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

Gynaecological sarcomas – Version 1

Background

This guidance is to provide direction for the management of patients with sarcomas that may present through local gynaecological cancer MDTs and to define the relationship that should exist with the Specialist Soft Tissue Sarcoma MDT.

This guidance refers to the care of patients in those Networks nominating University Hospitals Birmingham as their Specialist Soft Tissue MDT.

Sarcomas arising in the gynaecological tract are rare and comprise <1% of all gynaecological malignancies. The majority are uterine in origin but may also arise in the cervix, ovary, fallopian tube, vagina and vulva. The most common histopathological subtype is leiomyosarcoma (40% approximately), others include endometrial stromal tumours (10%), undifferentiated endometrial sarcoma, and rhabdomyosarcoma.
Carcinosarcomas and adenosarcomas are outside the scope of these guidelines except for adenosarcomas where sarcoma is the dominant histological subtype.

Multidisciplinary management is key and although surgery is the most common treatment modality, discussion with a specialist sarcoma MDT about the role of adjuvant therapies and appropriate treatment choices in the metastatic setting are essential. Due to the rarity of these tumours close co-operation between the Specialist Soft Tissue Sarcoma MDT and local Specialist Gynaecological Cancer MDTs is crucial in ensuring good outcomes for this diverse group of patients.

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: Gynaecological Measures. They are also written in accordance with the
West Midlands SAG referral guidelines (see www.birminghamcancer.nhs.uk).

1) Notification

All sarcoma patients presenting to a local Gynaecology MDT should be notified to the Specialist Soft Tissue Sarcoma MDT nominated by the local Cancer Network and recorded in the Gynaecological cancer MDT operational policy.

2) Review by Sarcoma MDT

a) Pathology

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

b) Treatment Planning

All new gynaecological sarcomas will referred to the nominated Specialsit Soft Tissue Sarcoma MDT for case discussion
Early referral from the time of suspicion or biopsy is recommended.

The outcome of joint local and SSTSMDT discussion will determine the appropriate treatment plan. Where this has not directly involved local clinicians, the outcome will be communicated in a timely manner.

3) Site of Definitive Treatment

Discussion between local specialist gynaecology cancer MDT and Specialist Soft Tissue Sarcoma MDT will take place to determine the appropriate hospital for definitive excision. Initial surgical treatment, usually total abdominal hysterectomy +/- bilateral salpingoophorectomy, may be undertaken by the local gynaecological oncology team. There is no role for routine bilateral lymph node dissection

Decisions around complex surgery and second operations and where they should take place should be made after collaboration between the sarcoma and gynaecology MDTs. Special consideration should be taken when surgery is part of a multimodality treatment plan.

Chemotherapy and radiotherapy may be undertaken by designated practitioners as agreed by the SAG. Multimodality treatments are most likely to be delivered at the sarcoma centre or a designated specialist gynaecology cancer centre.

4) Recurrence

All recurrent gynaecological sarcomas will be discussed and reviewed by the sarcoma MDT, in order to establish a management plan. Complex surgery and second operations should be discussed at the sarcoma centre and involvement of the gynaecology MDT is recommended before deciding where the surgery should be performed, especially when surgery is part of a mulitmodality treatment plan. Chemotherapy and radiotherapy may be undertaken by designated practitioners as agreed by the SAG. Multimodality treatments are most likely to be delivered at the sarcoma centre.

5) Follow Up

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

6) Summary of roles and responsibilities

	Role and Responsibility	
	Specialist Gynaecology MDT/Clinic	**Sarcoma MDT/Clinic**
Presentation	Assess new cases of suspected gynaecological cancer Notify Sarcoma MDT of all new cases of gynaecology sarcoma	
Diagnosis	Refer all cases of gynaecological sarcoma for pathology review. Refer all new cases of gynaecological sarcoma for review by sarcoma MDT	Review pathology of all new cases of gynaecological sarcoma Clinical review of all new cases

Treatment	Initial Surgery Complex surgery and second operations after agreement between sarcoma and gynaecology MDTs	Initial surgery Complex surgery and second operations All chemotherapy unless agreed by sarcoma MDT to be undertaken by designated practitioners All radiotherapy unless agreed by sarcoma MDT to be undertaken by designated practitioners
Follow up	Follow up according to agreed LSESN guidelines of selected patients agreed by MDTs	Follow up in accordance with sarcoma follow up guidelines of all patients treated by the sarcoma 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 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.

9) 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.

10) 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.
b. Staging extracts for all patients are sent to the WMCIU within 6 months of diagnosis

11) 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

References:

1. 2012 London and South East Sarcoma Network – referral guidelines for sarcoma http://www.lsesn.nhs.uk/files/lsesn-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/csg**sarcoma**

Pathway Summary: