Sarcoma Trunk and Extremity Pathway

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Pathway for Patients with Sarcomas affecting the Trunk and Extremity

Aims
To ensure that patients with sarcomas affecting the trunk or extremity are discussed at the appropriate specialist Sarcoma MDT meeting.

Background
Patients with sarcomas arising in the trunk and extremity will be referred to and discussed at the Network Sarcoma Multidisciplinary Team (MDT) meeting. This will ensure the timely and appropriate diagnostic and staging pathway and treatment plan. This will also allow for Network-wide data capture to ensure comprehensive governance and audit to support Sarcoma Peer Review.

This incorporates all forms of sarcoma affecting these sites as well as other appropriate or complex soft tissue tumours such as fibromatoses/ desmoid tumours, soft tissue tumours with unclear malignant potential, or benign soft tissue tumours requiring complex truncal or limb surgery.

The proposals described here are not prescriptive and there are likely to be situations outside this guidance when professional discussions are entirely appropriate and relevant for optimal patient care and to support continuing professional development.

Proposals
Patients with suspected extremity or trunk sarcomas should be referred to the Merseyside and Cheshire (MCCN) Sarcoma Diagnostic Centre; LUHFT (Royal and Broadgreen), or Lancashire and South Cumbria (LSCCN) Sarcoma Diagnostic Centre; Lancashire Teaching Hospitals NHS Trust (LHT) from primary care, or directly to the Network Sarcoma MDT based at LUHFT- Royal.

The Network Sarcoma MDT will be responsible for the confirmation of diagnosis and co-ordination of the treatment planning for these patients, including necessary staging, surgery, nonsurgical treatments - radiotherapy and chemotherapy. Patients discussed at the MDT will also be considered for any available appropriate clinical trials.

Although the majority of surgery will take place at LUFHT, there are situations where these might be designated to either other core members or extended members at other sites. Radiotherapy and chemotherapy will be delivered at the designated sites Clatterbridge Cancer Centre (CCC) and Royal Preston, however again there may be occasions where this may be designated to appropriate extended members in the region, through professional discussion, especially in the palliative setting. Intensive systemic therapies will be provided at CCC.
Pathway – Potential soft tissue sarcomas of the extremities or trunk wall

A palpable lump that is
Greater than 5cm in diameter
Deep to fascia
Increasing in size
Painful
A suspected recurrence after
previous resection
(follow neck lumps pathway for neck lumps)
Ultrasound(Direct Access)-
Suspicious for Sarcoma
as per British Sarcoma Group Guidance for US screening- suspicious for sarcoma or lipoma with suspicious features

Indeterminate subcutaneous masses/ lesions less than 5cm
Imaging - ultrasound or MRI. Following indeterminate imaging:
<2 cm - excise or follow up
2 - 5cm - wide excision biopsy or refer to sarcoma diagnostic centre
Where imaging/ biopsy suggest malignancy, refer immediately to the soft tissue sarcoma diagnostic service
lesions such as benign lipomas up to 5cm can be excised locally. Larger lipomas need review by the sarcoma team due to risk of low grade liposarcoma

Merseyside and Cheshire (MCCN) Sarcoma Diagnostic Centre; LUHFT (Royal and Broadgreen);
lead clinician Mr Q Yin.
GP Referral: Via Electronic referral Service(ERS)
Secondary care referral Tel 0151 7064118
Fax 0151 706 5839

Lancashire and South Cumbria (LSCCN)
Sarcoma Diagnostic Centre; Lancashire Teaching Hospitals NHS Trust (LTHT); Lead Clinician Dr Omi Parikh. GP referrals fax to: 01772 777159
Secondary care referrals Tel 01772 522492
Fax: 01772 523694

Diagnostic Assessment
Imaging (as per MCCN imaging guidelines)
Clinical examination (follow British Sarcoma Group guidelines)
Specialist histopathology review (follow British Sarcoma Group and Royal College of Pathologists guidelines)

MDT at the soft tissue sarcoma treatment centre – LUHFT (Royal). Lead clinician: Mr Q Yin

Staging - Follow British Sarcoma Group guidelines 2016

MDT Treatment Planning - Follow British Sarcoma Group guidelines 2016

Oncology
(Patient offered choice of MCCN/ LSCCN for radiotherapy/ chemotherapy)

Supportive and Palliative Care
As per Network guidelines

Surgery
Undertaken at LUHFT – Broadgreen (Primary Centre)
LTHTR (Designated Centre)
Post -surgical specialist pathological review at MDT

Follow-up
Follow British Sarcoma Group guidelines
Surgical - First follow up – at RLBUHT; thereafter at either RLBUHT or LTHT
Oncology – undertaken where radiotherapy/ chemotherapy delivered

Key worker is sarcoma clinical nurse specialist at RLBUHT or LTHT

Patients aged 16 – 24y - referred to teenage and young adult MDT and supported to make informed choice of treatment centre

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Sarcoma Follow-Up Arrangements

Surgical Follow-Up

Once surgical treatment has been completed

- 3 monthly surgical review for first 2 years
- 6 monthly surgical review years 2-5
- 12 monthly surgical review years 5-10
- Discharge at 10th anniversary if disease free

Imaging Follow-Up

- No follow-up chest imaging indicated for cases of well differentiated liposarcoma unless suspicious lesions present on staging imaging
- Low grade (AJCC Stage I) – MRI primary site at 1 and 2 years. CXR every 4-6 months for 2 years then annually for 10 years
- High Grade (AJCC Stage II-III) – 1st 2 years: 3 monthly CXR and 12 monthly MRI primary surgical site and CT Chest/ Abdo/ Pelvis
  Years 3-5: 6 monthly CXR
  Years 5 – 10: Annual CXR.
  If no signs of recurrence at 2 years, no further routine MRI/CT scans unless clinical assessment suggests local recurrence or CXR suspicious for lung metastases

Note: these are for guidance. There may be particular situations where there will be variations as decided and felt appropriate by the MDT.

In some specific situations/tumour types, eg fibromatosis further guidance to be provided by the MDT

Myxofibrosarcoma- Staging should include whole body MRI scan

PET-CT

Currently PET-CT is indicated for cases of Ewing's Sarcoma to assess the residual disease following therapy / surgery where MRI is equivocal.

C-11 Methionine PET-CT (where available) is indicated for selected cases of Neurofibromatosis Type-1 in detection of potentially malignant transformation of neurofibromata where clinical / MRI criteria are equivocal.

References

NHS England Sarcoma Service Specifications 2019
https://www.england.nhs.uk/commissioning/publication/sarcoma-services-all-ages/

British Sarcoma Group Management of Soft Tissue Sarcoma Guidelines 2016

NICE Improving Outcomes Guidance for Sarcoma 2006
https://www.nice.org.uk/guidance/csg9

British Sarcoma Group Guidance for ultrasound screening of soft tissue masses in the trunk and extremity

NICE Guidance Suspected Cancer: recognition and referral (NG 12) Sarcomas
https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#sarcomas