

London and South East Sarcoma Network
Shared Care Pathway for Soft Tissue Sarcomas Presenting to Site
Specialised MDTs
Breast sarcomas

Background

This guidance is to provide direction for the management of patients with sarcomas that may present through breast cancer services and to define the relationship that should exist with the specialist sarcoma MDT. This guidance refers to the care of patients in the London and South East Sarcoma Network and therefore recognises that specialist services for soft tissue sarcomas are provided by the Sarcoma Unit at The Royal Marsden Hospital and the London Sarcoma Service provided through joint working of UCLH and RNOH.

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 LSESN referral guidelines (see www.lsesn.nhs.uk) and the LSESN Patient Management Policy.

1) Notification

All sarcoma patients presenting to a local Breast MDT should be notified to the Sarcoma MDT nominated in the local network Breast cancer operational policy.

2) Review by Sarcoma MDT

a) Pathology

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

b) Management

Management of all new soft tissue sarcomas will be referred to the sarcoma MDT. Early referral from the time of suspicion or biopsy is recommended.

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

Radiation induced sarcoma should be managed in a sarcoma centre.

3) Site of Definitive Treatment

Discussion between MDT's 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 a sarcoma centre. Discussion is recommended prior to such procedures. Chemotherapy and radiotherapy will be undertaken by designated practitioners as agreed by the SAG.

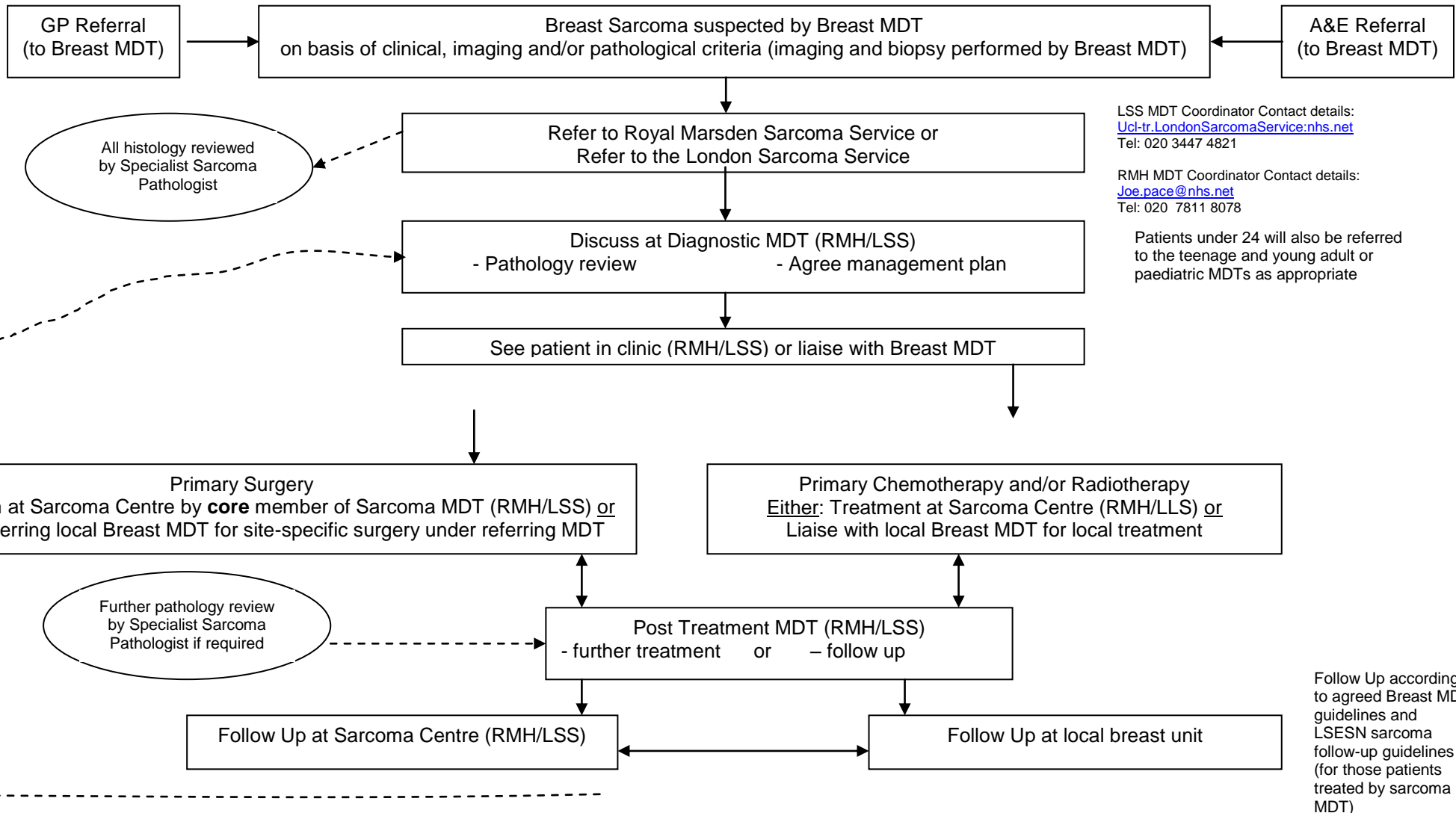
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4) Recurrence

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

	Role and Responsibility	
	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 and radiotherapy, or by agreed designated practitioners
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

Pathway Summary:



LSS MDT Coordinator Contact details:
Ucl-tr.LondonSarcomaService@nhs.net
 Tel: 020 3447 4821

RMH MDT Coordinator Contact details:
Joe.pace@nhs.net
 Tel: 020 7811 8078

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 LSESN sarcoma follow-up guidelines (for those patients treated by sarcoma MDT)