



**Grupo Español de  
Investigación en Sarcomas GEIS**

**Spanish Sarcoma Research Group**

## About GEIS

- Early in 1994 a group of oncologists expressed their concern for the need to work on a cooperative basis on the medical treatment of soft tissue sarcomas.
- Initially, phase II trials in advanced STS looking for activity with new schemes and old drugs.
- GEIS Registry for STS was started in 1995. Tool for compliance of defined guidelines: 2006-2007.  
<http://www.geisregistro.com>
- Since December 1997 **GEIS** has had legal status in the form of a scientific association.



## Mission and Vision...

- Promote **clinical and translational research** into sarcomas.
- Lay down **guidelines of action** in the diagnosis and treatment that may be of service to all the spanish's oncologists.
- Act as a **reference point** for the treatment of sarcomas in our country and work together with other similar groups internationally.
- Create a **GEIS Group Registry of Sarcomas** in order to have epidemiological data available that will permit us to know Spain's actual situation in this field.
- Have a **Data Centre** of our own with a common data base for different studies.

# Boarding Committee

## JUNTA DIRECTIVA

### COMITÉ DIRECTIVO

Presidente: Dr. Xavier Garcia del Muro Solans  
Vicepresidente: Dr. Javier Martín Broto  
Tesorero: Dr. Ricardo Cubedo Cervera  
Secretario: Dr. Joan Maurel Santasusana

### VOCALES

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Dr. Antonio López Pousa  
Dra. Carmen Balañá Quintero  
Dra. Fina Cruz Jurado

### SECRETARÍA TÉCNICA

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Sra. Mariló de Carrillo Muñcz



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# Web-based Registry

STS: 2800 GIST: 950

EDITAR REGISTRO DE SARCOMAS DE PARTES BLANDAS: Id registro: 2641/ Id. hosp.: 12	
Fecha de nacimiento: *	07/01/1982 dd/mm/aaaa <input type="text"/> <input type="button" value="Calendar"/> Sexo: * Varon <input type="text"/>
Procedencia: *	Otro servicio de mi hospital <input type="text"/>
Confirmar que los datos de filiación (Esta opción sólo es visible para webmásters): <input checked="" type="checkbox"/>	
Datos clínicos ✓	Diagnóstico 1 ✓
Diagnóstico 2 ✓	Patología ✓
Tratamientos ✓	Valoración ttº inicial ✓
Controles ✓	Comentarios Q(0)
Fecha de primer síntoma-signo: *	01/11/2002 dd/mm/aaaa <input type="text"/> <input type="button" value="Calendar"/>
I.Karnofsky:	[90] Llevar a cabo una actividad normal con signos o síntomas leves <input type="text"/>
Presentación:	Sintomática <input type="text"/>
Señales síntomas y/o signos:	DOLOR Y TUMORACIÓN EN MANDÍBULA Y SUELO DE BOCA <input type="text"/>
Segunda neoplasia:	<input type="radio"/> Si <input checked="" type="radio"/> No
Confirmar datos clínicos:	<input checked="" type="checkbox"/> (Esta opción sólo es visible para webmásters)
<input type="button" value="Guardar"/>	
<input type="button" value="Volver"/>	

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**GEIS Group**

Sarcomas

Scientific Act.

Links

Private Area

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**Sarcomas de partes blandas**

The term soft tissue tumours encompasses all those originating in the cells of the connective tissue, which includes fatty and muscular tissue, blood vessels, deep tissues of the skin, nerves, bones and cartilage. Tumours both with benign and

[More Information](#)

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 **GEIS REGISTER**

Register of soft parts sarcomas

[GIST Register](#)

[Osteosarcomas](#)






Bienvenidos al Portal del Grupo Español de Investigación del Sarcomas

## SPANISH SARCOMA RESEARCH GROUP PORTAL

### Introduction and Aims

The Spanish Sarcoma Research Group (GEIS) is a medical association whose aims are the research and treatment of sarcomas. At GEIS there is a place for all oncology professionals interested in this pathology. GrupoGEIS.org is a virtual scientific dissemination environment aimed both at health professionals and at the general public. If you would like to receive further information or join GEIS, please contact us.

### Participating Centres



The Spanish Sarcoma Research Group (GEIS) encompasses professionals of more than forty hospital centres all over Spain .

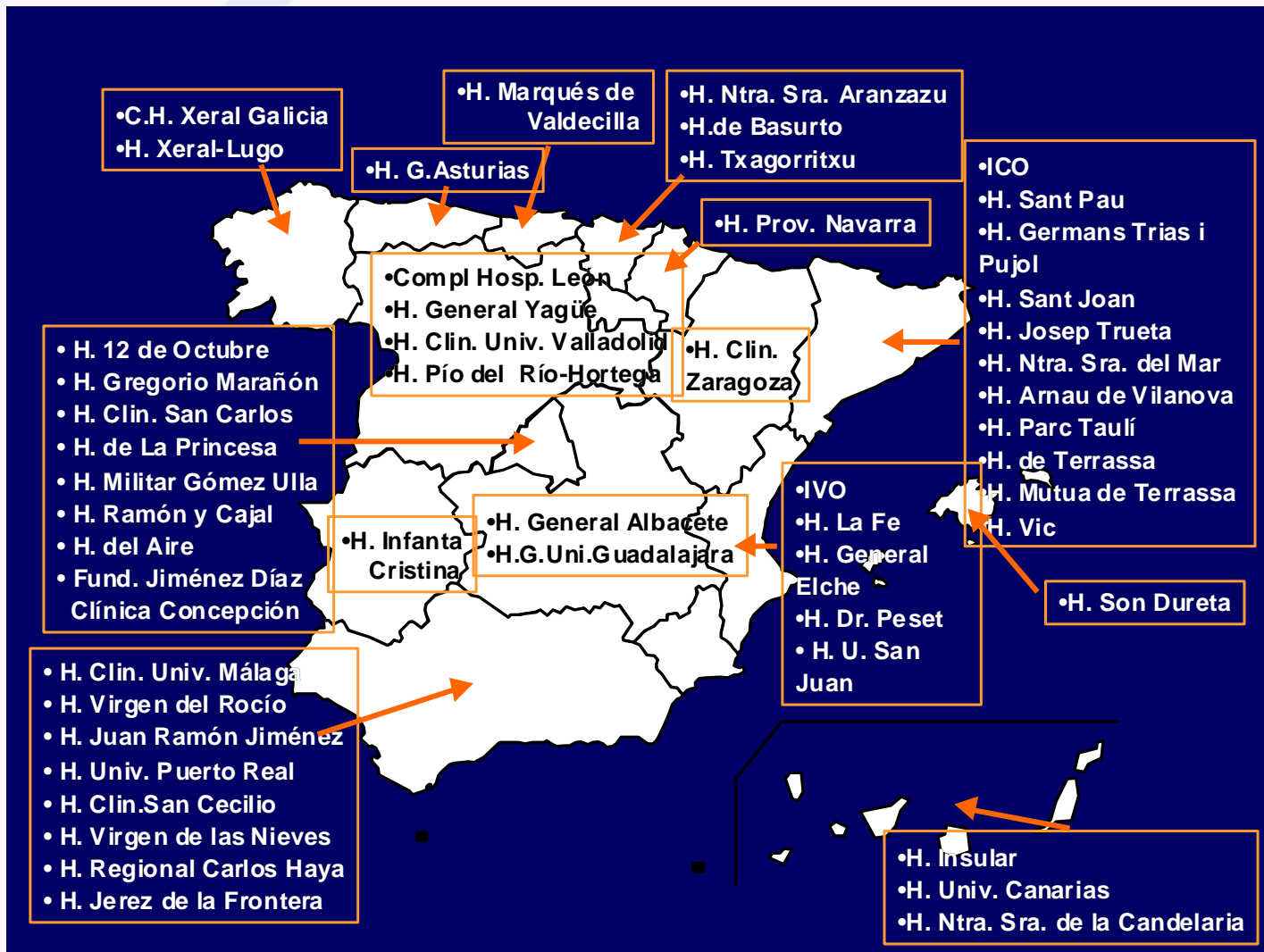
Click [here](#) to access the list of

### 3rd International Sarcoma SYMPOSIUM

10th GEIS Meeting / 3rd International Sarcoma Symposium will take place at Sitges on 3 - 5 November 2005.



# ... Today 70 centres





# More than 20 trials

## *Recently Closed Clinical Trial*

### **PHASE II RANDOMIZED STUDY OF SEQUENTIAL DOSE-DENSE DOXORUBICIN AND IFOSFAMIDE VERSUS S-D DOXORUBICIN IN FIRST-LINE ADVANCED STS**

132 pts from 23 centers from Spain and Portugal

#### **Treatment Schedule:**

ARM A: Doxorubicin 75 mg/m<sup>2</sup>

ARM B: Doxorubicin 90 mg/m<sup>2</sup> + Ifosfamide 12.5 g/m<sup>2</sup>

#### **Study Design:**

Randomized phase II study. Endpoint: PFS. Premature closure if less than 25% RR differences observed

(J Clin Oncol. 2009 Apr 10;27(11):1893-8.)

## PHASE II RANDOMIZED STUDY OF SEQUENTIAL DOSE-DENSE DOXORUBICIN AND IFOSFAMIDE VERSUS S-D DOXORUBICIN IN FIRST-LINE ADVANCED STS

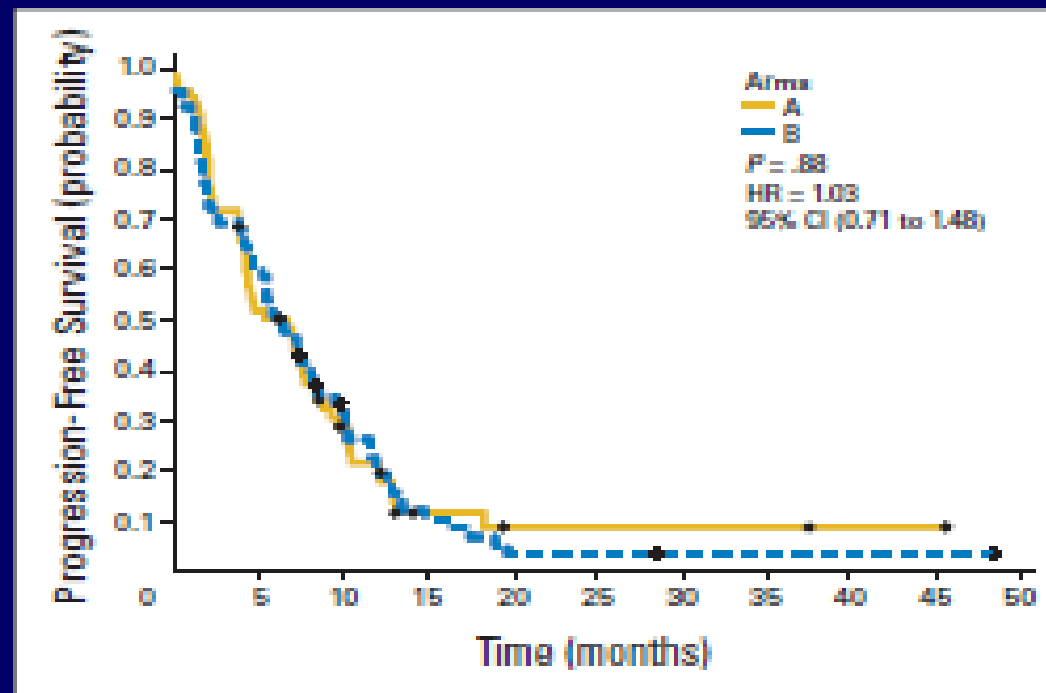


Fig 2. Progression-free survival. HR, hazard ratio.

*Recently Closed Clinical Trial*

**PHASE II RANDOMIZED STUDY OF DTIC AND GEMCITABINE  
VS. DTIC ALONE IN PRETREATED STS**

113 pts from 18 centers

**Treatment Schedule:**

ARM A: DTIC 1200 mg/m<sup>2</sup>

ARM B: Gemcitabine 1800 mg/m<sup>2</sup>/min + DTIC 1200 mg/m<sup>2</sup>

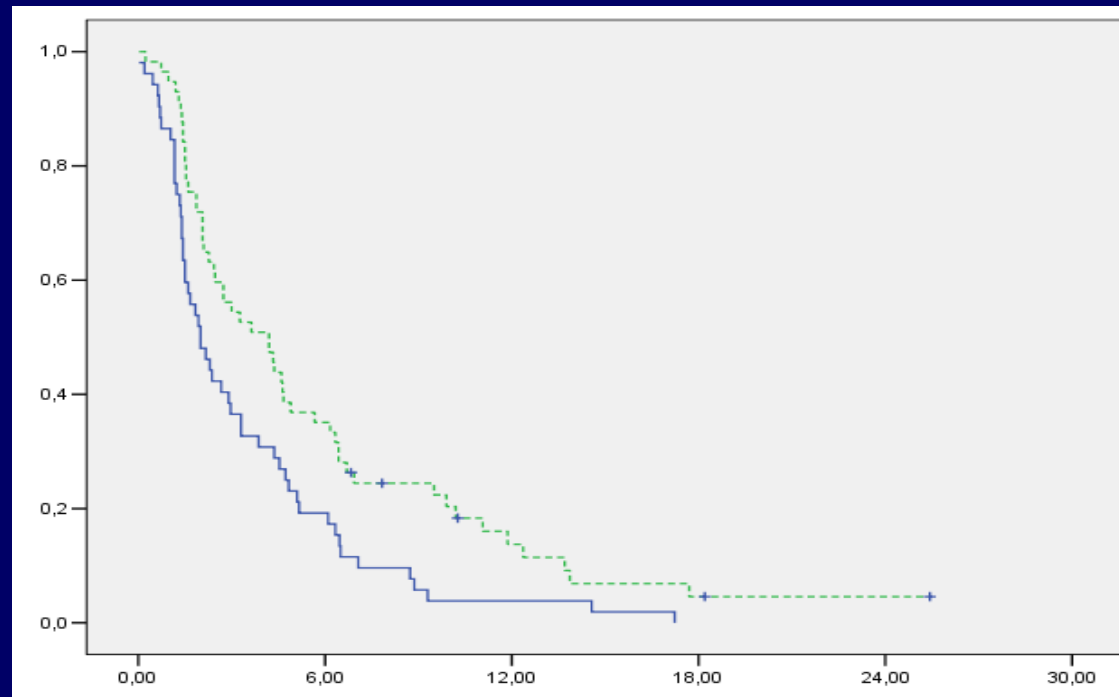
**Study Design:**

Randomized phase II study. Endpoint: PFR at 3 months

*(ASCO 2009 )*

*Recently Closed Clinical Trial*

**PHASE II RANDOMIZED STUDY OF DTIC AND  
GEMCITABINE VS. DTIC ALONE IN PRETREATED  
STS**



## RANDOMIZED PHASE II STUDY OF TRABECTEDIN AND DOXORUBICIN VS. DOXORUBICIN ALONE IN ADVANCED STS

- **Selection Criteria:** Advanced untreated STS

- **Treatment Schedule:**

*ARM A: Trabectedin 1.1 mg/m<sup>2</sup> (3h) + Doxorubicin 60 mg/m<sup>2</sup>*

*ARM B: Doxo 75 mg/m<sup>2</sup>*

- **Study design:** Multicenter phase II study. 185 pts

- **Translational Study:** DNA reparation pathways

## PHASE II TRIAL ON LOCALIZED EWING SARCOMA

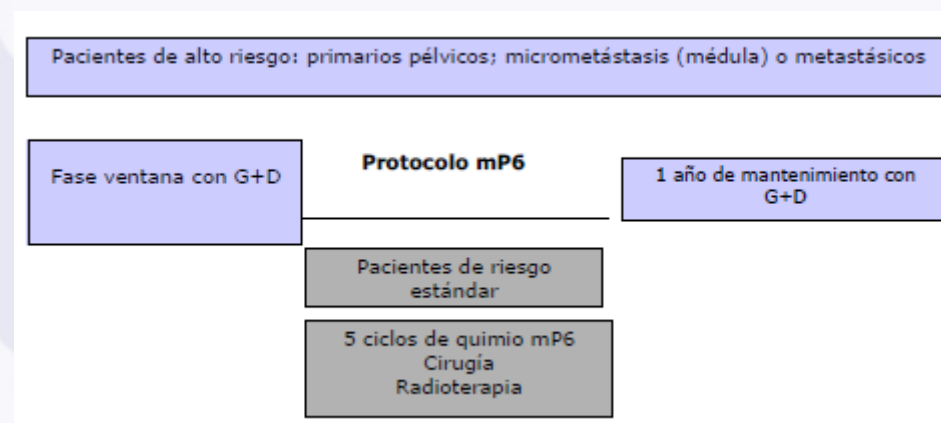
- Selection Criteria: Standard and High Risk patients

- Treatment Schedule:

Standard risk: **2 CPM-DOX-VNC + 1 VP16-IFOS → Surg → 1CPM-DOX-VNC + 1VP16-IFOS → RTP**

High Risk: **2 GEM-DOC → Mp6 → GEM-DOC (if at least Response in Window phase)**

- Main End Point: DFS at 3 y



## International collaborative task



### PHASE III

**LOCALIZED, HIGH-RISK SOFT TISSUE SARCOMAS OF LIMBS AND SUPERFICIAL TRUNK IN ADULTS: AN INTEGRATED APPROACH INCLUDING CHEMOTHERAPY FOR THREE OR FIVE COURSES .**



Phase III Intergroup Study (EORTC 62024; ISG; FSG; GEIS-10)

**Intermediate and high risk localized, completely resected, gastrointestinal stromal tumors (GIST) expressing KIT receptor:**

**A controlled randomized trial on adjuvant Imatinib mesylate (Glivec) versus no further therapy after complete surgery**

## New Trends

- Potentiate traslational research
- Promote adequate referral practice of STS patients
- Participate with other groups in new strategies for new studies (i.e. Hystologic Subtype Specific Treatment)
- **Start studies in bone sarcoma patients**

...

## REGARDING OS

Number of Hospitals 10-12

Number of patients/year 30-40

### Fundings

Public funds are possible  
Pharma support

### Decision-Making Processes

Boarding Committee

### Time to put in action trials

3-4 months from initial

