Shared Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs
Skin – Version 1

Background

Sarcomas arising in the dermis are uncommon and are mostly associated with a good prognosis. Those arising in subcutaneous tissue also have a better prognosis than deep sarcomas but may present to different services e.g. dermatology, plastic surgery, GP 'lumps and bumps' services. Initial unplanned excision is common. This guidance is to provide direction for the management of patients with sarcomas that may present through local skin cancer MDTs and to define the relationship that should exist with the Specialist Soft Tissue Sarcoma MDT.

University Hospital Birmingham hosts a Specialist Soft Tissue Sarcoma MDT providing services for soft tissue sarcomas.

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: Skin 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 skin MDT (LS MDT) or specialist skin MDT (SS MDT) should be notified to the Specialist Soft Tissue Sarcoma MDT nominated by the local Cancer Network and listed in the local skin cancer MDT's operational policy.

2) Review by Sarcoma MDT

a) Pathology

All sarcomas arising in the skin or subcutaneous tissue presenting through local skin MDTs will have pathology review undertaken by the nominated specialist soft tissue sarcoma pathology service (for details see MDT operational policies). Referral for review will include clinical information: patient age, gender, co-morbidities, site of tumour, staging investigations, treatment undertaken.

b) Treatment planning

All new skin sarcomas which are greater than 2 cm, penetrate the superficial fascia, or round cell tumours, all tumours arising in children

and young people, or recurrent sarcomas and all sarcomas that may require chemotherapy e.g. rhabdomyosarcoma or Ewing's sarcoma will be subject to joint case discussion by the local skin MDT, Specialist skin MDT and nominated Specialist Soft Tissue Sarcoma MDT.

3) Site of Definitive Treatment

If definitive surgical excision has not been undertaken as part of the diagnostic process, or if initial surgical excision is deemed inadequate by the Specialist soft tissue sarcoma MDT then further surgical excision will be undertaken at a site recommended by the sarcoma MDT. Individual factors such as site, size, histological subtype, and patient comorbidities will be taken into account in advising appropriate place of surgical treatment.

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

4) Recurrence

All recurrent skin sarcomas will be discussed and reviewed by the sarcoma MDT.

5) Follow up

Follow up arrangements will be discussed and agreed between the local Skin 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 skin MDT/Clinic	**Sarcoma MDT/Clinic**
Presentation	Assess new cases of suspected skin cancer Notify Sarcoma 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 except completely excised DFSP for review by sarcoma MDT	Review pathology of all new cases of skin sarcoma Clinical review of all new cases including those that are greater than 2 cm, penetrate the superficial fascia, or round cell tumours, all tumours arising in children and young people, or recurrent sarcomas and all sarcomas that may require chemotherapy e.g. rhabdomyosarcoma or Ewing's sarcoma
Treatment	Moh's excision of DFSP and excision of other skin sarcomas < 2cm where indicated	Consider definitive excision of all subcutaneous sarcomas and re-excision of all incompletely excised or recurrent skin sarcomas. All chemotherapy All radiotherapy
Follow up	Follow up according to agreed guidelines of all skin sarcomas	Follow up in accordance with sarcoma follow up guidelines 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

12) 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: