South West Strategic Clinical Network
Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services
Bristol Sarcoma Advisory Group (SAG)

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

Gynaecology – Version 3

Background

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

Uterine and other gynaecological sarcomas should primarily be discussed at a gynaecological oncology MDT since oncologists managing gynaecological neoplasms generally have more experience with these uncommon tumours but there should be close liaison with, and referral to, the local sarcoma MDT. The more common uterine sarcomas (leiomyosarcoma, endometrial stromal sarcoma, undifferentiated sarcoma or adenosarcoma) may be included as notations at sarcoma MDTs, but close collaboration between sarcoma and gynaecological MDTs is particularly important in the management of extra-uterine gynaecological sarcomas, disseminated uterine sarcomas and sarcomas of a morphological type other than the more common gynaecological sarcomas indicated above (RCPath report – sarcoma dataset).

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

Specialist services for Gynaecology in the SWAG region are provided as detailed in the SWAG Gynaecology SSG key documents.

Uterine sarcomas are rare neoplasms, accounting for 1% of female genital malignancies and 3–5% of malignant uterine tumours.

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: Gynaecology Measures (Version 1.0). This guidance applies only to pure sarcomas and not to mixed/biphasic tumours.

1) Notification

All STS patients presenting to a local or specialised Gynaecology MDT should be notified to the specialist STS MDT in North Bristol Trust and may also be discussed with the specialist gynaecological sarcoma team at the Royal Marsden Hospital. This should be documented in the local gynaecology cancer MDT operational policy.

It should be noted that most gynaecological sarcomas are diagnosed after definitive surgery i.e. hysterectomy (often for presumed uterine fibroids) has been performed, therefore referral to the specialist STS MDT is likely to occur after definitive surgery. Preoperative imaging has not been shown to be predictive of sarcoma pathology.

2) Review by STS MDT

a) Pathology

All gynaecology STS will have central pathology review undertaken by the nominated specialist gynaecological oncology pathologists and slides will be available for review by the sarcoma pathology service if required. (for details see the MDT operational policies).

b) Treatment planning

It is recommended that all new STS diagnoses are to be referred to the STS MDT for discussion of treatment planning once diagnosis of sarcoma is confirmed.

3) Site of Definitive Treatment

Discussion between MDTs will take place to determine the appropriate hospital for definitive excision. In the case of pelvic confined disease surgical treatment will be undertaken by the specialist gynaecological oncology team. In the case of metastatic disease, complex surgery or second operations, it is recommended that surgery is performed jointly by gynaecological oncology surgeons and designated sarcoma surgeons.

Chemotherapy and radiotherapy will be undertaken by designated practitioners as agreed by SAG. It should be noted that clinical oncologists who are part of the gynaecology MDT have specialist skill and experience in delivering pelvic radiotherapy, both external beam and intravaginal brachytherapy.

4) Recurrence

All recurrent gynaecology STS will be discussed and reviewed by the gynaeoncology and STS MDTs.

5) Follow up

Follow up arrangements will be discussed and agreed between the local Gynaecology MDT and the STS MDT. This will include details of frequency, purpose and location of follow up.

6) Summary of Roles and Responsibilities

Roles and Responsibilities		
	Specialist Gynaecology oncology MDT / Clinic	**Sarcoma MDT / Clinic**
Presentation	Assess new cases of suspected gynaecology cancer. Notify STS MDT of all new cases of gynaecology sarcoma.	
Diagnosis	Refer all cases of gynaecology sarcoma for pathology review. Refer all new cases of gynaecology sarcoma for review by the STS MDT.	Review pathology of all new cases of gynaecology sarcoma. Clinical review of all new cases.
Treatment	Initial surgery for suspected gynaecological sarcoma undertaken by subspecialty trained gynaecological oncology surgeon External beam and vaginal brachytherapy	Complex surgery and second operations jointly with subspecialty trained gynaecological oncology surgeons All chemotherapy for metastatic disease, which may be delegated to the Gynae team to administer.
Follow up	Follow up in accordance with agreed Gynaecology 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 gynaecological sarcoma specific written information during their investigation and treatment. All patients will be informed that treatment decisions are discussed collaboratively between the gynaecological cancer and STS MDTs. On diagnosis all patients will be given the opportunity to discuss their management with a clinical nurse specialist who is a member of the gynaecological MDT. This gives patients access to specialist advice on gynaecological specific issues such as hormonal impact of treatment, fertility and effects of pelvic radiotherapy. The patient should have a method of access to the STS MDT and CNS 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.

9. 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, *Gynaecology Measures*, (Version 1.0).

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

5. Sarcoma Specific information from Sarcoma UK:

   Understanding Gynaecological Sarcoma

   Rehabilitation for sarcoma patients fact sheet

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Pathway Summary