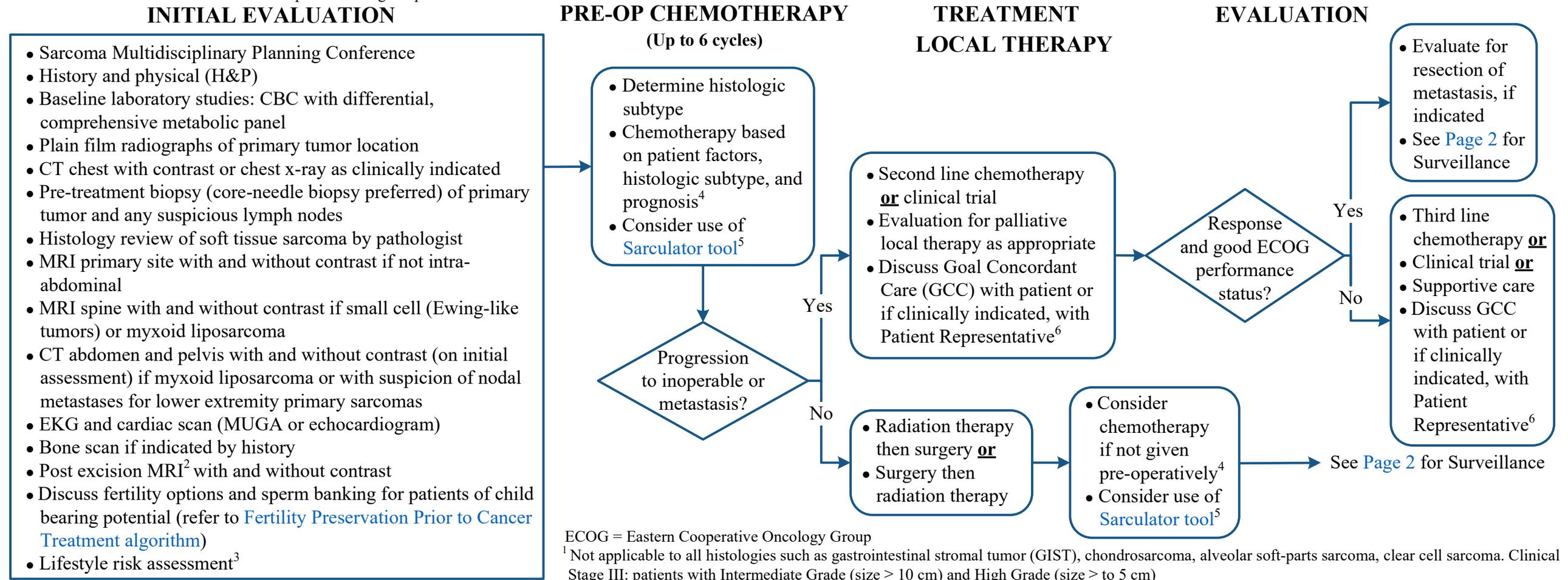


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**Note:** Consider Clinical Trials as treatment options for eligible patients.



<sup>2</sup> Post excision MRI - allow a minimum of 6 weeks post excision to allow for resolution of post-operative change

<sup>3</sup> See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

<sup>4</sup> Consider the following for chemotherapy: ECOG performance status 0-2 post local therapy, significant radiologic or pathologic response, adequate organ function

<sup>5</sup> The Sarculator tool is a validated prediction nomogram to aid in calculating prognosis (overall survival and distant metastases) in patients after surgical resection of soft-tissue sarcoma of the extremities and can be used for both neoadjuvant and adjuvant chemotherapy decisions

<sup>6</sup> GCC should be initiated by the Primary Oncologist. If Primary Oncologist is unavailable, Primary Team/Attending Physician to initiate GCC discussion and notify Primary Oncologist. Patients, or if clinically indicated, the Patient Representative should be informed of therapeutic and/or palliative options. GCC discussion should be consistent, timely, and re-evaluated as clinically indicated. The Advance Care Planning (ACP) note should be used to document GCC discussion. Refer to [GCC home page](#) (for internal use only).

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**Note:** Consider Clinical Trials as treatment options for eligible patients.

## SURVEILLANCE<sup>1</sup>

- H&P:
  - Every 3 months for 2 years, then
  - Every 4 months for 2 years, then
  - Every 6 months for 1 year, then
  - Annually
- Nodal evaluation for those who had nodal disease both on exam and imaging
- CBC with differential, total protein, albumin, calcium, glucose, creatinine, total bilirubin, alkaline phosphatase, LDH, and ALT every visit
- Chest x-ray every visit with H&P as above (not required if CT chest ordered)
- CT chest with contrast for 2 years if initial staging CT chest with abnormalities, or chest x-ray becomes equivocal or for pre-operative surgical planning to exclude occult lung metastatic disease
- Ultra-sound or MRI primary with and without contrast (CT abdomen and pelvis with contrast for intra-abdominal) every visit with H&P above
- Cardiac scan as clinically indicated

<sup>1</sup> Surveillance follow-up frequency and imaging type may vary based on histologic type

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## SUGGESTED READINGS

### General Overview

Callegaro, D., Miceli, R., Bonvalot, S., Ferguson, P., Strauss, D. C., Levy, A., ... Gronchi, A. (2016). Development and external validation of two nomograms to predict overall survival and occurrence of distant metastases in adults after surgical resection of localised soft-tissue sarcomas of the extremities: A retrospective analysis. *The Lancet Oncology*, 17(5), 671-680. doi:10.1016/S1470-2045(16)00010-3

MD Anderson Institutional Policy #CLN1202 - Advance Care Planning Policy. Advance Care Planning (ACP) Conversation Workflow (ATT1925)

National Comprehensive Cancer Network. (2024). *Soft Tissue Sarcoma*. (NCCN Guideline Version 1.2024). Retrieved from [https://www.nccn.org/professionals/physician\\_gls/pdf/sarcoma.pdf](https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf)

Voss, R. K., Callegaro, D., Chiang, Y. J., Fiore, M., Miceli, R., Keung, E. Z., Feig, B. W., ... Roland, C. L. (2022). Sarcuator is a Good Model to Predict Survival in Resected Extremity and Trunk Sarcomas in US Patients. *Annals of Surgical Oncology*, 29(7), 4376-4385. doi:10.1245/s10434-022-11442-2

### Adriamycin/ifosfamide for osteosarcoma and soft-tissue sarcomas:

Patel S. R., Vadhan-Raj S., Burgess M. A., Plager C., Papadopoulos N., Jenkins J., & Benjamin R. S. (1998). Results of two consecutive trials of dose-intensive chemotherapy with doxorubicin and ifosfamide is highly active in patients with soft-tissue sarcomas. *American Journal of Clinical Oncology*, 21(3), 317-321. Retrieved from: [https://journals.lww.com/amjclinicaloncology/fulltext/1998/06000/results\\_of\\_two\\_consecutive\\_trials\\_of.25.aspx](https://journals.lww.com/amjclinicaloncology/fulltext/1998/06000/results_of_two_consecutive_trials_of.25.aspx)

### Eribulin versus dacarbazine for advanced liposarcoma or leiomyosarcoma:

Schöffski, P., Chawla, S., Maki, R. G., Italiano, A., Gelderblom, H., Choy, E., ... Patel, S. R. (2016). Eribulin versus dacarbazine in previously treated patients with advanced liposarcoma or leiomyosarcoma: A randomised, open-label, multicentre, phase 3 trial. *The Lancet*, 387(10028), 1629-1637. doi:10.1016/S0140-6736(15)01283-0

### Gemcitabine +/- Taxotere for soft-tissue sarcomas:

Patel, S. R., Gandhi, V., Jenkins, J., Papadopolous, N., Burgess, M. A., Plager, C., & Benjamin, R. S. (2001). Phase II clinical investigation of gemcitabine in advanced soft tissue sarcomas and window evaluation of dose rate on gemcitabine triphosphate accumulation. *Journal of Clinical Oncology*, 19(15), 3483-3489. doi:10.1200/JCO.2001.19.15.3483

Maki, R. G., Wathen, J. K., Patel, S. R., Priebat, D. A., Okuno, S. H., Samuels, B., ... Thall, P. F. (2007). Randomized phase II study of gemcitabine and docetaxel compared with gemcitabine alone in patients with metastatic soft tissue sarcomas: Results of sarcoma alliance for research through collaboration study 002 [corrected]. *Journal of Clinical Oncology*, 25(19), 2755-2763. doi:10.1200/JCO.2006.10.4117

### High-dose ifosfamide for osteosarcoma and soft-tissue sarcoma:

Patel, S. R., Vadhan-Raj, S., Papadopolous, N., Plager, C., Burgess, M. A., Hays, C., & Benjamin, R. S. (1997). High-dose ifosfamide in bone and soft tissue sarcomas: Results of phase II and pilot studies - dose-response and schedule dependence. *Journal of Clinical Oncology*, 15(6), 2378-2384. doi:10.1200/JCO.1997.15.6.2378

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## SUGGESTED READINGS - continued

### **Pazopanib for metastatic soft-tissue sarcoma:**

Van der Graaf, W. T., Blay, J. Y., Chawla, S. P., Kim, D. W., Bui-Nguyen, B., Casali, P. G., ... Hohenberger, P. (2012). Pazopanib for metastatic soft-tissue sarcoma (PALETTE): A randomised, double-blind, placebo-controlled phase 3 trial. *The Lancet*, 379(9829), 1879-1886. doi:10.1016/S0140-6736(12)60651-5

### **Trabectedin or dacarbazine for metastatic liposarcoma or leiomyosarcoma:**

Demetri, G. D., von Mehren, M., Jones, R. L., Hensley, M. L., Schuetze, S. M., Staddon, A., ... Patel, S. R. (2016). Efficacy and safety of trabectedin or dacarbazine for metastatic liposarcoma or leiomyosarcoma after failure of conventional chemotherapy: Results of a phase III randomized multicenter clinical trial. *Journal of Clinical Oncology*, 34(8), 786. doi:10.1200/JCO.2015.62.4734

### **Post treatment follow-up schedule:**

Patel, S. R., Zagars, G. K., & Pisters, P. W. (2003). The follow-up of adult soft-tissue sarcomas. *Seminars in Oncology*, 30(3), 413-416. Elsevier. doi:10.1016/S0093-7754(03)00101-5

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## DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Sarcoma Center providers 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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