

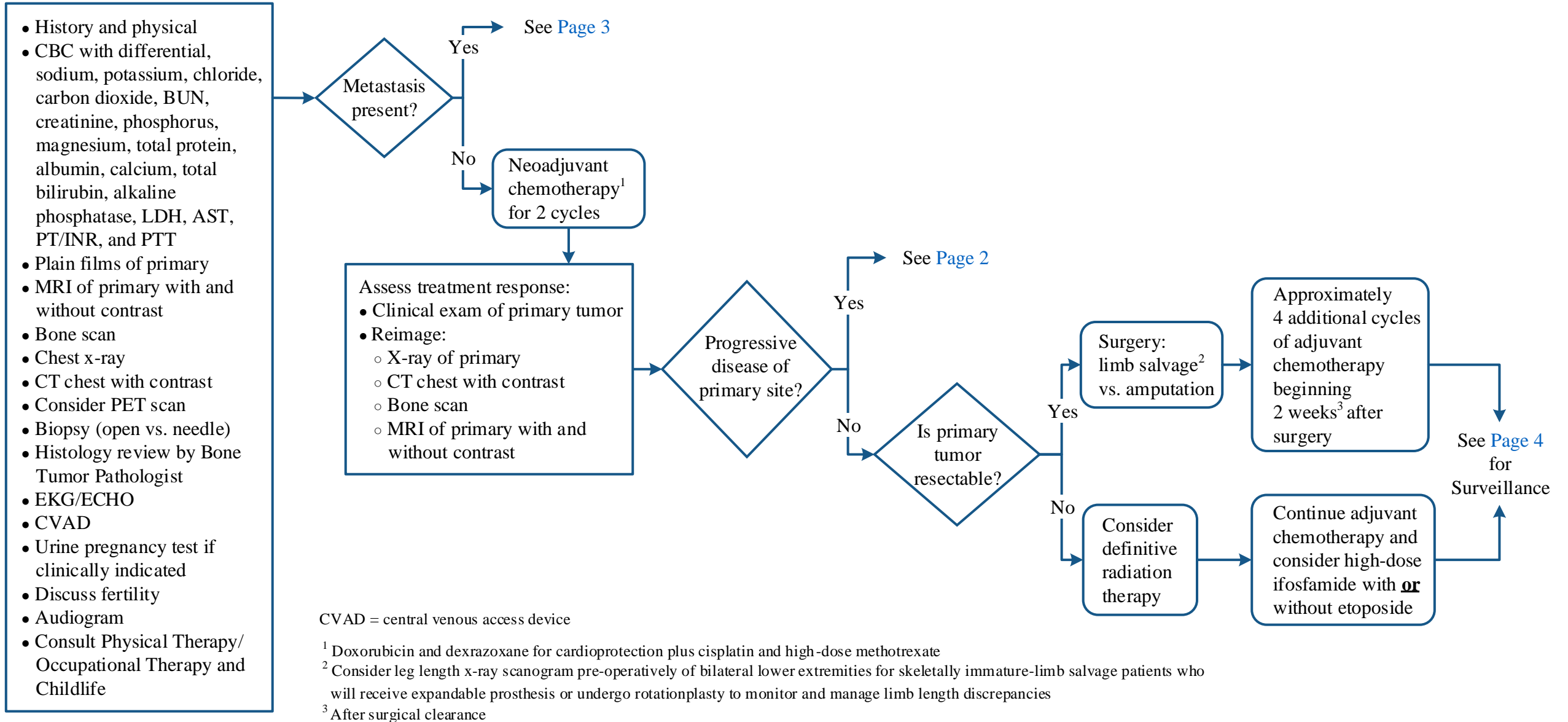
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

**Note:** Consider Clinical Trials as treatment options for eligible patients. Referral to a center with both pediatric oncology and orthopedic surgery is essential.

## CLINICAL EVALUATION

## NEOADJUVANT TREATMENT

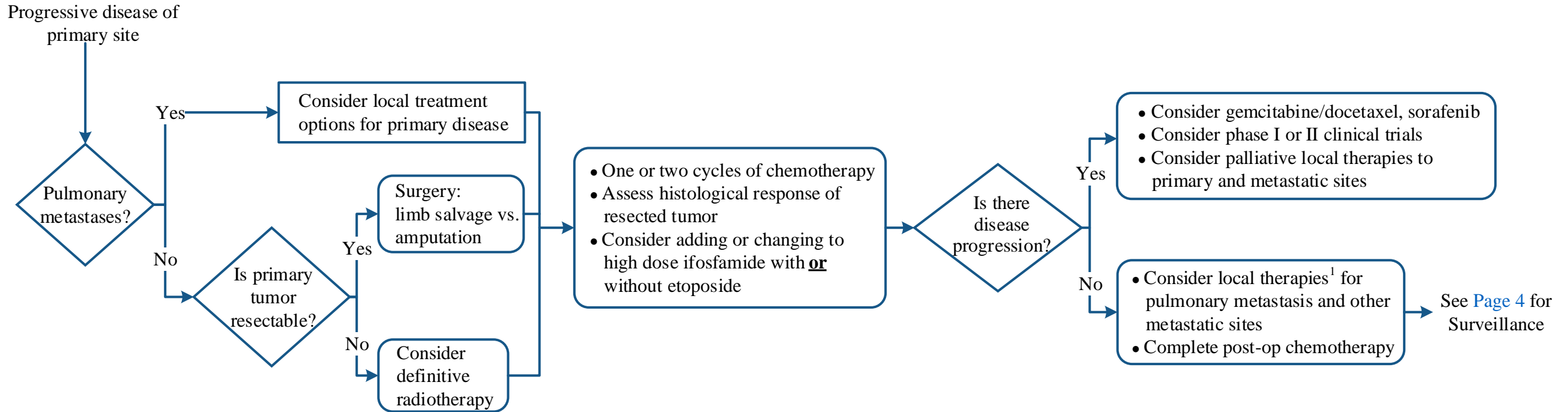
## ADJUVANT TREATMENT



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## ADJUVANT TREATMENT



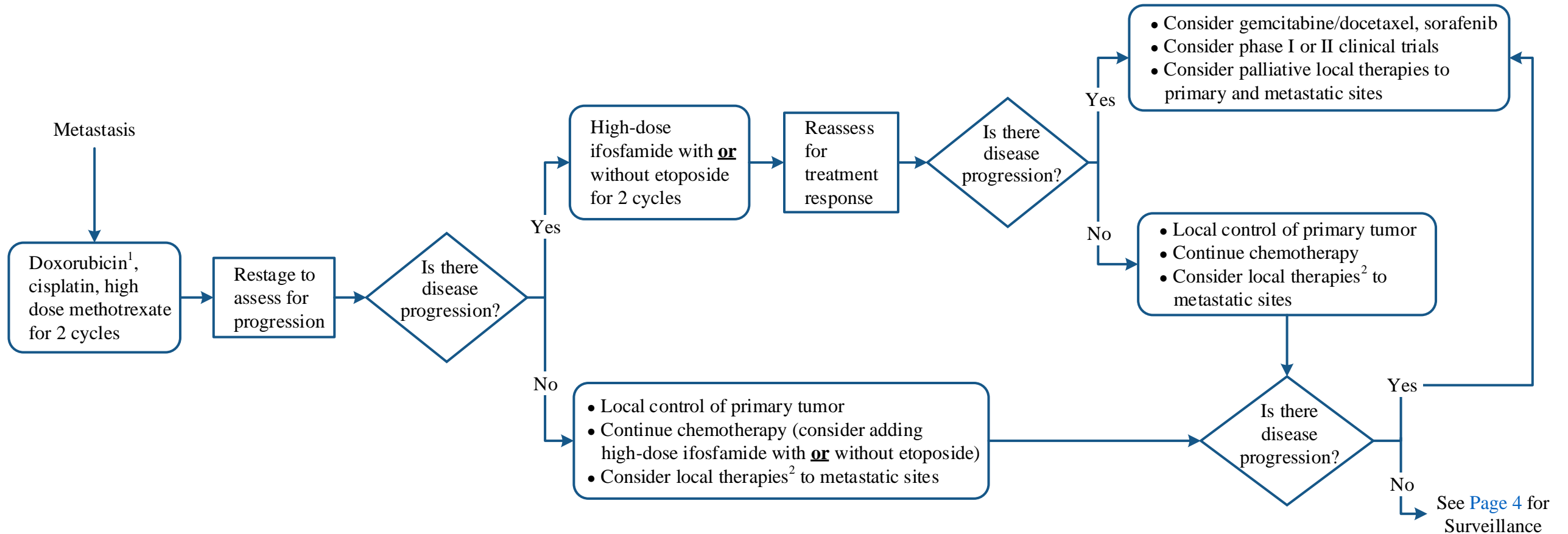
<sup>1</sup> Surgery is the primary modality of local therapy

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## PRIMARY TREATMENT

## ADJUVANT TREATMENT



<sup>1</sup> With dexrazoxane for cardioprotection

<sup>2</sup> Surgery is the primary modality of local therapy

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## Pediatric Osteosarcoma Surveillance

Total Years for Surveillance				Yr 1				Yr 2			Yr 3		Yr 4	Yr 5	Yr 10
<b>Frequency of Surveillance by month</b>	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>	<b>18</b>	<b>21</b>	<b>24</b>	<b>28</b>	<b>32</b>	<b>36</b>	<b>42</b>	<b>48</b>	<b>60</b>	<b>120</b>
History and physical	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Monitor and discuss with patient late effects of primary treatment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
CBC with differential	x	x	x	x		x		x		x			x	x	x
Total protein, albumin, calcium, phosphorous, magnesium, glucose, AST, creatinine, total bilirubin, alkaline phosphatase, LDH	x	x	x	x		x		x		x			x	x	x
Plain films of primary	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Pelvic primaries: MRI with and without contrast	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Bone scan <sup>1</sup>	x	x		x		x		x			x				
CT chest with contrast <sup>2</sup>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
ECHO				x				x			x		x	x	x
Audiogram	x													x	x
Leg-length x-ray scanogram <sup>3</sup>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

**Note:** Functional assessments post-limb salvage and cardiac surveillance should continue for life

<sup>1</sup> Consider PETCT in patients with metastatic disease, those who underwent surgery for resection of lung nodules, or at relapse

<sup>2</sup> May omit if concurrent with PET CT

<sup>3</sup> Leg length x-ray scanogram of bilateral lower extremities for skeletally immature-limb salvage patients who received expandable prosthesis or underwent rotationplasty to monitor and manage limb length discrepancies

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## DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Pediatric Osteosarcoma workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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