

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

## Background

This guidance is to provide direction for the management of patients with sarcomas that may present through gynaecological 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 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 in 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 sarcoma and gynaecological 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 LSESN referral guidelines (see [www.lsesn.nhs.uk](http://www.lsesn.nhs.uk)) and the LSESN Patient Management Policy.

### 1) Notification

All sarcoma patients presenting to a local Gynaecology MDT should be notified to the sarcoma MDT nominated in the local network Gynaecological cancer 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) Management

Management of all new gynaecological sarcomas will be referred to the sarcoma MDT. Early referral from the time of suspicion or biopsy is recommended. Outcome of MDT discussion and treatment plan will be communicated in a timely manner.

FILE NAME	SHARED CARE PATHWAY FOR SOFT TISSUE SARCOMAS PRESENTING TO SITE SPECIALISED MDTs: GYNAECOLOGY	ISSUE NO	1	PAGE NO	1 OF 4	DATE	SEPTEMBER 2011
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### 3) Site of Definitive Treatment

Discussion between MDTs 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.

### 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 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.

	Role and Responsibility	
	Specialist Gynaecology MDT/Clinic	Sarcoma MDT/Clinic
<b>Presentation</b>	Assess new cases of suspected gynaecological cancer Notify Sarcoma MDT of all new cases of gynaecology sarcoma	
<b>Diagnosis</b>	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
<b>Treatment</b>	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
<b>Follow up</b>	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



FILE NAME	SHARED CARE PATHWAY FOR SOFT TISSUE SARCOMAS PRESENTING TO SITE SPECIALISED MDTs: GYNAECOLOGY	ISSUE NO	1	PAGE NO	3 OF 4	DATE	SEPTEMBER 2011
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## Pathway Summary:

