Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services

Bristol Sarcoma Advisory Group

Share Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs (measure 14-1C-117I)

Skin – Version 2.1

Background

The purpose of this guidance is to define how patients that present to local Skin cancer services with soft tissue sarcoma (STS) are managed, and the relationship that should exist between the Specialist Skin Multi-Disciplinary Team (MDT) and the Specialist Soft Tissue Sarcoma MDT.

Specialist services for STS in the SWAG region are provided by the Sarcoma Cancer services at North Bristol Trust.

Specialist services for Skin in the SWAG region are provided as detailed in the SWAG Skin Cancer Clinical Advisory Group key documents.

Sarcomas of the skin are rare and are characterized by extreme clinico-pathologic heterogeneity. Skin sarcomas can arise anywhere within the skin. Previous irradiation may increase the risk of an angiosarcoma developing, particularly after breast irradiation. Recognised pathological subtypes include: Pleomorphic Dermal Sarcoma (PDS), Atypical Fibroxanthoma (AFX), Kaposis Sarcoma, Epithelioid Sarcoma and Dermatofibrosarcoma Protuberans (DFSP).

Whilst surgery is the mainstay of treatment in the majority of non-metastatic cases, discussion at the skin and sarcoma MDTs is essential to ensure that the role of adjuvant therapies is discussed and that opportunities for participation in clinical trials and appropriate follow up and treatment in the metastatic setting is offered to all patients.

Surgical management of DFSP, AFX and PDS can be undertaken by the Consultant Plastic Surgeons employed by either the skin or sarcoma services at NBT, depending on the patient's initial presentation. All will be discussed at the Sarcoma MDT for advice and potentially further treatments for PDS if required.

Sentinel lymph node biopsy is a staging technique used in the management of certain sarcoma subtypes such as epithelioid sarcoma, synovial sarcoma, rhabdomyosarcoma, pleomorphic undifferentiated sarcoma and angiosarcoma. The skin cancer service at North Bristol Trust frequently employs this technique.

Electrochemotherapy is a relatively new technique used not infrequently by the skin cancer surgeons in the management of cutaneous multiple metastases, usually melanoma. This technique can also be successfully employed in the management of cutaneous sarcoma such as Kaposis sarcoma and multiple metastases from angiosarcoma, and the skin cancer service at NBT also utilize the techniques, facilities, skills, personnel and expertise to offer this adjunctive therapy.

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Principles

This guidance has been developed in accordance with the relevant measures within the Manual for Cancer Services: Sarcoma Measures (Version 1.1) and the Manual for Cancer Services: Skin Measures (Version 1.2).

1) Notification

All STS patients presenting to a local or specialised Skin MDT should be notified to the specialist STS MDT in North Bristol Trust. This should be documented in the local Skin Cancer MDT operational policy.

2) Review by STS MDT

a) Pathology

All Skin STS will have pathology review undertaken by the nominated specialist sarcoma pathology service (for details see the MDT operational policies).

b) Treatment planning

All new STS diagnoses will be referred to the STS MDT for treatment planning. Early referral from the time of suspicion or biopsy is recommended.

3) Site of Definitive Treatment

Discussion between MDTs will take place to determine the appropriate hospital for definitive excision. Initial surgical treatment may be undertaken by the local or specialist Skin team. It is preferred that complex surgery and second operations take place at a hospital hosting the Specialist STS MDT.

Chemotherapy and radiotherapy will be undertaken by designated practitioners as agreed by SAG.

4) Recurrence

All recurrent Skin STS will be discussed and reviewed by the STS MDT.

5) Follow up

Follow up arrangements will be discussed and agreed between the local Skin MDT and the STS MDT.

As per the ESMO guidelines [ESMO], it is recommended that patients with intermediate/high grade tumours, which most commonly relapse within 2–3 years, should be followed every 3–4 months in

the first 2–3 years, then twice a year up to the fifth year, and once a year thereafter for a minimum of 8–10 years.

It is recommended that patients with low-grade tumours should be followed up every 4–6 months for 3–5 years, then annually thereafter, for at least 10 years.

In low-grade sarcoma where the risk of local recurrence is the main reason for follow-up, suitably educated patients, with tumours resected from easily examined regions can be considered for discharge from formal follow-up, with an option to self-refer back to the service if any abnormality is identified.

Standard follow-up practice should consist of:

- Review of any new symptoms reported by the patient
- Clinical examination to focus on local recurrence, with imaging follow-up where indicated by clinical suspicion
- Routine chest X-ray to exclude pulmonary metastases
- Monitoring for late-effects of treatment.

6) Summary of Roles and Responsibilities

Roles and Responsibilities		
	Specialist / Local Skin MDT / Clinic	**Sarcoma MDT / Clinic**
Presentation	Assess new cases of suspected Skin cancer. Notify STS MDT of all new cases of Skin sarcoma.	
Diagnosis	Refer all cases of Skin sarcoma for pathology review. Refer all new cases of Skin sarcoma for review by the STS MDT.	Review pathology of all new cases of Skin sarcoma.
Treatment	Initial surgery. Consultant Plastic Surgeons for Skin or Sarcoma Services	Complex surgery and second operations. All chemotherapy. All radiotherapy.
Follow up	Follow up in accordance with agreed Skin MDT guidelines.	Follow up in accordance with STS follow up guidelines of all patients treated by the STS MDT.

7) Referral to Palliative Care

Palliative care services will be made available to all patients as deemed appropriate by the MDT.

8) Patient Information and Counselling

All patients and, with their consent, their partners, will be given access to appropriate written information during their investigation and treatment, and on diagnosis will be given the opportunity to discuss their management with a clinical nurse specialist who is a member of the relevant MDT. The patient should have a method of access to the Skin MDT at all times.

Access to psychological support will be available if required. All patients should be offered a holistic needs assessment and onward referral as required.

References

1. West Midlands Sarcoma Advisory Group, *Shared Care pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTS,* (Version 1)

2. Manual for Cancer Services, *Sarcoma Measures*, (Version 1).

3. Manual for Cancer Services, *Skin Measures*, (Version 1.2).

4. NICE Quality Standard (QS78), *Sarcoma*, (January 2015).

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Pathway Summary