

## SOFT TISSUE SARCOMA– GUIDELINES

### *Suspicious signs suggestive of a sarcoma:*

- Any soft tissue lump exhibiting any of the following clinical features should be considered to be malignant until proved otherwise
  - ♦ increasing in size
  - ♦ size >5 cm
  - ♦ deep to the deep fascia
  - ♦ painful

The more of these clinical features present, the greater the risk of malignancy with increasing size being the best individual indicator
- An important dictum may be that “any tumor found deep to the deep fascia or larger than 5 cm should be regarded as a soft tissue sarcoma until proven otherwise.”

### **BIOPSY**

- Biopsy diagnosis is mandatory
- Biopsy to be done only after all local imaging is completed
- In most cases a core needle biopsy is adequate ( it may need to be image guided depending on anatomical location of lesion)
- Ideally performed at centre which will do definitive management of disease
- Immunohistochemistry confirmation desirable , may need additional cytogenetic and molecular studies

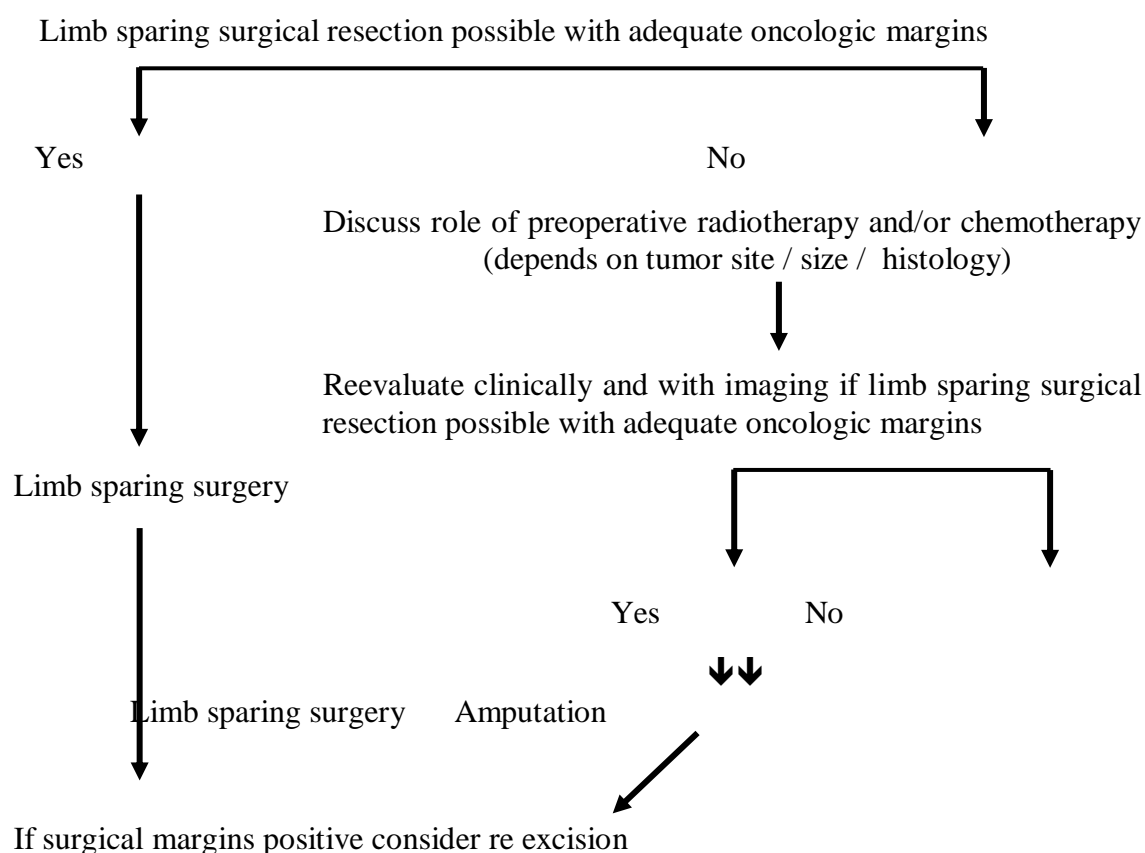
### **STAGING**

- Local X ray
- MRI
- X ray chest / CT Scan (CT chest recommended in high grade sarcomas)
- USG abdomen pelvis (consider abdomino pelvic CT)in myxoid / round cell liposarcoma, angiosarcoma, leiomyosarcoma, epithelioid sarcoma and synovial sarcoma

- Consider MRI spine for myxoid / round cell liposarcoma
- Consider CNS imaging for alveolar soft part sarcoma and angiosarcoma

- Tumors referred after prior excision with inadequate or unknown margins need to be considered for re excision with similar guidelines as primary tumors
- Radiotherapy may be delivered either as pre or post operative radiotherapy

**EXTREMITY SOFT TISSUE SARCOMA – NON METASTATIC AT PRESENTATION**



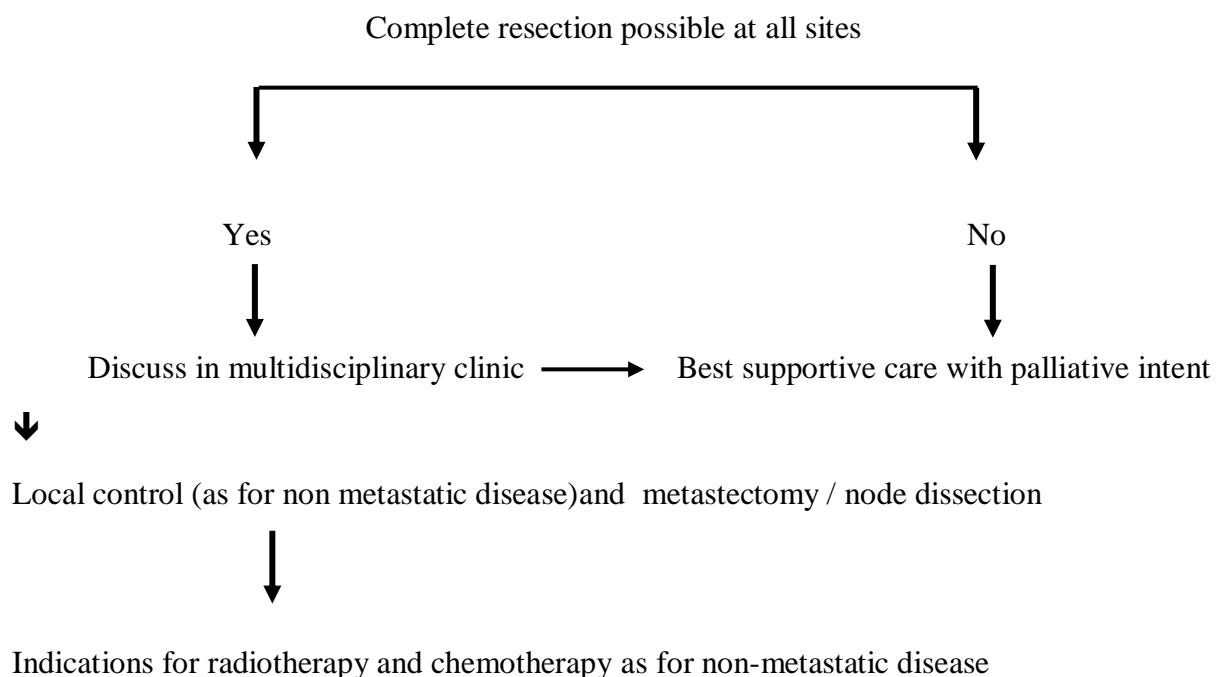
**Indications for post-operative radiotherapy**

- All high grade lesions
- All recurrent lesions
- Low grade lesions if deep seated /or  $\geq 5\text{cm}$  /or margin +

**Chemotherapy may be offered to patients with high grade lesions > 5cm or recurrent lesions after discussion in multidisciplinary clinic (preferably in a trial setting)**

**EXTREMITY SOFT TISSUE SARCOMA– METASTATIC AT PRESENTATION**

**To evaluate for intent of treatment based on site and number of metastasis**



***Post treatment surveillance:***

- Relapses most often occur to the lungs
- Risk assessment based on tumor grade, tumor size and tumor site may help in choosing the most suitable follow-up policy
- MRI to detect local relapse and CT scan for lung metastases is likely to pick up recurrence earlier but it is yet to be demonstrated that this is beneficial or cost effective compared with clinical assessment of the primary site and regular chest X-rays
- Local examination, chest and local imaging every 3 to 6 months for first 2 years, every 6 months for next 3 years and annually after year 5 is suggested

- Extended surveillance may be necessary to identify and address potential late effects of surgery, radiation and chemotherapy for long term survivors