

# Optimal Treatment Strategy for Newly Diagnosed Chordoma of the Spine: Results of an International Survey to Design a Prospective Cohort Study

Nicolas Dea MD, MSc, FRCS(C); Charles Fisher MD; Jeremy Reynolds; John H. Shin MD

Division of Spine Surgery, Vancouver General Hospital and The University of British Columbia, Vancouver, British Columbia, Canada



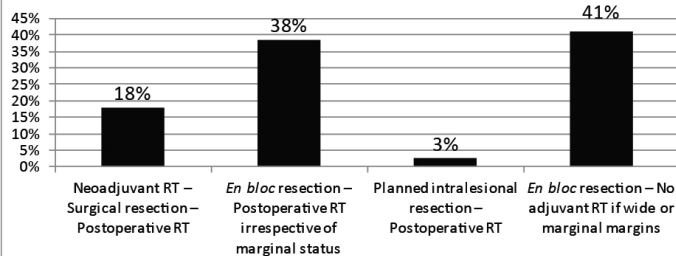
## Introduction

Treatment strategies for spinal chordomas are heterogeneous and are mainly driven by institutional biases and local protocols. The aims of this international collaborative effort are to identify the main management options for newly diagnosed chordoma of the spine, understand the variations in treatment protocols among experienced centers, and to consequently design a multicenter prospective cohort study to help determine the best multimodal treatment for this patient population.

## Methods

A survey on the treatment of spinal chordoma was distributed electronically to members of the AOSpine Knowledge Forum Tumor, including neurosurgeons, orthopaedic surgeons, and radiation oncologists from North America, South America, Europe, Asia, and Australia. Survey participants were pre-identified clinicians from centers with expertise in the treatment of spinal tumors. The data were collected and analyzed using descriptive statistics.

What is your preferred treatment strategy for a newly diagnosed chordoma of the spine when en bloc resection is feasible with acceptable morbidity?



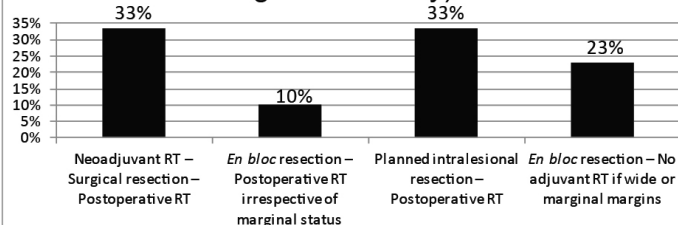
## Results

A total of 39 of 43 (91%) participants completed the survey. Most (80%) favored en bloc resection without preoperative neoadjuvant radiation therapy (RT) when en bloc resection is feasible with acceptable morbidity. The main area of disagreement was with the role of postoperative RT, where 41% preferred giving RT only if positive margins were achieved and 38% preferred giving RT irrespective of margin status. When en bloc resection would result in significant morbidity, 33% preferred planned intralesional resection followed by RT, and 33% preferred giving neoadjuvant RT prior to surgery. In total, 8 treatment protocols were identified: 3 in which en bloc resection is feasible with acceptable morbidity and 5 in which en bloc resection would result in significant morbidity.

## Conclusions

The results confirm that there is treatment variability across centers worldwide for managing newly diagnosed chordoma of the mobile spine and sacrum. This information will be used to design an international prospective cohort study to determine the most appropriate treatment strategy for patients with spinal chordoma.

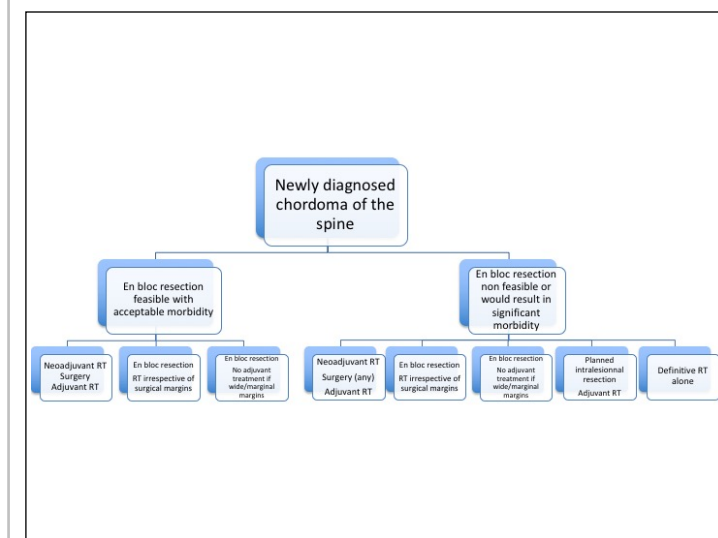
What is your preferred treatment strategy for newly diagnosed chordoma of the spine when en bloc resection would result in significant morbidity (upper cervical, high sacrectomy)?



## Learning Objectives

By the conclusion of this session, participants should be able to:

- 1) Identify the management options for newly diagnosed chordoma of the spine
- 2) Understand the process that lead to an international collaborative prospective cohort study



## References

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