

DOCUMENT CONTROL SUMMARY

Title of Document	LSESN Pathway for Lung and Chest Wall Sarcomas (Adults)
Aims	To agree the pathway for adult patients presenting with suspected or confirmed lung or chest wall sarcomas within the London and South-East Sarcoma Network
Issued by	London and South-East Sarcoma Network (LSESN) Sarcoma Advisory Group (SAG)
Circulation To	LSESN SAG: <ul style="list-style-type: none"> • Core members • Trust Sarcoma Leads • Designated Practitioners • Cancer Alliances for distribution to lung cancer MDTs within the LSESN
Author/s	Subgroup of LSESN SAG
Date of Version	December 2024
Version Number	2
Approved By	LSESN SAG
Approval Date	06/12/2024 (SAG Meeting)
Outstanding Items	None
Date of Review	December 2026
Storage Pathway	https://www.lsesn.nhs.uk/sarcoma.html

LSESN Adult Pathway for Lung and Chest Wall Sarcomas

Introduction and Key Messages

This guidance is to provide direction for the management of adult patients with sarcomas that may present to the lung MDT, orthopaedic services or via primary or secondary care services and to define the relationship that should exist with the specialist sarcoma MDT. A separate pathway exists for children, teenagers and young adults, which can be found on the LSESN website. This guidance refers to the care of adult 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. All bone sarcomas are managed by the London Sarcomas Service.

Sarcomas that arise in the lung *de novo* are extremely rare; however, those arising in the chest wall are more common and may arise in bone or soft tissue. The rarity of lung/chest wall sarcomas and the potential complexity of this surgery requires close co-operation between the sarcoma and referring MDT's. The first aim of this pathway is to ensure timely discussion between referring MDTs, the sarcoma MDT and the specialist sarcoma thoracic surgical service based at The Royal Brompton Hospital (RBH). A weekly video-conferenced MDM to discuss all sarcoma patients potentially requiring thoracic surgery takes place between clinicians from UCLH, RMH and RBH. All planned surgery will be performed by the RBH specialist sarcoma thoracic surgeons, including pulmonary metastasectomy.

Surgery alone may be performed in primary bone sarcomas where there is no known benefit for other modalities, such as chondrosarcoma or small low grade soft tissue sarcomas, in accordance with soft tissue sarcoma guidelines. In other cases, combined modality treatment may be indicated. Ewing sarcomas and osteosarcomas arising from the chest wall/rib are well recognised and require close co-operation with the sarcoma MDT to ensure optimal combined modality therapy and appropriate timing of surgery.

Chemotherapy and radiotherapy will be undertaken by core members of the sarcoma MDT or by designated practitioners as agreed by the SAG. Patients requiring lung ablation and stereotactic body radiotherapy (SBRT) do not need to be discussed at the weekly thoracic sarcoma meeting, and these treatments can take place at either RMH, UCLH or RBH. Palliative pleurodeses may be undertaken by local thoracic surgical services, if appropriate.

Principles, consistent with the [national sarcoma service specification](#)

- All people with a suspected or confirmed diagnosis of sarcoma must be referred to a Specialist Sarcoma Centre
- Suspected or proven bone sarcomas of the chest wall must be referred to a bone sarcoma MDT
- Bone sarcoma centres must have clear pathways defining access to thoracic surgery
- People with chest wall and lung sarcomas must have their care plan confirmed by a Sarcoma MDT and treatment delivered by services designated by the SAG
- The principal role of a Sarcoma MDT is to determine a care plan for all people with bone and soft tissue sarcoma and to be responsible for its delivery either by members based at the Specialist Sarcoma Centre or by designated practitioners working at Local

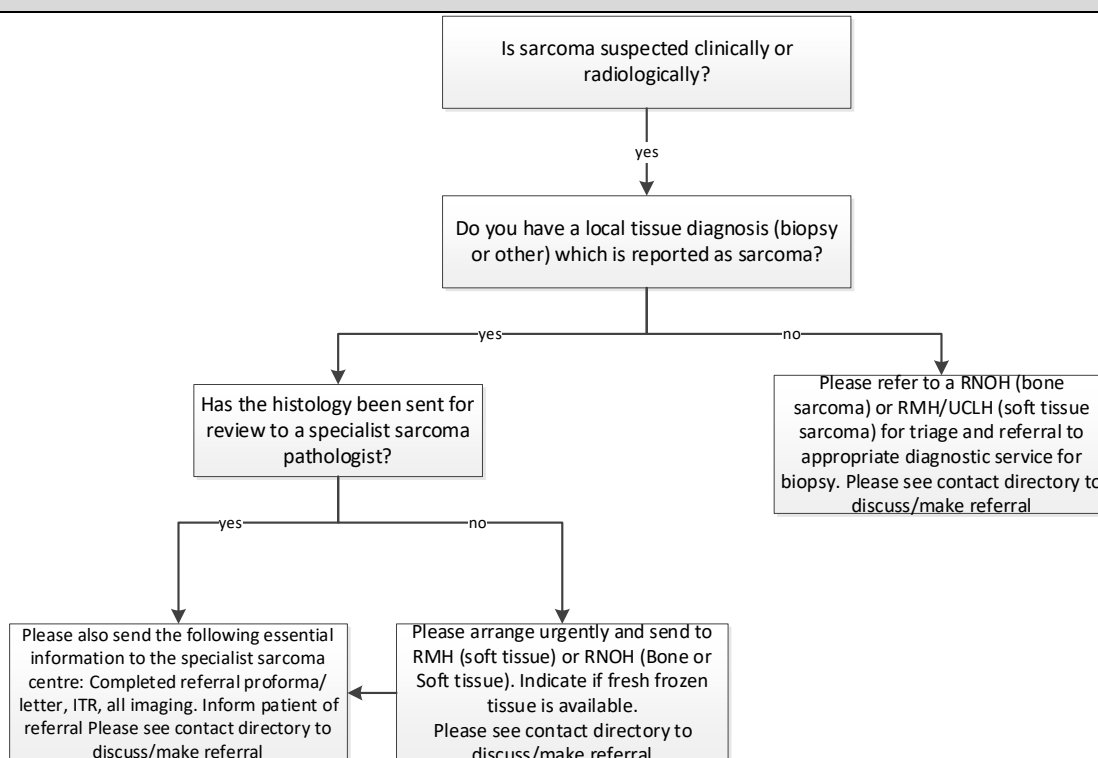
Sarcoma Units or by Children/Teenage and Young Adult Principal Treatment Centres following care pathways agreed by the Sarcoma Advisory group

- Pathology for all sarcomas must be reviewed by a Specialist Sarcoma Pathologist for diagnostic confirmation and undertaking any appropriate molecular analysis and genomic testing
- When biopsy or resection is undertaken, when possible tissue should be frozen for whole genome sequencing
- Sarcoma services must be structured and managed to reduce the number of unplanned excisions
- Metastasectomy and ablation must be undertaken in centres with sufficient caseload volume to ensure at least one case per month to support maintenance of expertise throughout the MDT. The centre must be compliant with the relevant service specification for thoracic surgery and must regularly audit volumes and clinical outcomes

Additional background evidence supporting specialist care

- Presentation to a specialised sarcoma multidisciplinary tumour board is independently correlated with reduction in the risk of relapse¹
- Surgery in a sarcoma reference centre has been reported to be associated with improved local recurrence free survival, event free survival and overall survival²

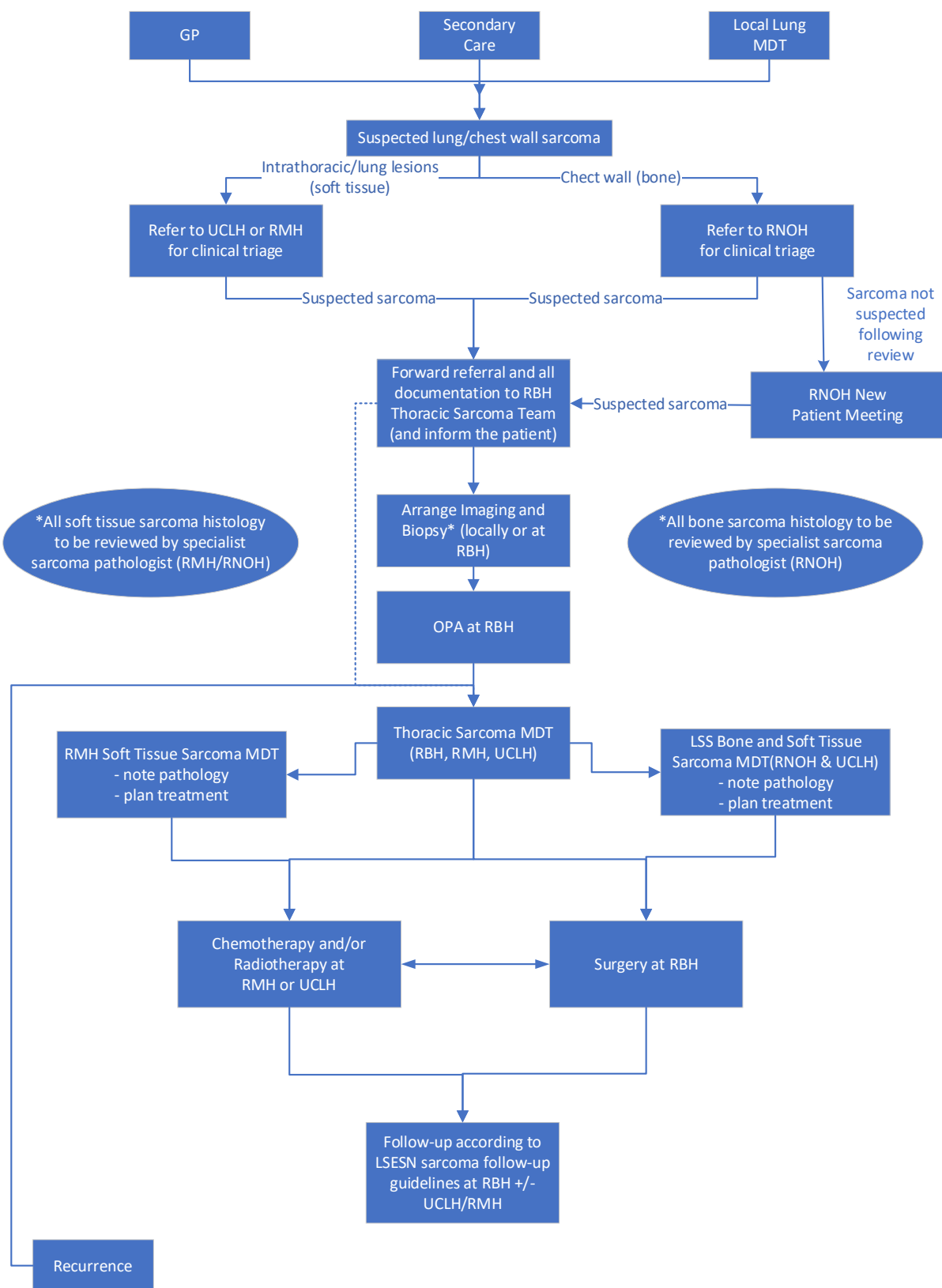
Guidance for referrers



¹ Ann Oncol 2017;28(11):2852-2859

² Ann Oncol 2019;30:1143-1153

LSESN Adult Pathway for lung and chest wall sarcomas



Directory of contacts

RBH Contacts

To discuss the referral please contact:

Medical Secretary/PA to Sofina Begum	Tel: 0207 351 8553 Mobile: 07971 075932 E-mail: m.adams2@rbht.nhs.uk
Medical Secretary/PA to Simon Jordan	Tel: 0207 351 8559 E-mail: a.thomas@rbht.nhs.uk
Surgeons via switchboard	Tel: 0207 352 8121

RMH Contacts

To discuss the referral please contact:

Sarcoma Oncologists (via PA)	0207 808 2200 / 2591
Sarcoma Consultant (via switchboard)	0207 352 8171

To refer a patient please email rmh-tr.referrals@nhs.net

RNOH Contacts

To discuss the referral please contact:

MDT Office	020 8909 5600/5111/5603
Sarcoma Consultant (via switchboard)	020 3947 0100

To refer a patient please refer via [PATHPOINT](#) (within your secure hospital network)

UCLH Contacts

To discuss the referral please contact:

Sarcoma Oncologist (via PA)	020 3447 9346/9866
24/7 on call sarcoma consultant (via switchboard)	020 3456 7890

To refer a patient please email the [referral form](#) to uclh.tr.sarcomareferrals@nhs.net

Designated Practitioners

(see Appendix 2 of Sarcoma Service Specification 170122S)

Sofina Begum	Consultant Thoracic Surgeon	Royal Brompton Hospital
Simon Jordan	Consultant Thoracic Surgeon	Royal Brompton Hospital

A list of Chemotherapy and Radiotherapy Designated Practitioners and their contact details can be found on the LSESN website <https://www.lsesn.nhs.uk/guidelines.html>