



London Health Sciences Centre
London Regional Cancer Program

Sarcoma

Practice Guideline

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This guideline is a statement of consensus of the Sarcoma and Head & Neck Disease Site Team regarding their views of currently accepted approaches to treatment. It is not intended to replace the independent medical judgement of the physician in the context of individual clinical circumstances to determine any patient's care or treatment.

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Sarcoma

Practice Guideline

Background

All patients with the diagnosis of soft tissue sarcomas, excluding gynecological primaries are seen in the multidisciplinary team and a decision is made as to the appropriate treatment.

Investigations

The following information is used for treatment decision-making:

1. Core biopsy or incisional biopsy for pathology
2. X-ray chest
3. CT scan of the chest and liver
4. MRI of the tumor in a limb
5. CT scan of the abdomen if this is an abdominal primary
6. CBC platelets, differential, liver function tests, renal functions

Staging

Sarcomas are classified according to the origin of the tumor: for example, liposarcoma, malignant fibrous histiocytoma, leiomyosarcoma, malignant schwannoma, neurofibrosarcoma, rhabdomyosarcoma, and angiosarcoma.

Treatment

Following initial clinical and imaging assessment, limb sarcomas are managed as follows:

1. superficial low grade tumors – wide excision by surgical oncology or orthopedic oncology
2. deep tumors or high grade tumors – preoperative radiation over 5 weeks followed by surgery at 5 – 6 weeks by wide excision or wide excision and postoperative radiation

Irradiation – is given over 5 weeks preoperatively to the primary site or 6.5 weeks postoperatively, primary site preoperatively or 6.5 postoperatively

Chemotherapy - indications:

1. rhabdomyosarcoma
2. osteogenic sarcomas
3. metastases – consideration is given to chemotherapy
4. lung metastases – consideration is given to resection through thoracic surgery or chemotherapy

Follow-up

1. year 1- 3/monthly
2. year 2 - 4/monthly
3. year 3 - 6/monthly
4. 3rd – 5th year 6/monthly
5. follow-up imaging – 6 monthly x-ray chest for 3 years MRI of the limb or CT scan of the abdomen for abdominal primaries.

Research

Research is coordinated through the following groups:

1. National Cancer Institute of Canada
2. Radiation Therapy Oncology Group

Reference

<http://www.cancercare.on.ca>

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