March 2026

Mark your Calendar for Two Upcoming Virtual Events

Advocacy Weekend Information Session

Tuesday, March 24 at 12:00 PM ET

The sarcoma community returns to Washington D.C. this July for Advocacy Weekend (July 16th -18th) and we would love for you to join. This is our opportunity to unite as a community and advocate for change and vital programs that support sarcoma research and patient care. It is critical that we make our voices heard.

Join this information session to learn what to expect over the 3-day event and hear how you can make an impact as an advocate.

If you can't join, a recording of the information session will be shared shortly after. For any questions, please contact programs@curesarcoma.org. Register here

SARCOMA EDUCATION SESSION WITH THE EXPERTS

ctDNA in Sarcomas: Advancing the Conversation: Part 2

Wednesday, March 25 at 1:00 PM ET

Join us for Part 2 of our educational webinar series on circulating tumor DNA (ctDNA) in sarcomas. Building on our foundational session, An Introduction to ctDNA in Sarcoma, this next installment moves the conversation forward—addressing emerging research, practical considerations, and the real-world questions patients and clinicians are navigating today.

Returning faculty include Dr. David Shulman of Dana-Farber Cancer Institute and Dr. Edwin Choy of Massachusetts General Hospital, who will provide deeper insight into how ctDNA is currently being used in oncology and where the science stands in sarcoma research and clinical care.

We are also joined by patient advocate Zach Ward, who brings the lived experience of navigating clear cell sarcoma and ctDNA testing conversations, offering perspective on the questions, expectations, and decision-making realities families face.

What to Expect

- Brief refresher on ctDNA fundamentals
- Updates and expanded insights since Part 1
- Responses to audience questions not fully addressed previously
- Discussion of ctDNA's current and future role in sarcoma research and clinical management
- Integrated patient perspective and live Q&A

Questions? Contact Programs@curesarcoma.org. Register here

Clinical Trial Matching Service

SFA offers a free clinical trial matching service through Carebox Connect to help people affected by sarcoma explore potential clinical trial options. By answering a brief set of questions about diagnosis, treatment history, and preferences, patients and caregivers can receive information about clinical trials that may be relevant to their specific situation. The platform simplifies complex eligibility criteria into easy-to-understand summaries and can connect users with study teams to learn more about participation. Users can also save their profile and receive notifications about newly available trials.

Access the Clinical Trial Finder here and explore more clinical trials information here.

Last Chance to Nominate: Compassionate Care Award Closes March 11

Do you know a sarcoma patient navigator whose compassion and dedication have made a lasting difference? Nominations for the 2026 SFA Compassionate Care Award close on March 11, 2026.

This award honors nurses, social workers, and community health workers who provide exceptional support, education, and care to people affected by sarcoma. The honoree will be recognized at the Stand Up to Sarcoma Gala in New York City on October 6, 2026. Submit your nomination today and help us celebrate someone who truly goes above and beyond for the sarcoma community.

RESEARCH ROUNDUP

Highlighted Research

By Dean Frohlich

This month I would like to highlight three recent publications. In the first study, "Phase IB/II Trial with Correlative Analyses of Doxorubicin plus Durvalumab Combination in Patients with Advanced Soft Tissue Sarcoma" researchers conducted an open-label, phase IB/II study in patients with advanced soft tissue sarcoma (STS) who have not been previously treated with a class of chemotherapies called anthracyclines, or PD-1/PD-L1 inhibitors (these work to "release the brakes" that the tumors place on a patient's immune system), which then may allow the immune system to fight the tumor.

The purpose of the clinical trial was to determine the efficacy and safety of doxorubicin (an anthracycline) combined with durvalumab, a PD-L1 inhibitor. Additionally, the trial looked to identify patients who would most likely benefit from this treatment combination. In total, 41 patients that were evaluated, 1 (2.4%) achieved a complete response and 12 (29.3%) achieved a confirmed partial response. Median progression-free survival (PFS) was 7.6 months, and median overall survival was 23.8 months.

Analysis indicated that the absence genetic alterations in a cell signaling pathway called RTK-RAS and high levels the PD-1 protein were predictors of longer PFS. Additional studies need to be carried out, but the combination of doxorubicin plus durvalumab may prove to be an effective treatment for a subset of patients with advanced STS.

In the second study, "Targeting ATR signaling in sarcoma with homologous recombination deficiency," researchers investigated how to potentially take advantage of when there is a defect in a group of genes/proteins that repair DNA in a specific way called Homologous recombination deficiency (HRD).

The research indicates that the investigators can use what they call the SARC-HRD signature, ten genes of the homologous recombination repair pathway, to group sarcoma patients by levels of the SARC-HRD signature gene expression. They show that high levels of SARC-HRD expression are associated with poor metastasis-free survival. Then, by using patient-derived cell models, they identified potential drug targets for tumors that are identified to have an HRD signature.

Specifically, they demonstrated that inhibition of the proteins in a cell pathway called ATR was effective. Additionally, they found that drug combinations targeting ATR, and other pathways

such as WEE1, PARP1/2, and chemotherapeutic agents have a may be clinically impactful. These are early results and much additional research needs to be done, but these results indicate that there may be therapeutic benefit to targeting DNA damage response pathways in sarcoma.

Lastly, in "Activity of chemotherapy in mesenchymal chondrosarcoma: a multicentre retrospective analysis within the Italian Sarcoma Group network" investigators looked at outcomes from previously treated mesenchymal chondrosarcoma to determine which treatments may be effective. Mesenchymal chondrosarcoma (MCS) is an ultra-rare sarcoma that is driven by the HEY1::NCOA2 fusion. The study included MCS patients confirmed to have the fusion protein and treated with anthracycline-based chemotherapy, high-dose ifosfamide, or trabectedin.

Of the thirty-five patients identified, 19 had localized disease and 16 had advanced disease. Anthracycline-based treatments yielded an overall response rate (ORR) of 26%. Among patients with localized disease, treatments like those for Ewing sarcoma showed an ORR of 33.3% and a median relapse-free survival (mRFS) of 86.9 months. Patients treated with other anthracycline combinations had a mRFS of 32.6 months and an ORR of 40%.
In patients with advanced disease, Ewing-like treatments had an ORR of 16.7% and a median progression-free survival (mPFS) of 13.2 months, while other anthracycline treatments resulted in an ORR of 22.2% and mPFS of 9.3 months. Patients treated with high-dose ifosfamide showed no responses in all cases. The chemotherapeutic trabectedin achieved stable disease in all four treated patients, with a median PFS of 16.9 months.

Additional studies need to be conducted, but these results indicate that anthracycline regimens show activity in MCS. In addition, Ewing-like regimens may be considered for patients eligible for surgery. Lastly, in advanced disease, trabectedin may provide disease control.

Clinical Trials Corner

Study of ADI-PEG 20 or Placebo Plus Gem and Doc in Previously Treated Subjects With Leiomyosarcoma (ARGSARC)

ARGSARC is a global, multicenter, randomized, double-blind phase 3 trial designed to determine whether the addition of ADI-PEG 20, an arginine-depleting enzyme, can improve treatment outcomes over standard gemcitabine + docetaxel therapy in patients with previously treated advanced leiomyosarcoma. ADI-PEG 20 (also called pegargiminase) is a medicine that reduces a natural substance in the body called arginine. Some cancers—including LMS—need arginine to grow. The idea is that lowering arginine may help stop the cancer from growing.

In this study all participants receive chemotherapy. Some people also get ADI-PEG 20, and others get a placebo. Neither the patient nor the doctor knows which one is given (double-blind). Participants are randomly assigned to one of two groups. In the experimental group participants receive ADI-PEG 20 along with chemotherapy and in control group participants receive a placebo plus chemotherapy.
The primary outcome for the trial is Progression-Free Survival (PFS), how long the cancer stays stable without getting worse. Secondary Outcomes include Response Rate, How many people's tumors shrink, Overall Survival, How long people live while on the study,Safety, What side effects occur and how severe they are

To learn more about this study, patients and/or care partners can talk to their doctor or reach out to the study contact. If you think you may be eligible or interested in participating and are in need of travel or financial support to do so, you may apply for assistance from SFA.

Unlocking New Treatments for Sarcoma: The Promise of Drug Repurposing and the Power of Shared Experience

Drug repurposing seeks new treatments by evaluating existing medications already approved for other conditions. Unlike developing a new drug from scratch, which is a lengthy and costly process, repurposing leverages established safety data, dosing information, and clinical experience, making it a faster and more efficient pathway. For rare diseases such as sarcomas, repurposing is especially valuable, as commercial drug development often focuses on more common cancers. Several repurposed therapies already play an important role in sarcoma care.

Sirolimus, originally used to prevent kidney transplant rejection, is now the preferred treatment for the ultrarare sarcomas EHE and PEComa. Pembrolizumab, developed for melanoma and lungcancer, has shown effectiveness in angiosarcoma. Even non-oncology drugs like propranolol, a betablocker used for hypertension, are emerging as potential treatments for angiosarcoma and other soft tissue sarcomas.

Repurposing opportunities can arise through laboratory research, unexpected clinical observations, and analyses of real-world data examining cancer outcomes in patients taking medications for other conditions. Regardless of the discovery pathway, drug repurposing remains a critical strategy for expanding treatment options within the sarcoma community. Building on this momentum in drug repurposing, the sarcoma community has an opportunity to contribute in a meaningful way. Identifying potential therapeutic signals often depends on recognizing patterns across patient experiences, especially in rare and diverse cancers like sarcoma, where traditional datasets may be limited.

The FDA's Cure ID platform provides a mechanism to systematically capture these real-world treatment experiences. Cure ID is a secure, publicly accessible database that collects information about therapies used in rare diseases, including all sarcoma subtypes. Patients, caregivers, and clinicians can submit information about any medications being taken, whether cancer-directed treatments or other prescription or over-the-counter medicines, along with observed outcomes. By contributing to Cure ID, members of the sarcoma community can help transform individual experiences into data that may generate research hypotheses, highlight potential repurposing opportunities, and inform future clinical investigation. We are encouraging sarcoma patients and caregivers across all sarcoma subtypes to submit their treatment experiences by mid-March. Collective participation will strengthen the knowledge base and may help accelerate the identification of promising therapeutic strategies.

Help accelerate research by sharing your treatment experience through the FDA's Cure ID platform by mid-March.

You can submit your experience here: CURE ID | Share and Explore Treatment Experiences

SFA Global

Global Drug Supply Chain Issues in Sarcoma

By Pan Pantziarka

There are few things that embody the globally connected nature of medicine more than drug supply. The drug that is administered to a patient is supplied via complex supply chains that can cross borders multiple times before it's dispensed at a pharmacy. Though complex, the system works fine most of the time, and we just assume that the drugs that patients need are going to be available when they need them. But occasionally things can go wrong - as is the case at the moment for the drug ifosfamide. This is an old drug that remains a core chemotherapy treatment for many advanced or metastatic soft tissue and bone sarcomas. It's a mainstay for first-line Ewings sarcoma, synovial sarcoma, and rhabdomyosarcoma. It's a concern therefore to discover that there is a shortage of the drug across multiple countries, including right across the European Union (EU).

For Europe, the cause appears to be related to one manufacturing plant in Germany. A regulatory inspection in September 2025, along with site improvements, led to production of ifosfamide being interrupted. The knock-on effect has been that there is now a shortage of the drug across the EU - with the EMA projecting that it will continue into early 2027. In the UK, which is no longer part of the EU, the drug regulator (MHRA), has also flagged concerns and the drug is listed as in short supply. Other non-EU countries in Europe, such as Switzerland and Norway, are also affected.

Are there alternatives to ifosfamide? There are related drugs, for example cyclophosphamide, but few sarcoma drugs can be easily substituted for another. In general, oncologists will be looking to clinical guidelines from the NCCN or ESMO to see what alternative protocols exist. This isn't ideal - but it does mean that patients will be treated with evidence-based alternatives.

Luckily, the ifosfamide shortage is not truly global. Aside from Europe, there appears to be a problem in Canada, Peru and possibly Australia. In the case of Peru there are indications that this is due to local quality control issues rather than the EU-related problems. The USA, Japan, India, China and other countries are not impacted.

For the sarcoma world, which still depends on many 'old' drugs like this one, it does raise questions about how brittle systems can be. A lot of attention is devoted to newer drugs and expensive medications, perhaps health systems should also keep an eye on the old drugs too. Do we need strategic stockpiles? Perhaps a better solution is for health systems to look to build resilience into national supply chains so that one manufacturer or plant going down doesn't have a systemic effect.

New rEECur Treatment Group to Open in Europe for Relapsed Ewing Sarcoma

The rEECur trial will open a new treatment group using trabectedin for patients with relapsed Ewing sarcoma in the UK and other countries later in 2026. This development came from collaboration between patient advocates, researchers, trial funders, and PharmaMar.

Trabectedin is the first drug in the trial that directly targets the gene fusion that drives Ewing sarcoma. The treatment is given in an outpatient clinic and is supported by clinical data from ASCO 2024.

The trial is run by the Cancer Research Clinical Trials Unit at the University of Birmingham and the Euro Ewing Consortium. Learn more

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 8 I Simone Cheatham

On this episode, we're joined by Simone Cheatham, a member of the Race to Cure Sarcoma Chicago Committee. Simone became actively involved after her late father, Hardin—lovingly referred to as "Dad" throughout this episode—was diagnosed with sarcoma.

Hardin's journey with sarcoma was unique. His sarcoma diagnosis came shortly after he had already been diagnosed with breast cancer, leading Simone and her family into a complex and uncertain path toward understanding the disease and deciding how best to move forward with treatment.

Simone shares what it was like to support her father as a caregiver alongside her mother, offering a deeply personal perspective on navigating a rare cancer diagnosis.

Shortly after her father's diagnosis, Simone's experience took another unexpected turn when she herself was diagnosed with Hodgkin's lymphoma.

Simone reflects on the stark differences she observed between her own treatment options and those available to her father, and she speaks passionately about why advocacy and research in the sarcoma space are so critical.

Listen to all episodes of the Sarcoma Stories podcast

SFA NEWS

SFA Office Moves to Bethesda

After more than 25 years headquartered in Damascus, Maryland, SFA has relocated its offices to Bethesda. This move marks an exciting new chapter for the organization as we continue to expand our impact for people impacted by sarcoma.

Our new location places us closer to key partners in research, policy, and healthcare, strengthening our ability to advance awareness, accelerate funding for innovative research, and support patients and families nationwide.

While our physical location has changed, our mission has not. We remain steadfast in our commitment to improving outcomes for people diagnosed with sarcoma. We look forward to continuing this work from our new home and thank you for your ongoing support.

Our new address is:
Sarcoma Foundation of America
7700 Wisconsin Ave Suite 310
Bethesda, MD 20814

Please update your records accordingly. All other contact information remains the same.

Save the Date for the 2026 Stand Up to Sarcoma Gala

RACE TO CURE SARCOMA

Why I Race: Katie Marsh, Committee Member of RTCS Austin

Before I ever signed up for a race, I walked beside my mother through the fight of her life. The Sarcoma Foundation of America Race for the Cure in Austin is more than an event to me — it is a tribute to my mother, Donna. In 2018, she was diagnosed with an atypical fibrohistocytic neoplasm with necrosis — a rare cancer that would quietly change the course of our lives. After treatment, she was declared cancer-free. We were told there was only a 0.01% chance it would return after five years of remission.

But in April 2023, that unlikely became our reality. Donna was diagnosed with high-grade (G-3), stage 4 sarcoma in her lungs, and the fight became urgent. Because of the rarity of her recurrence, she was accepted into a clinical trial in Los Angeles, California. When heart complications began, she was transferred to another clinical trial in Texas, allowing her to continue fighting while being closer to home.

In January 2025, she reached 90 days of remission — a milestone that gave us hope. However, the battle ultimately proved too much for her earthly body. On March 4, 2025, she went to be with her Lord and Savior. To honor her fight, I joined the committee with SFA to help bring the Race for the Cure to Austin. Walking this race alongside my family and friends is how I carry her forward. Sarcoma may have altered her story, but it did not define my mother — her courage did. Every step I take is for her, for the love she poured into our family, and for the hope that continued research and awareness will change the future for another family facing this diagnosis.

RTCS South Florida Kicks Off Race Season

Thank you to everyone who joined us at RTCS South Florida to kick off race season. It was a wonderful day bringing the sarcoma community together to honor loved ones, support one another, and raise critical funds for sarcoma research. We are deeply grateful to all participants, volunteers, sponsors, and supporters who made the event so meaningful. Check out photos from the race and relive the day's special moments here.

Wherever You Are, You Can Race to Cure Sarcoma

The Race to Cure Sarcoma Global Virtual event allows you to participate from wherever you are. Run, walk, or move on your own schedule while raising critical funds for sarcoma research and honoring those affected by this disease. Whether you take part in your neighborhood, on a favorite trail, or on a treadmill, every step helps move us closer to better treatments and cures. Join us from around the world and help us reach our goal!

Register here to join the Global Virtual Race.

Run with Team SFA at the 2026 Marine Corps Marathon

Registration is now open to join Team SFA at the Marine Corps Marathon on October 25, 2026, in Arlington, VA. Run in support of sarcoma patients and their families while taking part in one of the nation's most iconic races.

As a proud partner of the Marine Corps Marathon, SFA's Marathon Teams have raised nearly $100,000 for sarcoma research, and we look forward to continuing that impact in 2026.

To join the team, contact Annie Blake at ablake@curesarcoma.org Runners who already have a race entry are also welcome to join Team SFA and fundraise in support of SFA's mission. Learn more

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

More than just a race, Race to Cure Sarcoma events are 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!

- 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
  **location may change*
- 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