

Shared Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs

Breast Sarcomas- Version 1

Background

This guidance is to provide direction for the management of patients with sarcomas that may present through a local breast cancer MDT and to define the relationship that should exist with the Specialist Soft Tissue Sarcoma MDT at University Hospitals Birmingham.

Sarcomas arising in the breast are uncommon. A variety of histiotypes are recognised, often presenting as a breast lump. Nodal involvement occurs infrequently. Cutaneous angiosarcomas are well-recognised as a complication of previous treatment for breast cancer. The breast is an occasional site of metastasis from sarcoma, particularly rhabdomyosarcomas. Phyllodes tumours are fibroepithelial tumours which may be benign or malignant and are generally managed by surgery alone.

Principals

This guidance is being developed in accordance with the relevant measures in the Manual for Cancer Services: Sarcoma Measures and the Manual for Cancer Services: Breast Measures. They are also written in accordance with the West Midlands SAG referral guidelines.

1) Notification

All sarcoma patients presenting to a local Breast MDT should be notified to a Specialist Soft Tissue Sarcoma MDT. The location of the nominated SSTMDT for each local MDT should be recorded in MDT operational policy and agreed with the Trust Sarcoma lead and local Cancer Network.

2) Review by Specialist Soft Tissue Sarcoma MDT

a) Pathology

All breast sarcomas will have pathology review undertaken by the nominated specialist soft tissue sarcoma pathology service (for details see MDT operational policies).

b) Treatment Planning

All new soft tissue sarcomas will be referred to the Specialist Soft Tissue Sarcoma MDT for case discussion and treatment planning.

Early referral from the time of suspicion or biopsy is recommended.

It is not mandatory for phyllodes tumours to be referred to the Specialist Soft Tissue sarcoma MDT unless there is frank sarcomatous change or overgrowth.

3) Site of Definitive Treatment

Case discussion between the local Breast MDT and SSTMDT will take place to determine the appropriate hospital for definitive excision. Initial surgical treatment, may be undertaken by the local breast oncology team. It is preferred that complex surgery and second operations take place at the hospital hosting the SSTMDT (sarcoma centre).

Discussion is recommended prior to such procedures.

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

Radiation induced sarcoma should be managed in a sarcoma centre.

4) Recurrence

All recurrent breast sarcomas will be discussed and reviewed by the Specialist Soft Tissue Sarcoma MDT.

5) Follow Up

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

6) Referral to Palliative Care

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

7) 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 an holistic needs assessment and onward referral as required.

8) Clinical Trials

Wherever possible, patients who are eligible should be offered the opportunity to participate in National Institute for Health Research portfolio clinical trials and other well designed studies.

Where a study is only open at one Trust in the Network, patients should be referred for trial entry. A list of studies available at each Trust is available from Pan Birmingham Cancer Research Network. Email: PBCRN@westmidlands.nhs.uk

Patients who have been recruited into a clinical trial will be followed up as defined in the protocol.

9) Staging

Staging data for 70% of all cancers (90% of stageable cancers) should be collected electronically and transferred to the West Midlands Cancer Intelligence Unit (WMCIU).

All Trusts

- a. The Trust should send electronic extracts from their histopathology system regularly to the WMCIU
- b. The Trust should send imaging extracts for cancer patients electronically to the WMCIU regularly, or establish remote access for the WMCIU to their radiology information system and / or data warehouse
- c. Data extracts should be sent in line with the cancer registry dataset / cancer outcomes and services dataset guidance

For cancers **diagnosed clinically** or those that have not had surgery

- a. Clinical stage is recorded on the MDT database
- b. Staging extracts for all patients are sent to the WMCIU within 6 months of diagnosis

For those with **invasive cancer who have had surgery**

- a. MDTs record the full cancer registry dataset onto their MDT database at the time of discussion at the MDT meeting.
- c. Staging extracts for all patients are sent to the WMCIU within 6 months of diagnosis

10) Performance Status

All patients should have their performance status recorded onto the MDT database at the MDT. This should be done using the WHO classification which will ensure it is in line with the cancer outcomes and services dataset guidance

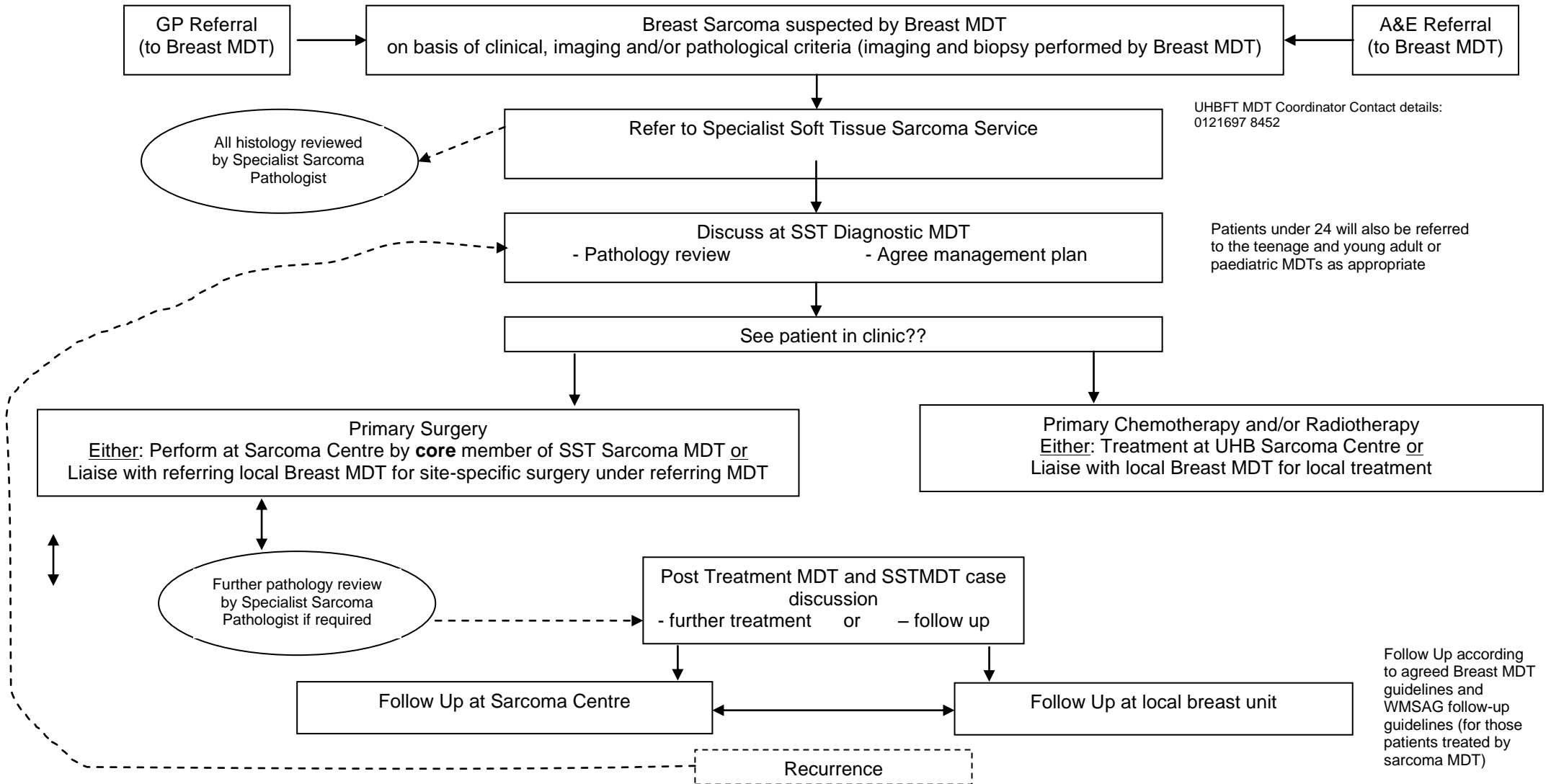
11) Summary of Roles and Responsibilities

Summary of Role and Responsibilities		
	Specialist Breast MDT/Clinic	Sarcoma MDT/Clinic
Presentation	Assess new cases of suspected breast cancer Notify Sarcoma 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 sarcoma MDT	Review pathology of all new cases of breast sarcoma Clinical review of all new cases
Treatment	Initial Surgery	Complex surgery and second operations in conjunction with centre breast MDT. All chemotherapy All radiotherapy
Follow up	Follow up according to agreed guidelines of selected patients agreed by MDT's	Follow up in accordance with sarcoma follow up guidelines of all patients treated by the sarcoma MDT

12) References

1. 2012 London and South East Sarcoma Network – referral guidelines for sarcoma
<http://www.lsesn.nhs.uk/files/llesn-referral-guidelines.pdf>
2. National Cancer Peer Review Programme, Manual for Cancer Services: Sarcoma Measures National Cancer Action Team, Part of the National Cancer Programme Version 1.1 <http://www.dh.gov.uk/health/2011/08/sarcoma-measures>
3. The Manual for Improving Outcomes for People with Sarcoma (2006)
www.nice.org.uk/csgsarcoma

Pathway Summary:



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Patients under 24 will also be referred to the teenage and young adult or paediatric MDTs as appropriate

Follow Up according to agreed Breast MDT guidelines and WMSAG follow-up guidelines (for those patients treated by sarcoma MDT)