



Share Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs (measure 14-1C-1171)

Breast – Version 1

Background

The purpose of this guidance is to define how patients that present to local Breast cancer services with soft tissue sarcoma (STS) are managed, and the relationship that should exist between the Specialist Breast 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 Breast in the SWAG region are provided as detailed in the SWAG Breast SSG [key documents](#).

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: Breast Measures (Version 1.1).

1) Notification

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

2) Review by STS MDT

a) Pathology

All Breast 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 Breast 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 Breast STS will be discussed and reviewed by the STS MDT.

5) Follow up

Follow up arrangements will be discussed and agreed between the local Breast 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 / Local Breast MDT / Clinic	Sarcoma MDT / Clinic
Presentation	Assess new cases of suspected Breast cancer. Notify STS MDT of all new cases of Breast sarcoma.	
Diagnosis	Refer all cases of Breast sarcoma for pathology review. Refer all new cases of Breast sarcoma for review by the STS MDT.	Review pathology of all new cases of Breast sarcoma. Clinical review of all new cases.
Treatment	Initial surgery. Consultant Breast Surgeon, Mr. Ajay Sahu, or any other surgeon approved by the local MDT.	Complex surgery and second operations. All chemotherapy. All radiotherapy.
Follow up	Follow up in accordance with agreed Breast 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.



South West Strategic Clinical Network
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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 Breast 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, *Breast Measures*, (Version 1.1).
4. NICE Quality Standard (QS78), *Sarcoma*, (January 2015).

Pathway Summary

