

Building a Risk-Stratification Model for Patients with Osteosarcoma

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Abstract

Osteosarcoma patients exhibit profound molecular heterogeneity, but we remain unable to identify whether patients will have excellent or poor outcomes. The standard of care has remained stagnant since 1982 – surgical resection followed by chemotherapy. This results in ineffective treatment for high-risk patients and unnecessarily harsh treatment regimens for low-risk patients.

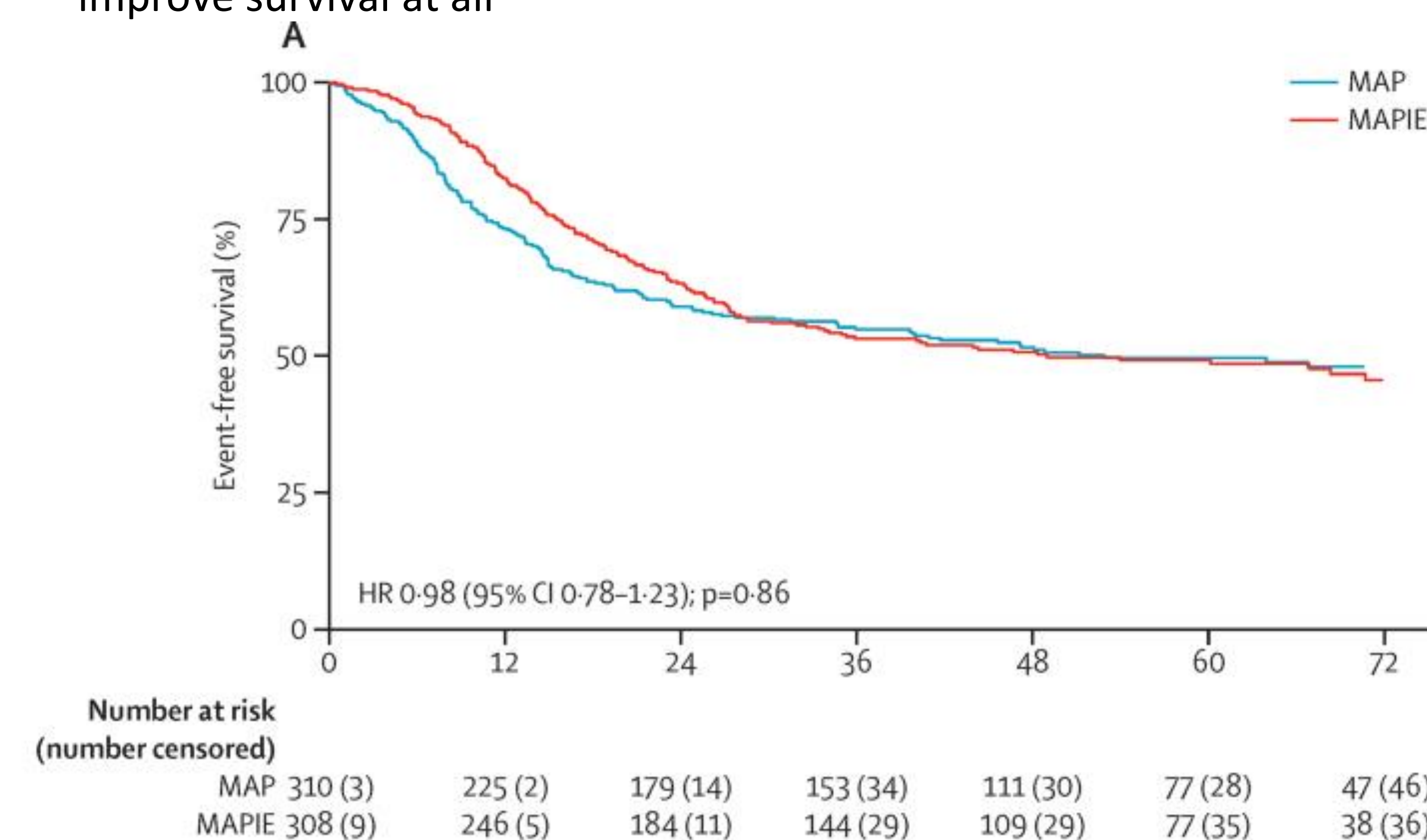
Multiple groups have proposed molecular signatures across multiple sequencing modalities that have associations with prognosis – and potentially even each other.

We hypothesize that several of these patient-stratification frameworks can be consolidated into a single risk prediction model that can inform treatment regimens, which will require the curation of the largest outcome-linked multiomic data resource to date.

Background

Evidence for high- and low-risk patients

- Before the advent of chemotherapy, 10-20% of patients would survive with surgery alone¹
- In patients with poor response to the traditional chemotherapy regimen (MAP), more aggressive chemotherapy (MAPIE) did not improve survival at all²



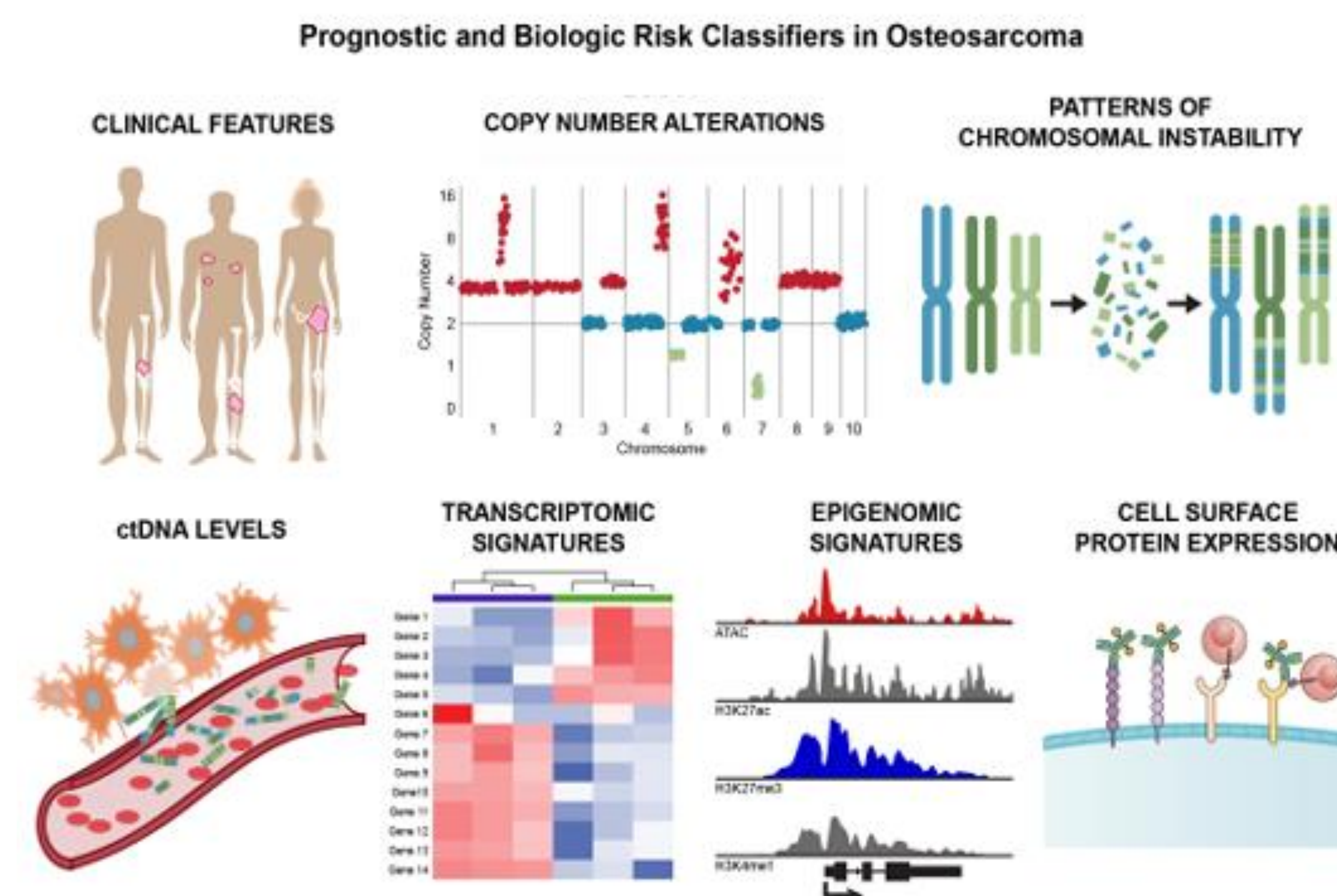
The Problem: we know there are patients that don't need chemotherapy and others that need alternate treatments, but no way of identifying them at diagnosis.

Funding



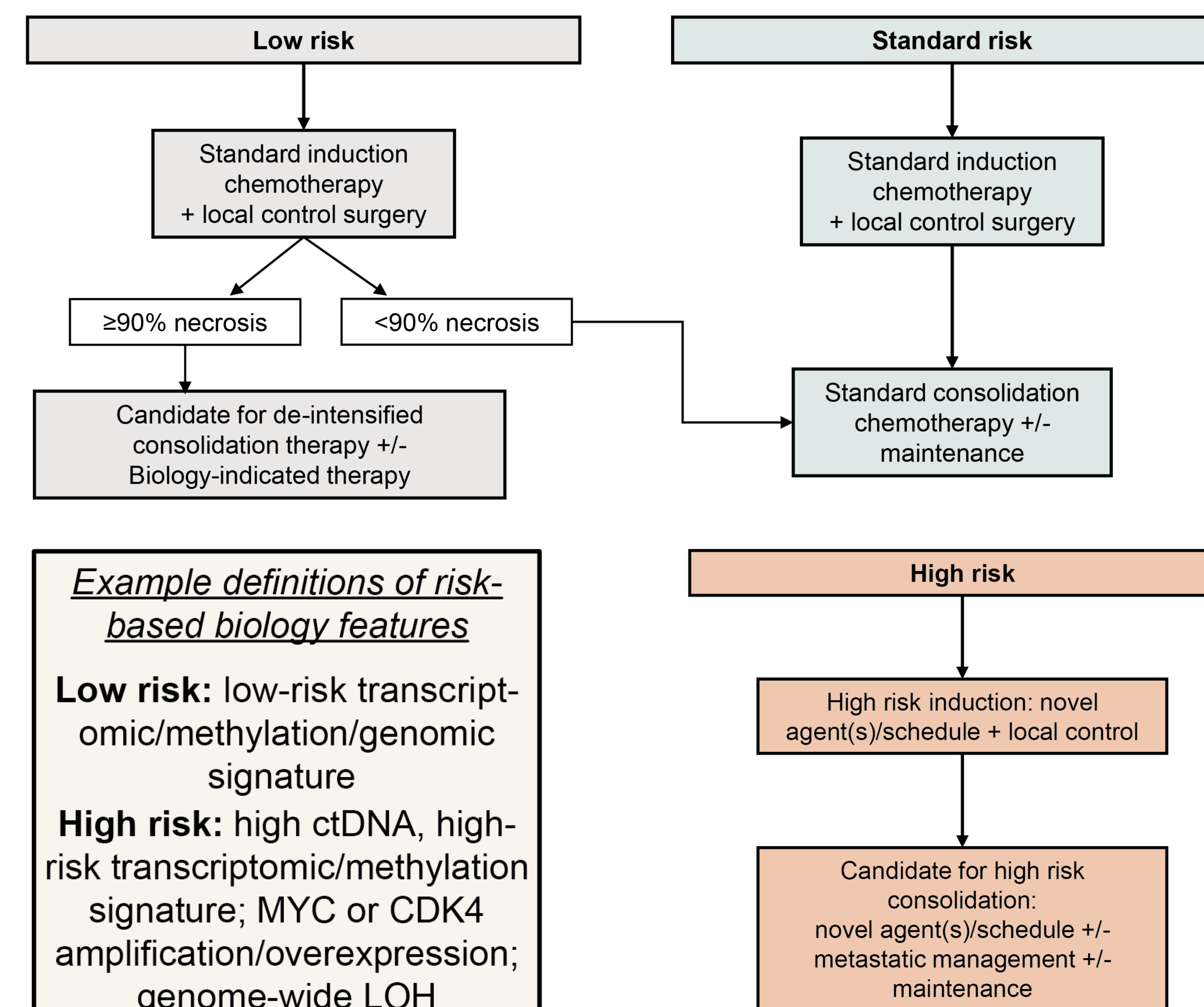
Background (cont.)

Recent efforts to stratify patients by risk status have leveraged next-generation sequencing technologies³

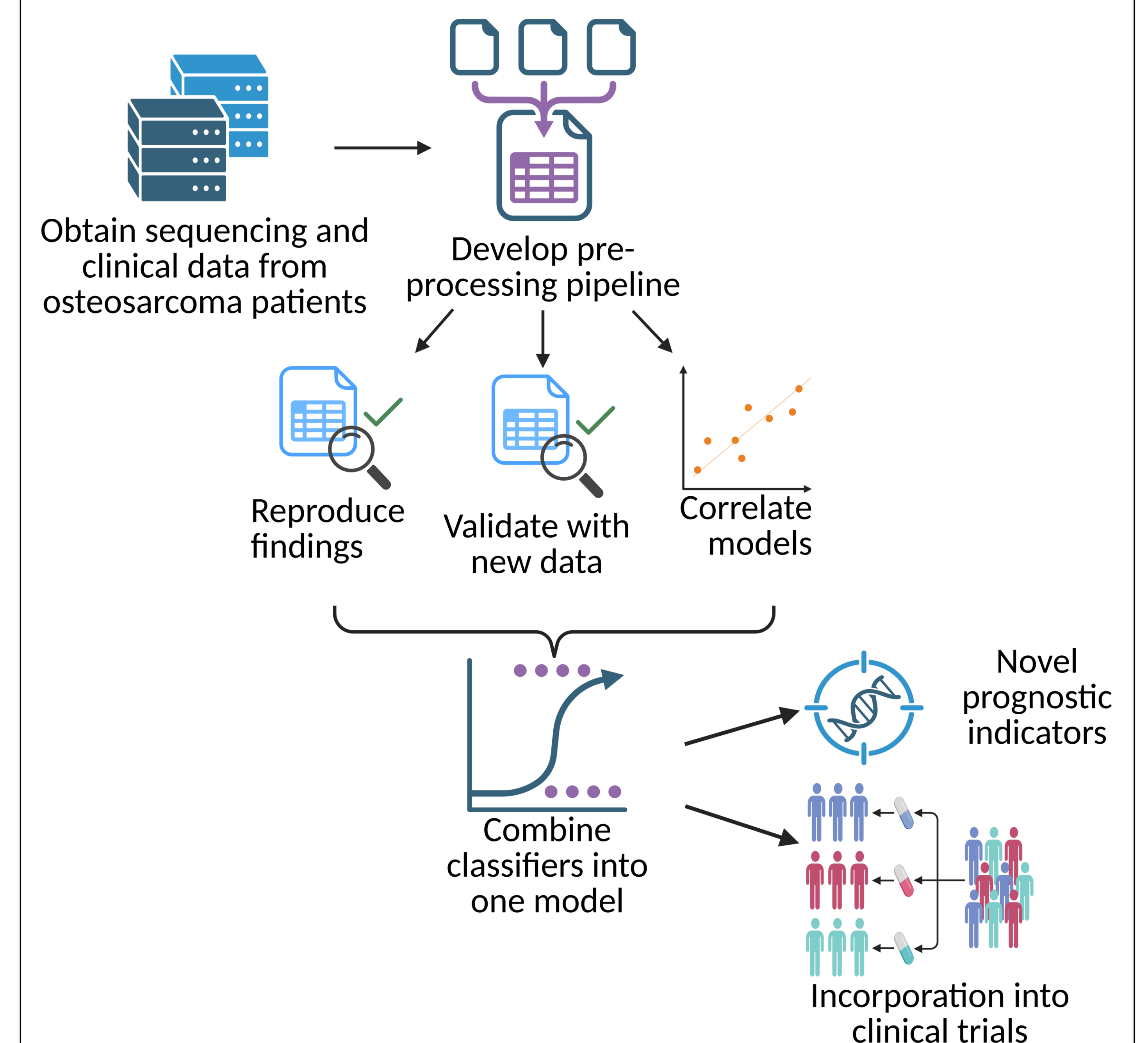


Deployment of a robust risk-stratification model³

Proposed Risk Assignment Algorithm - Osteosarcoma



Analysis Plan



Conclusions, Future Directions

- There is a need for a shift away from the “one size fits all” approach to osteosarcoma treatment
- Multiomic patient heterogeneity reveals risk-associated signatures
- This data resource will enhance our ability to validate proposed classifiers
- A model combining significant classifiers will enable personalized treatment
- Correlation analysis between classifiers provides insights into osteosarcoma tumor biology at large

References

1. Meyers PA. Malignant bone tumors in children: osteosarcoma. *Hematol Oncol Clin North Am.* 1987;1(4):655-665.
2. Marina NM, Smeland S, Bielack SS, et al. Comparison of MAPIE versus MAP in patients with a poor response to preoperative chemotherapy for newly diagnosed high-grade osteosarcoma (EURAMOS-1): an open-label, international, randomised controlled trial. *Lancet Oncol.* 2016;17(10):1396-1408. doi:10.1016/S1473-2045(16)30214-5
3. Marinoff, A.E., Nathrath, M., Shulman, D.S. et al. An international framework for clinical translation of molecular classifiers in osteosarcoma. *npj Precis. Onc.* (2026). <https://doi.org/10.1038/s41698-026-01456-4>