

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

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 skin 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.

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

1) Notification

All sarcoma patients presenting to a local skin MDT (LS MDT) or specialist skin MDT (SS MDT) should be notified to the sarcoma MDT nominated in the local network skin cancer operational policy.

2) Review by Sarcoma MDT

a) Pathology

All sarcomas arising in the skin or subcutaneous tissue presenting through skin services will have pathology review undertaken by the nominated specialist 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.

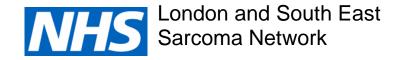
b) Management

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 discussed by one or the other sarcoma MDTs.

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 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.

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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.

	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 reexcision 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			



FILE NAME

London and South East Sarcoma Network

