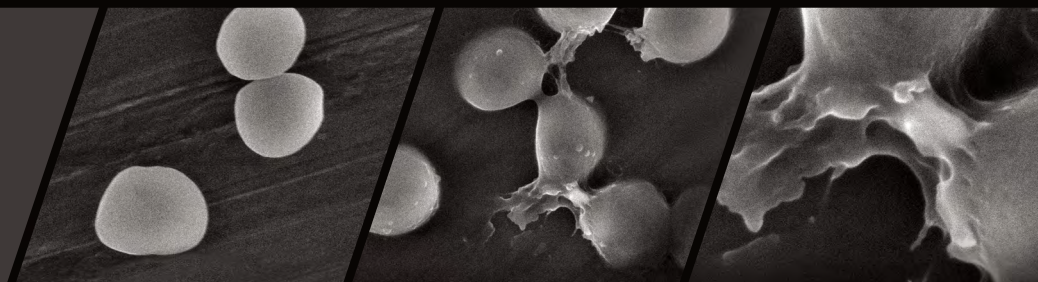
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Learn more on Thursday,  
September 12th at 6:45AM  
in the Sheraton Mayfair Room

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1. Data on File, Onkos Surgical. 2024.  
2. In vitro testing

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

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It has been a busy summer all around, and those in academic practices are experiencing the turnover of residents, and perhaps also fellows for the new year. This affords some opportunities for education and guidance on building a new practice for those early-career members. Within that mission is also advising and advocating for best coding practices. Members of the Practice Management Committee work with both the AAOS Health Systems Committee and the MSTS Advocacy Task Force to help align our mission and priorities. Over the last few weeks, CMS has issued its Medicare Physician Fee Schedule Proposed Rule, outlining planned adjustments to the 2025 Fee Schedule. On behalf of

our membership, the Practice Management Committee continues to advocate and support our members', patients', and society's best interests in providing high quality care.

As some of these efforts involve advocacy: for our patients, for our colleagues, and for support for oncology resources altogether, we are exploring how the Practice Management Committee and the Advocacy Taskforces can work together most effectively. In response to our membership's requests, those initiatives include a planned update of the benchmarking survey for compensation and productivity targets that was last performed in 2021.

This will require significant and meaningful input from our members, but provides a tremendous value. More details will be emerging around the time of the annual meeting, with plans to administer the anonymous survey at the meeting. In order to facilitate that, we will request that members familiarize themselves with some practice metrics, such as total annual case volume and total annual wRVU. This is an important member benefit that is most meaningful if there is high participation.

Wishing all an enjoyable summer, and a heartfelt thanks to the members of the Practice Management Committee.

## Guidelines and Evidence Based Medicine Committee Update – Nicholas Tedesco, DO, Chair

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The Guidelines and Evidence-Based Medicine (GEBM) Committee continues to try to meaningfully serve the MSTS membership. New projects we are working on include clinical decision aids, or written tools designed to give each of us and our patients the advantages and disadvantages of controversial treatments or when multiple treatment options are available. One of the first projects will be collaborating with MiB agents (Make It Better for kids with osteosarcoma) to help families decide between limb salvage, amputation, and rotationplasty when faced with a pediatric lower extremity sarcoma. We will also be working on a tool to aid in conversations and decision-making regarding whether or not to reconstruct Type 2 pelvic resections.

We continue to negotiate with the American Academy of Orthopedic Surgeons (AAOS) methodologists for a planned clinical practice guideline (CPG) on the management of primary spine sarcomas in the mobile spine. We are hoping to get started once an equitable budget and services through the combined resources

of the MSTS and AAOS is attained. We continue to try to improve MSTS diversity, collaboration, and global outreach by finding willing participants to collaborate with in future CPGs. As a result, we now have established relationships and interest to include members from the European Musculo-Skeletal Oncology Society (EMSOS), Sociedad Latinoamericana de Tumores Musculo Esqueleticos (SLATME), the Asian-Pacific MSTS (APMSTS), and an international member of the International Society of Limb Salvage (ISOLS) in future projects.

The GEBM committee will be sunsetting the current novel clinical practice assessments under the "Education" tab of the MSTS website (currently, doxycycline injections for ABC's, RFA for bone mets, the ENLIVEN clinical trial and pexidartinib, radiolucent implants, and patient specific cutting guides for bone tumor resections). These are mini systematic reviews of new and novel topics with limited evidence, but the potential for adoption into all of our practices. Our goal is to "do the work for you" to figure out the upside

and downside of each of these new ideas without making formal recommendations. Ultimately, it will be up to you whether or not these are things you will incorporate in your practice, study, or build upon. The new topics that will be coming online in place of the old will be discussions on oligometastatic resections, 3D-printed custom implants, HIFUS, augmented and virtual reality in surgery, and nonsurgical management of desmoid tumors.

The GEBM Committee is here to serve the entire MSTS membership! If you have any ideas for clinical practice guidelines, appropriate use criteria, novel clinical practice assessments, systematic reviews, clinical decision aids, or quality improvement projects, please do not hesitate to reach out to myself or any GEBM committee members. Other current members include: Yee-Cheen Doung, Pietro Ruggieri, Matthew Colman, Alexander Lazarides, and Dipak Ramkumar. See you in Chicago!



The first and only FDA-approved targeted therapy for adult patients with progressing desmoid tumors who require systemic treatment

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#### Indication

OGSIVEO is indicated for adult patients with progressing desmoid tumors who require systemic treatment.

#### Important Safety Information

##### Warnings and Precautions

**Diarrhea:** Diarrhea, sometimes severe, can occur in patients treated with OGSIVEO. Diarrhea occurred in 84% of patients treated with OGSIVEO, and included Grade 3 events in 16% of patients. Median time to first diarrhea event was 9 days (range: 2 to 434 days). Monitor patients and manage using antidiarrheal medications. Modify dose as recommended.

**Ovarian Toxicity:** Female reproductive function and fertility may be impaired in patients treated with OGSIVEO. Impact on fertility may depend on factors like duration of therapy and state of gonadal function at time of treatment. Long-term effects of OGSIVEO on fertility have not been established. Advise patients on the potential risks for ovarian toxicity before initiating treatment. Monitor patients for changes in menstrual cycle regularity or the development of symptoms of estrogen deficiency, including hot flashes, night sweats, and vaginal dryness.

**Hepatotoxicity:** ALT or AST elevations occurred in 30% and 33% of patients, respectively. Grade 3 ALT or AST elevations ( $>5 \times$  ULN) occurred in 6% and 2.9% of patients. Monitor liver function tests regularly and modify dose as recommended.

**Non-Melanoma Skin Cancers:** New cutaneous squamous cell carcinoma and basal cell carcinoma occurred in 2.9% and 1.4% of patients, respectively. Perform dermatologic evaluations prior to initiation of OGSIVEO and routinely during treatment.

**Electrolyte Abnormalities:** Decreased phosphate (65%) and potassium (22%) occurred in OGSIVEO-treated patients. Phosphate  $<2$  mg/dL occurred in 20% of patients. Grade 3 decreased potassium occurred in 1.4% of patients. Monitor phosphate and potassium levels regularly and supplement as necessary. Modify dose as recommended.

**Embryo-Fetal Toxicity:** OGSIVEO can cause fetal harm when administered to pregnant women. Oral administration of nirogacestat to pregnant rats during the period of organogenesis resulted in embryo-fetal toxicity and death at

maternal exposures below human exposure at the recommended dose of 150 mg twice daily. Advise pregnant women of the potential risk to a fetus. Advise females and males of reproductive potential to use effective contraception during treatment with OGSIVEO and for 1 week after the last dose.

##### Adverse Reactions

The most common ( $\geq 15\%$ ) adverse reactions were diarrhea (84%), ovarian toxicity (75% in the 36 females of reproductive potential), rash (68%), nausea (54%), fatigue (54%), stomatitis (39%), headache (30%), abdominal pain (22%), cough (20%), alopecia (19%), upper respiratory tract infection (17%), and dyspnea (16%).

Serious adverse reactions occurred in 20% of patients who received OGSIVEO. Serious adverse reactions occurring in  $\geq 2\%$  of patients were ovarian toxicity (4%). The most common laboratory abnormalities ( $\geq 15\%$ ) were decreased phosphate, increased urine glucose, increased urine protein, increased AST, increased ALT, and decreased potassium.

##### Drug Interactions

**CYP3A Inhibitors and Inducers:** Avoid concomitant use with strong or moderate CYP3A inhibitors (including grapefruit products, Seville oranges, and starfruit) and strong or moderate CYP3A inducers.

**Gastric Acid Reducing Agents:** Avoid concomitant use with proton pump inhibitors and H2 blockers. If concomitant use cannot be avoided, OGSIVEO can be staggered with antacids (e.g., administer OGSIVEO 2 hours before or 2 hours after antacid use).

Consult the full Prescribing Information prior to and during treatment for important drug interactions.

##### Use in Specific Populations

Because of the potential for serious adverse reactions in breastfed children, advise women not to breastfeed during treatment with OGSIVEO and for 1 week after the last dose.

Please [click here](#) for full Prescribing Information.



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## Thank You!

Thank you to the following members for their commitments to their respective committees. They complete their duties effective at the Annual Meeting. We couldn't do the work of the Society without you!

### Research (L to R)

Alexander Christ, MD  
Brian Walczak, DO



### Practice Management (L to R)

Andrea Evenski, MD  
Herrick Siegel, MD



### Communications and Technology (L to R)

Cecelia Belzarena, MD  
Lisa Ercolano, MD



### Specialty Day (L to R)

Lukas Nystrom, MD  
Melissa Zimel, MD



### Education

Kevin Raskin, MD



### Executive

Alan Blank, MD



### Fellowship

Matthew Houdek, MD



### Finance

Dieter Lindskog, MD



### Guidelines & EBM

Yee-Cheen Doung, MD



### Membership

Christina Gutowski, MD



## Thank You Donors

Thank you to the following MSTs Donors

*Donations to MSTs and OREF  
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MSTS and OREF share a vision of improving care for patients through our support for high quality research.



Did you know you can support both MSTS and OREF at the same time? Make an OREF Annual Fund gift and you can add on a gift for MSTS.

It's a quick and easy way to support two great organizations. Visit [oref.org/annual](https://oref.org/annual).

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## Look out for Musculoskeletal Oncology ICL's Approved for AAOS Meeting in San Diego in 2025

- Advances in Surgical Planning and Reconstruction of the Shoulder Girdle after Oncologic Resection
- Management of the Infected Endoprosthesis
- If You Don't Ask, You Don't Get: When to Ask for Help from Plastic Surgeons in Orthopaedic Oncology and Traumatology
- Reconstruction of Bony Defects with Motorized Intramedullary Nails: State of the Art
- Percutaneous Treatment of Periacetabular Metastatic Disease







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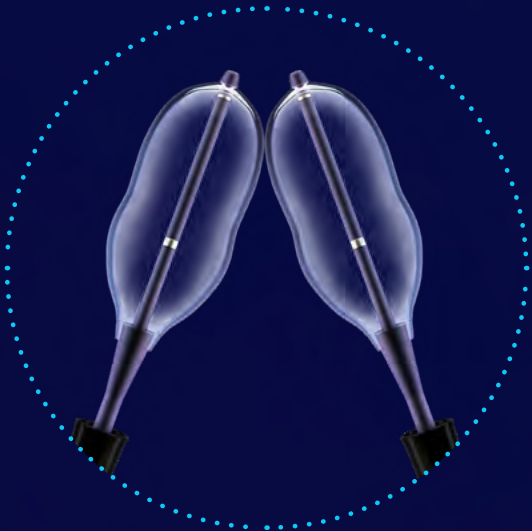


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For OsteoCool™ 2.0 risk information see: <https://rb.gy/aoy4s2>

1. Based on internal data: ETR 30101200, OsteoCool™ 2.0 Lesion Validation Test Report, 20 samples, 2023. OsteoCool™ 2.0 ablates up to 30% faster than OsteoCool™ 1.0 based on bench testing.

2. Medtronic OsteoCool™ 2.0 Radiofrequency Generator IFU M333023W691E REV. A. [http://www.medtronic.com/content/dam/emanuals/spinal/M333023W691E\\_OsteoCool\\_2\\_RFG\\_eManual\\_revA\\_color.pdf](http://www.medtronic.com/content/dam/emanuals/spinal/M333023W691E_OsteoCool_2_RFG_eManual_revA_color.pdf)

3. Stryker OptaBlate™ Ablation System IFU 7000001075365 Rev-AC. <http://ifu.stryker.com/XHR/157184>

4. Clarivate Interventional Oncology Devices Market Insight United States report, December 2022.



# Sarcoma Strong Corner – Matthew R. DiCaprio, MD

Our Global Virtual 5k Run/Walk Event took place August 9-11th and we saw continued growth in participation. We have a record ten in person events throughout North America in 2024. First out of the gate on July 13th was our team in El Paso, Texas led by Ewing’s sarcoma survivor, Shane Munoz, in collaboration with Dr. Rajiv Rajani. We had a busy August 10th weekend. Boston, Massachusetts, Collingswood, NJ and Saratoga Springs, NY all hosted events on Saturday August 10th. The Team at MacOrtho in Hamilton Ontario rounded out the weekend with their continued support and advocacy efforts.

From an international perspective we were blown away with our ~ 100 participants from the Philippines led again this year by Dr. Abigail Tud and a massive turnout in Bangalore, India with over 900 participants

led by Dr. Pramod Chinder supporting the Sarcoma Strong mission.

Still to come this summer are events in San Francisco, Atlanta, and Dallas. Those interested in getting involved please feel free to email me at [dicaprm@amc.edu](mailto:dicaprm@amc.edu) or call 518-378-6499.

Our most exciting development since our last newsletter is the current work being done to apply for grant funding to broaden the Sarcoma Strong Service-Learning program we have at Albany Medical College to other medical institutions throughout the United States. We are in the early phases of strategic development and researching which large philanthropic organizations would be most interested in supporting our educational mission. Stay tuned!



*Raise Sarcoma Awareness  
Advocate for Sarcoma Families  
Raise funds for Research*



Saratoga Springs, NY



Saratoga Springs, NY



Saratoga Springs, NY

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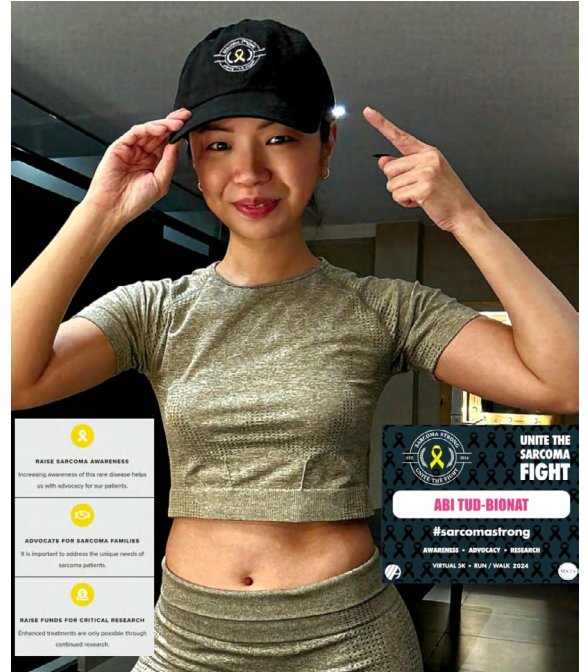
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