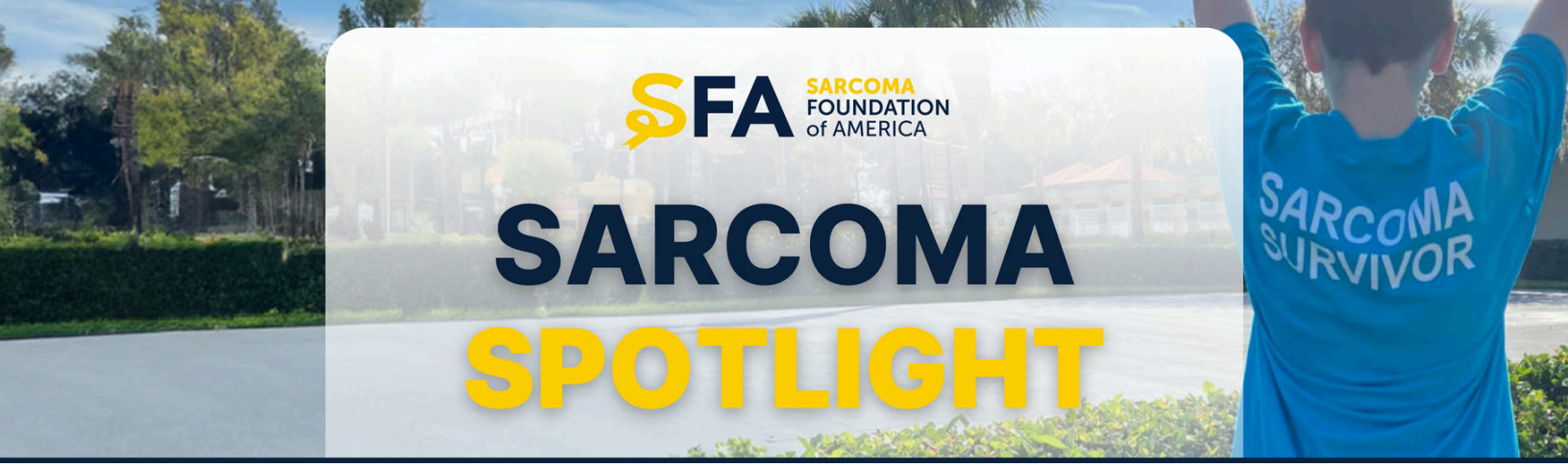
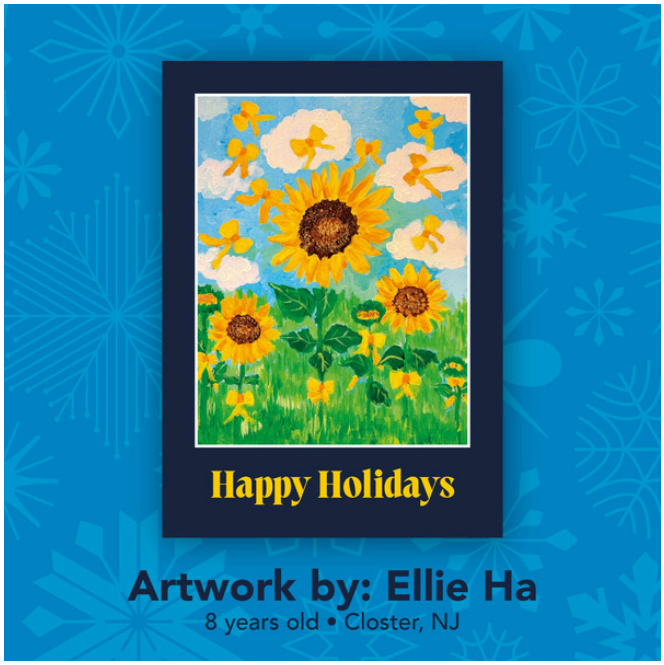


Hope for the Holidays

Give something that can't be bought in stores- the gift of hope. This holiday season, donate in honor or memory of a loved one, friend, or colleague and leave a legacy in their name.

By giving a gift through SFA, you are advancing lifesaving research that will have an enduring impact on the many women, men, and children who are affected by a sarcoma diagnosis. Send the message of your support and commitment to finding a cure for sarcoma on their behalf.

Donate $25 or more, and a special card, featuring artwork from SFA's Sarcoma Awareness Month Children's Artwork program, will be mailed to the recipient, letting them know you have given the gift of hope. Make your gift here.



RESEARCH ROUNDUP

Highlighted Research

By Dean Frohlich

This month SFA is highlighting three recent publications. In "Clinical, immunological, and genomic findings of atezolizumab in advanced alveolar soft part sarcoma: A phase II trial (ALBERT trial/NCCH1907)" researchers conducted a phase 2 clinical trial investigating the effectiveness of atezolizumab, a type of immunotherapy drug called an immune checkpoint inhibitor (ICI) that blocks a protein called PD-L1 and "releases the immune system brakes" that tumors use to stop a patient's immune system from attacking the tumor in advanced alveolar soft part sarcoma (ASPS) patients. The purpose of the trial was to determine the efficacy, safety and biomarkers, or indicators, of response to atezolizumab. Investigators determined the overall response rate and tested a variety of factors to determine if there were any reliable biomarkers. Two of 20 patients had a complete response and 14 patients had stable disease. Patients that responded were found to have increased levels of a type of immune cell called CD8 T cell that expresses a protein called PD-1 (CD8+PD-1+ T cells) in the tumor before treatment. This treatment requires further study, but indicates that atezolizumab has activity in ASPS patients and that CD8+PD-1+ T cells may be a biomarker that can identify patients whose tumors may be responsive to this treatment.

In, Molecular Characterization Informs Prognosis in Patients With Localized Ewing Sarcoma: A Report From the Children's Oncology Group," the investigators analyzed the physical, chemical, and genomic components of tumors from patients with localized Ewing sarcoma to identify characteristics that identify which tumors will and will not respond to treatments. A total of 351 patient tumor samples were analyzed for a variety of molecular and genetic changes including whole genome sequencing, canonical gene fusions, and mutations in proteins called TP53 and STAG2. Upon analysis, canonical gene fusions were identified in 80% of patient tumors and STAG2 mutations indicated a high-risk population. Additional research needs to be done, but this study identifies a group of patients that may want to take this information into account when determining a treatment plan.

Finally, in Histopathological Response After Neoadjuvant Chemotherapy for High-Risk Soft-Tissue Sarcomas A Secondary Analysis of a Randomized Clinical Trial," the researchers investigate if the changes that occur in the tumor following chemotherapy before tumor removal by surgery (neoadjuvant chemotherapy, NACT) are able determine subgroups of patients and indicate outcomes in patients with high-risk soft tissue sarcomas (STS) of extremity or trunk wall. The primary outcome of disease-free survival (DFS) was determined in 388 patients with high-risk STS treated with either anthracycline plus ifosfamide or subtype specific

NACT across Italy, Spain, France, and Poland. Histopathological features analyzed included the proportion of stainable tumor cells, tumor necrosis, hemorrhage, sclerosis or fibrosis, and sclerohyalinosis (the hardening and thickening of tissue due to an overproduction of collagen and hyaline).

The results indicated that necrosis was associated with worse DFS, and greater than 20% sclerohyalinosis indicated improved DFS. Stainable tumor cells did not indicate patient risk. These results indicate that sclerohyalinosis may be a biomarker of favorable response to NACT in STS and may inform patient risk and treatment evaluation.

Clinical Trials Corner

This month SFA is highlighting a Phase 1 Study of INBRX-109 in Subjects with Locally Advanced or Metastatic Solid Tumors Including Sarcomas. This study is recruiting patients with histologically confirmed locally advanced or metastatic, unresectable, relapsed, or refractory Ewing sarcoma.

Patients eligible for this trial will receive a new medicine called INHBRX-109 in combination with two chemotherapies (irinotecan and temozolomide) already used to treat patients with Ewing sarcoma. The new drug activates a cellular pathway that begins a process that preferentially kills the tumor cells. This is a phase 1 trial, which means that doctors are learning whether administering the medications in this way is a safe and tolerable option for patients.

There are additional eligibility and exclusion criteria, including minimum organ function requirements and prior therapy considerations. The study is currently open at 24 sites in the United States and Europe with 7 additional locations opening in the future. Patients and/or care partners interested in this study should talk to their doctor. For more information, patients and doctors can reach out to the study contact. Participating patients in need of support for travel are encouraged to apply for assistance from the study sponsor and or SFA.

Accepting Applications: The Last Mile Sarcoma Research Award

SFA is now accepting applications for the 2026 Last Mile Sarcoma Research Award. This one-year, $150,000 grant supports sarcoma researchers seeking to strengthen the resubmission of R01 or equivalent proposals focused on advancing understanding and treatment of sarcoma. Applications are due by February 2, 2026, at 5:00 pm ET. Learn more.

SFA Global

Sarcoma Predisposition – A Global Consensus

By Pan Pantziarka
It has been estimated that up to 1 in 5 sarcoma patients may have a cancer predisposition gene - meaning that they have been born with a gene variant that makes them more likely to develop cancer. Some of these gene variants, for example, the gene TP53 (associated with Li Fraumeni Syndrome), predisposes to multiple sarcoma types - both soft tissue and bone sarcomas. However, while we know that people with these gene variants may be primed for cancer, there are things we don't know related to treatment once a cancer develops. Should they be treated in the same way as other patients with that sarcoma - or is it that some treatments work better or worse because of the gene variant? Should radiotherapy be used, even if it increases the risk of subsequent cancers? For follow-up - what's the best form of surveillance and for how long?

To discuss these key questions, and others, an international consensus meeting took place in Boca Raton, Florida, just before the Connective Tissue Oncology Society (CTOS) conference. The consensus meeting brought together a global community of patient advocates, genetic counsellors, medical oncologists, radiation oncologists, surgeons and others. The meeting included representatives from Europe, Asia, Australia, South America and the United States attending in person, as well as some attending virtually.

The aim of the meeting was to agree to a definitive set of statements about the care and treatment of people with cancer predispositions and a sarcoma. The statements, once agreed, are to be included in a paper describing the global consensus against which all real-world care will be measured. With so many disciplines and cultures in the room you might imagine that coming to a consensus would be problematic - but what was notable was the positive approach and collaborative attitude throughout. Given that we are discovering more sarcoma cases with a cancer predisposition, and new predisposition genes come with that, these statements are going to become increasingly important. And, as patient advocates, the implementation of best practice will remain an important topic once the consensus paper is published.

SFA Research Highlight: Advancing Osteosarcoma Research with Innovative Lab Technologies at University College Dublin

With support from a 2024 Sarcoma Foundation of America (SFA) research grant, Fiona Freeman, PhD, Associate Professor in the School of Mechanical and Materials Engineering at University College Dublin, is advancing new laboratory approaches to studying

osteosarcoma. Her project, Using 3D Bioprinting Technologies to Create an Organ-on-Chip Device for Osteosarcoma and Its Surrounding Bone Microenvironment: A Platform for Drug Discovery and Therapeutic Innovation, is focused on improving how this rare and aggressive cancer is modeled and studied. Here, she shares insights into her research and what it could mean for the sarcoma community.

What question were you trying to answer through this research?
Osteosarcoma is the most commonly diagnosed primary bone tumor and is a highly aggressive disease that predominantly affects children and adolescents. Patients today still receive the same treatment regimen first introduced in the 1970s. Despite the urgent need for improved therapeutic options, the development of new treatments for these young patients remains at a clinical impasse. Recently, there has been growing interest in the use of advanced in vitro models as potential platforms for screening new cancer therapies. This approach is particularly valuable for rare pediatric diseases such as osteosarcoma, where conducting large-scale clinical trials is extremely challenging.

What was your biggest takeaway or most exciting finding from this research?
Our research combines cutting-edge microfluidic technology and cancer biology to create more realistic models of how osteosarcoma, a rare and aggressive bone cancer, develops and responds to treatment.

We first used organs-on-chips—tiny devices that mimic how real human tissues behave—to design better systems for studying tumors in a controlled, lifelike environment. Using computer simulations (Computational Fluid Dynamics), we tested different microchannel shapes and flow conditions to ensure that cells within these chips received nutrients evenly and experienced natural fluid forces. The simulations revealed that a circular chamber design provided more uniform nutrient delivery and reduced stress on the cells compared to traditional rectangular designs. This insight allows us to build more physiologically accurate cancer models, helping to reduce reliance on animal testing while improving the predictive power of laboratory studies.

In parallel, we explored new immunotherapy strategies for osteosarcoma. Tumor-associated macrophages—immune cells that often help cancer survive—are abundant in this disease. We investigated whether stimulating a natural immune pathway called STING could “reprogram” these macrophages to attack, rather than protect, cancer cells. We discovered that combining STING activation with standard chemotherapy (doxorubicin) significantly boosted tumor cell death compared to either treatment alone. A single dose of STING therapy was most effective, avoiding potential loss of protein activity seen with repeated dosing.

How could your findings make a difference for patients and families in the sarcoma community?
These models offer a reproducible, cost-effective, and medium-throughput alternative for

preclinical drug screening. Our research aims to develop sophisticated 3D osteosarcoma models to accelerate drug discovery and testing, helping to address the barriers to clinical trial recruitment in this rare cancer.

What are you working on now?
My laboratory is pursuing two key approaches to understanding and treating osteosarcoma. First, we are still further developing our complex 3D models of osteosarcoma to facilitate drug development. The SFA grant provided us the funds to develop, validate and optimise using 3D printing and computational models the optimum design for an osteosarcoma-on-a-chip. We are now using this device to test potential drugs. Second, we are working on designing novel therapeutics to complement traditional chemotherapy. Specifically, we are developing smart delivery systems capable of targeting cancer cells or immune cells, enhancing the patient's ability to combat the tumour. The SFA grant provided funds to test out this therapy using our in vitro model.

Why is funding from organizations like SFA so important for rare cancer research?
Securing funding for rare cancers like osteosarcoma is particularly difficult, as limited patient numbers often mean less attention from major funders and industry. Sarcoma Foundation of America grants are therefore crucial—they provide essential support for innovative, high-impact research that drives new discoveries and lays the groundwork for future therapies for patients with few treatment options.

SFA's Commitment to Advancing Research
The path to a cure begins with research, and research is the heart of SFA. As the largest private funder of sarcoma research, SFA invests in bold, early-stage projects that fuel discovery and help bring new treatment options closer to patients. Your generosity makes this progress possible and brings us closer to a world without sarcoma.

ADVOCACY AND ENGAGEMENT

Listen to the Latest Episodes of Our Sarcoma Stories Podcast

In recent episodes of Sarcoma Stories, we sit down with patients, survivors, caregivers, and advocates whose experiences inspire and inform the sarcoma community. From navigating diagnosis and recovery to celebrating 25 years of progress, these conversations remind us that no one faces sarcoma alone.

Season 2 Episode 5 | From Diagnosis to Advocacy: A Conversation with Carol Haslam

In this episode of Sarcoma Stories, we speak with Carol Haslam, a synovial sarcoma survivor, patient advocate, and board member of Sarcoma Cancer Ireland. Carol plays a central role in the organization's work and brings her lived experience to everything she does. As our first international guest, she shares her diagnosis and treatment journey in Ireland, the challenges of navigating care, stepping away from her career as a florist after the tumor was found in her hand, and what it meant to raise two young children while facing cancer.

Carol also reflects on how Sarcoma Cancer Ireland was created and how dedicated grassroots advocacy helped bring a sarcoma specialist to Ireland and strengthen collaboration across the global sarcoma community. Her honesty, humor, and insight make this an inspiring and memorable conversation you will want to hear.

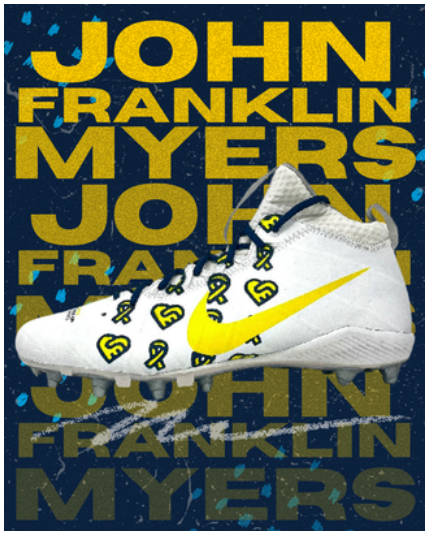
Listen to all episodes of the Sarcoma Stories podcast

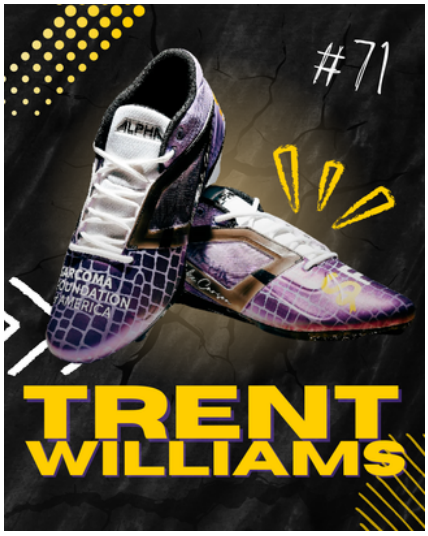
SFA NEWS

My Cause My Cleats: NFL Players Support SFA with Custom Cleats

Four NFL players laced up to support Sarcoma Foundation of America and the sarcoma community: John Franklin-Myers (Denver Broncos), Brennan Jackson (Las Vegas Raiders), Trent Williams (San Francisco 49ers), and Art Green (New York Giants). The players wore their cleats during games in NFL's week 12 (November 19-25) and week 13 (November 26-December 2).

Each of these players has a personal connection to sarcoma. John wears his cleats to honor the memory of his grandfather Billy-Ray Myers, who died from sarcoma; Art chose his cleats to honor his mother who passed away from the disease in 2017. Brennan chose his cleats in memory of his cousin Nicole, who had synovial sarcoma. Trent is a survivor of dermatofibrosarcoma protuberans (DFSP), a rare form of sarcoma.





Support SFA Through Workplace Giving

Calling all Federal and Maryland State employees and retirees! The Combined Federal Campaign (CFC) and Maryland Charity Campaign (MCC) annual charitable workplace giving programs have begun, and SFA is thrilled to announce our participation and listing as an eligible charity. Consider including SFA in your pledge this year and help fuel our work in funding translational research to improve outcomes for sarcoma patients. Every dollar makes a difference! Learn More About Workplace Giving with SFA

- **CFC:** Federal employees and retirees can find us in the charity list this fall with SFA's code 57785.
- **MCC:** Maryland State employees and retirees can find us in the charity list using SFA's EIN #: 522275294.

In the Community

The Live. Give. Love. Foundation: Continuing the Legacy of Todd D. Barron

Todd D. Barron was a man who embodied sunshine. His infectious smile, unwavering zest for life, and deep-seated love for his family and friends illuminated every room he entered. Todd's life was far from a fairy tale, however. In 2018, he was diagnosed with Ewing sarcoma and embarked on a six-year journey, enduring four major surgeries, including an above-the-knee amputation, ten different chemotherapies, one immunotherapy, and over 75 days of radiation therapy.

Todd's sarcoma journey wasn't just about his own survival; it was about making a difference for others. He actively participated in clinical trials, hoping his journey could pave the way for a cure. In 2022, Todd received the Amira Yunis Courage Award at the Stand Up to Sarcoma Gala, after which he got up and did a live call to the heart plea, which brought in an additional $100,000 in under 3 minutes to advance sarcoma research to improve outcomes for other people facing a sarcoma diagnosis.

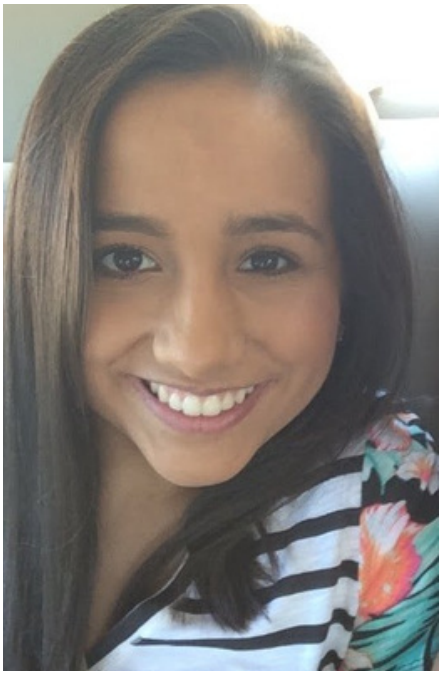
Todd's final message to his family was, "ALWAYS BE A GIVER." And in that spirit, Todd's family started The Live. Give. Love. Todd D. Barron Foundation to carry on Todd's legacy of giving. On November 15, more than 100 friends and family gathered poolside at the home of Debra Barron, Todd's wife, for the inaugural Live. Give. Love. Todd D. Barron Foundation fundraiser. The event raised more than $150,000, establishing the Todd D. Barron Research Fund at SFA.

Todd's life may have been cut short, but his legacy lives on not only in the hearts of everyone who knew him, but also in the research advancements that will happen in his memory. [Read more about the event here](#).

Todd D. Barron at the 2022 Gala

1st Annual Jessica Rose McNamara Memorial Wine Tasting and Gift Raffle

The inaugural special event hosted by Jimmy and Maria McNamara honored the life of their daughter, Jessica Rose, who died from sarcoma on July 27, 2017. The event brought together family, friends, and supporters for an evening of food and wine tasting and a chance to win gift raffle prizes. Thanks to the remarkable generosity of attendees, the event raised $23,338, surpassing the original goal.



Jessica Rose McNamara

All proceeds support SFA's mission to improve outcomes for people diagnosed with sarcoma by funding research, providing education and resources, advocating on behalf of the community, and raising awareness of this rare disease.

We are deeply grateful to the McNamara family and every participant who helped make this meaningful inaugural event such a success.

RACE TO CURE SARCOMA

Sign up for SFA's 2026 Race to Cure Sarcoma Events!

More than just a race, it's a chance to connect with others in the sarcoma community, recognize people living with sarcoma, honor those we've lost, and fund vital sarcoma research. Whether you walk, run, or cheer, you'll be making a difference! Find your city and sign up today!

RTCS is coming to a city near you!

- South Florida — 2/7/2026
- Austin — 3/21/2026
- Atlanta — 4/4/2026
- Boston — 4/5/2026
- New York City — 4/25/2026
- San Francisco — 5/9/2026
- Cleveland — 6/20/2026
- Milwaukee — 7/11/2026
- Washington D.C. — 7/18/2026
- Louisville — 8/8/2026
- Philadelphia — 8/29/2026
- San Diego — 9/19/2026
- Chicago — 9/26/2026
- New Jersey — 10/11/2026
- Denver — 10/24/2026
- Los Angeles — 11/15/2026