2018 – 2021
Strategic Plan
Summary of Accomplishments
Goal 1: Reimagine the SSO Annual Meeting

KEY EVENTS

- **February 2018**
  - Task Force Convened

- **May 2018**
  - Freeman XP Audit Results

- **June 2018**
  - Task Force Retreat & Strategic Meeting

- **August 2018**
  - Velvet Chainsaw Consultant Report

HIGHLIGHTS

21 of 28 Recommendations Implemented
**October 2018**
Recommendations Presented to Executive Council

**January 2019**
SSO HUB Concepts Introduced to Sponsors

**March 2019**
Networking Recommendations Implemented at SSO 2019

**August 2019**
Meeting Rebranded to International Conference on Surgical Cancer Care

**September 2019**
New Task Force Appointed with Oversight for 2021 Virtual Meeting

**FOCUSED ON:**
- Wisdom as a Differentiator
- Networking and Engagement
- Increased Content and Presentation Opportunities
- Virtual Launch of SSO HUB
Goal 2: Membership Retention, Recruitment & Expansion of New Opportunities

**KEY EVENTS**

**March 2018**
Engagement Task Force Recommends

20+ New Engagement Opportunities

**April 2018**
FSSO Task Force Developed

**October 2018**
Town Hall Meeting to Discuss FSSO

**December 2018**
Diversity, Equity and Inclusion (DEI) Advisory Group Formed

**HIGHLIGHTS**

25% increase in members serving on committees
March 2019
Global Partner Meeting to Discuss Tiered Dues Model

March 2019
Town Hall meeting to Discuss FSSO

June 2019
Launched International Tiered Dues Model

October 2019
Launched Rebranded Membership Campaign

June 2020
DEI Advisory Group Issues Statement on Racism, Diversity and Cancer Care

August 2020
Launched FSSO Designation

5.27% increase in membership growth

1,328 NEW members from 2018-2021
Goal 3: Advance Awareness and Impact of Complex Cancer Surgery Worldwide

KEY EVENTS

- **March 2018**
  First Meeting of Global Forum of Cancer Surgeons (GFCS) at SSO 2018

- **June 2018**
  Editorial published in *Annals of Surgical Oncology* (ASO)

- **March 2019**
  GFCS meeting at SSO 2019
  Editorial published in ASO

- **April 2019**
  SSO trademarks GFCS logo and name

HIGHLIGHTS

- 21,000 downloads of GFCS editorials
Surgical care is particularly neglected in LMIC’s, which often lack multidisciplinary and complementary facilities. In this context, the National Institute for Health Research (NIHR) Global Health Research Unit on Global Surgery recently stressed the need of prioritizing research and care for surgical patients in LMIC’s. The domains of main concern included the outcomes of cancer surgery and perioperative care. However, these issues affect surgical oncology worldwide.

The evaluation of surgical outcomes (in a process of continuous improvement and standardization) can significantly impact surgical quality as well as lead to cost-controlling initiatives. Such models have been well received and implemented in a number of settings but need to be disseminated further. A recent study based on the American College of Surgeons’ National Surgical Quality Improvement Program conducted on more than 200,000 patients who underwent major cancer-related procedures including colectomy, esophagectomy, hepatectomy, pancreatectomy, and proctectomy documented that National Cancer Institute-designated cancer centers (NCI-CCs) had better outcomes when compared with non-NCI-CCs.

It has to be stressed that surgical quality in cancer care is not confined to reducing the odds of the adverse events (morbidity), but it should encompass more sophisticated measures, including the adherence to clinical and pathological standards of staging, the multidisciplinary setting of care, survival trends, patient-reported outcomes following the procedure, and finally quality of life. Surgery is a very effective and highly essential component of the multidisciplinary care of the cancer patient. In the present day, surgical intervention can be accomplished with reduced mortality and morbidity. The added benefits of surgery include that this can be delivered usually in one setting with costs much lower than some of the other modalities and can deliver durable benefits including cure for some. Nonetheless, surgery for cancer care does not receive the attention it deserves. The vital role of surgery also gets crowded out by the other aspects, modalities, and fields related to cancer care. In addition, the imbalance of pressing concerns and the rising demands on resources relegates surgery to the lower tiers of the priority list for governments, elected officials, and healthcare policy drivers.

To address this imbalance between the importance and the inadequate emphasis on surgery for cancer care on the global stage, the Global Forum of Cancer Surgeons (GFCS) was formed in 2017 under the auspices of the Society of Surgical Oncology (SSO). The mission of the GFCS is to provide a voice for cancer surgeons to improve surgical care for cancer patients through multidisciplinary clinical care, education, research, outreach, advocacy, and leadership on the global stage. The GFCS continues to focus its efforts on creating a single cohesive voice for surgical oncology worldwide.
Goal 4: **Support Career-Long Education, Recertification and Quality Patient Care**

**KEY EVENTS**

- **March 2020**
  - Rolled-out COVID-related Cancer Treatment Resources

- **March 2020**
  - SSO successfully Reaccredited by ACCME

**HIGHLIGHTS**

- **169 NEW** Programs Implemented

- **2018**: 19
- **2019**: 13
- **2020**: 69
- **2021**: 68

- **Nearly 2,700** Unique Users
- **68%** SSO Members
- **32%** Non-Members
April 2020
- ExpertEd@SSO Relaunched on New Platform

December 2021
- 69 NEW Educational Programs in 2021

Launched NEW Podcast
- SURGONC TODAY
  - A podcast series presented by the SSO
  - Including COVID-related Episodes

7 COVID-related Virtual Tumor Boards

8 White Papers on Disease-Specific Management Options During COVID
Goal 5: SSO Brand Image

KEY EVENTS

February 2018
- Branding Task Force Formed

June 2018
- Brand Perception Member Survey

August 2018
- Email Infrastructure Established for Annals of Surgical Oncology (ASO)

October 2018
- New Brand Presented to Executive Council

HIGHLIGHTS

Foundation for Membership
Messaging & Visual Identity
for Society Programs

- Personas
- Value Propositions
- Message Mapping
November 2018
Formed Website Development Task Force

March 2019
New Brand & Website Launched at SSO 2019 Updated Branding for ASO

February 2020
API Established with Springer for ASO Article Search on SurgOnc.org

November 2020
SSO Mobile Task Force Formed

March 2021
SSO Mobile Launched

SSO Website Wins 2019 W3 Award and 2020 ASAE Gold Circle Award

OVER 500 active users

Social Media Growth

↑ 133% Impressions  ↑ 194% Engagement
**Goal 6:** Responsible, Flexible Infrastructure to Leverage SSO Resources

**KEY EVENTS**

- **July 2018**
  - Office Expansion Begins

- **January 2019**
  - Implemented New Cloud-Based Accounting Software

- **February 2019**
  - Office Expansion Complete

- **June 2019**
  - iMIS Programming Completed for Tiered Membership Model

**HIGHLIGHTS**

- SSO Foundation Dissolved and Assets Transferred to SSO Research & Education Fund
**April 2020**
New LMS Platform Integrated with iMIS

**February 2021**
SSO Mobile App Integrated with iMIS

**August 2021**
New Digital Membership Application Launched

**New Staff Positions:**
- Education & Meetings
- Digital Media
- Quality & Research
- Development
Background: guidelines for the management of ATC by the American Thyroid Association were first published in 2012, significant clinical and scientific advances have occurred in the field. The aim of these guidelines is to inform clinicians, patients, and researchers on published evidence relating to the diagnosis and management of ATC. The specific clinical questions and topics addressed in these guidelines were based on prior versions of the guidelines, stakeholder input, and input of the Task Force members (authors of the guideline). Relevant ethical issues, including end of life. The guidelines include 31 recommendations and 16 good practice statements. We have developed evidence-based recommendations to inform clinical decision-making in the management of ATC. While all care must be individualized, such recommendations provide, in our opinion, help define the best approach in terms of the potential benefits and harms of the current standard of care. When selecting systemic therapy, the following considerations should be taken into account:

Methods:

Adherence to this guideline does not ensure successful treatment in every situation. This guideline should not be deemed inclusive of all proper methods of care or exclusive of other methods reasonably directed to obtaining the same results. The physician must make the ultimate judgment regarding therapy considering all circumstances presented by the patient. ASTRO assumes no liability for the information, conclusions, and findings described in this guideline. Statements and conclusions in this guideline are based on scientific, technical, and medical information available at the time of the preparation of the guideline. Clients who provide products or services related to the guideline topic are not involved in guideline development. ASTRO does not endorse any proprietary products or services. Accordingly, ASTRO guidelines may reflect scientific or medical opinion. They are available to ASTRO members and the public for educational and informational purposes only. Commercial use of any content in this guideline without the prior written consent of ASTRO is strictly prohibited.

Disclosures:

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Maria Voermans (patient representative) reported no disclosures.

Daichi Sankyo, Epizyme (all consultant).

MSTS (committee member); Jonathan Trent (American Society of Clinical Oncology representative): Blueprint Medicine, C4 therapeutics, Deciphera (all consultant).

Brooke Sheard (consultant); Steven Thorpe (Musculoskeletal Tumor Society (MSTS) representative); American Academy of Orthopaedic Surgeons (consultant); International Journal of Radiation Oncology, Biology, and Physics (consultant).

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The goal of these articles is to disseminate updated recommendations, in a timely manner, to better inform the management of hereditary breast cancer.

Poly(ADP-ribose) polymerase (PARP) inhibitor therapy with olaparib in patients with early-stage, HER2-negative breast cancer yielded significant improvements in invasive and distant disease-free survival constituting a strong signal for an update of the 2020 ASCO-ASTRO-SSO guideline recommendation focused specifically on patients with early-stage, 

METHODS

Phase III clinical trials pertaining to the recommendation of adjuvant PARP inhibitor therapy with olaparib following the completion of local treatment and (neo)adjuvant chemotherapy were associated with significantly longer survival free of invasive and distant recurrence compared to placebo, particularly in patients with deleteriously mutated BRCA1 or BRCA2.

In the olaparib group, the 3-year distant disease-free survival was 67% versus 51% in the placebo group (hazard ratio, 0.57; 99.5% CI, 0.39 to 0.83; P = 0.001). The occurrence of serious adverse events, including anemia and thrombocytopenia, was rare and manageable.

CONCLUSION

The ASCO Evidence-Based Medicine Committee recommends, as a result of the new evidence, that patients with early-stage, HER2-negative breast cancer with deleteriously mutated BRCA1 or BRCA2 who are receiving adjuvant chemotherapy should be considered for treatment with olaparib for 3 years. This recommendation is consistent with the 2020 recommendation for patients with recurrent disease.