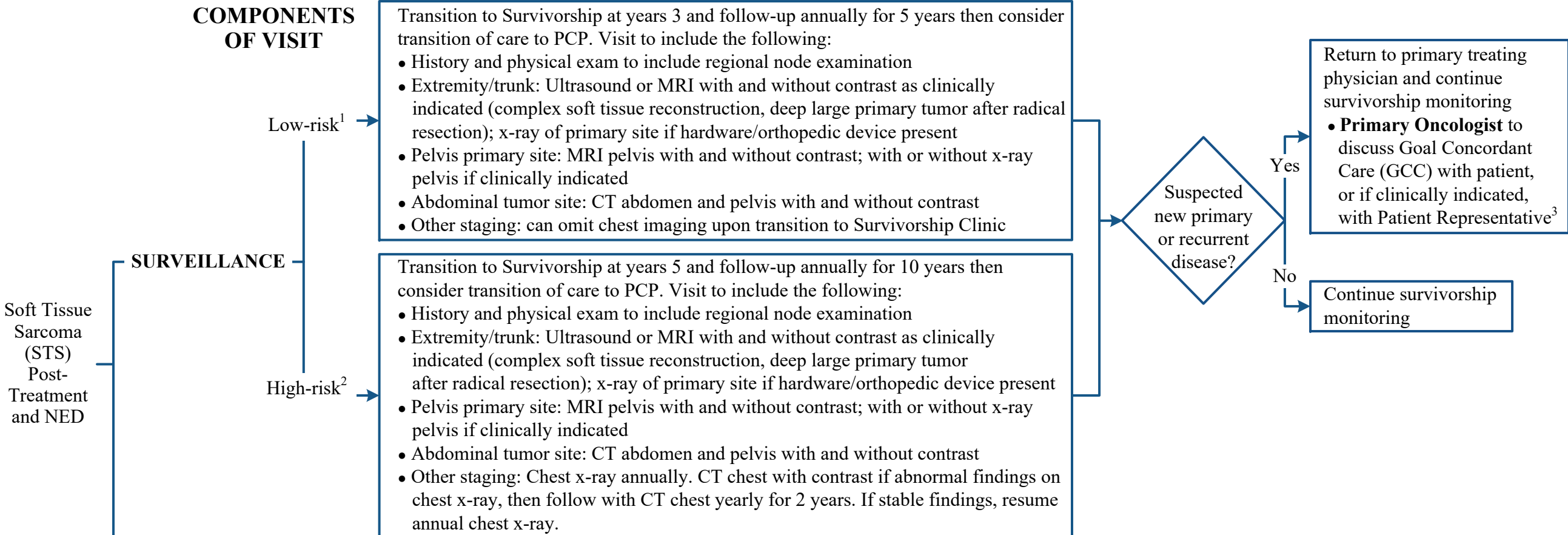


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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



Soft Tissue Sarcoma (STS) Post-Treatment and NED

SURVEILLANCE

Low-risk¹

High-risk²

Suspected new primary or recurrent disease?

Yes

No

MONITORING FOR LATE EFFECTS

See Page 2

RISK REDUCTION/EARLY DETECTION

See Page 3

PSYCHOSOCIAL FUNCTIONING

NED = no evidence of disease

¹ **Low-risk** (localized disease): dermatofibrosarcoma protuberans (DFSP), cutaneous sarcomas, low-risk gastrointestinal stromal tumor (GIST), desmoid tumors not on treatment, well-differentiated liposarcoma/atypical lipomatous tumors, inflammatory myofibroblastic tumor (IMT)

² **High-risk**: all other

³ 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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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION

Soft Tissue Sarcoma
 Post-Treatment and NED

MONITORING FOR LATE EFFECTS

- Assess for:
- CBC with differential and comprehensive metabolic panel (CMP) if treated with chemotherapy
 - Thyroid-stimulating hormone (TSH) and free T4 if prior radiation to the neck
 - Cardiotoxicity if treated with prior chemotherapy (see [Survivorship – Adult Cardiovascular Screening algorithm](#))
 - Renal toxicity if treated with prior chemotherapy
 - Insufficiency fracture
 - Radiation fibrosis
 - Radiation-induced malignancy
 - Lymphedema assessment and management
 - Limb salvage patients: assess for prosthetic/mechanical failure and/or prosthetic infection
 - Fit and condition of external prosthesis and document the K-level¹ for amputee patient
 - Fertility/sexual health (see [Ovarian Toxicity Monitoring algorithm](#))
 - Breast cancer screening if previously treated with radiation
 - Adult: Annual breast screening 8-10 years post radiation treatment to the chest/axilla or at age 40 years; whichever comes first (see [Breast Cancer Screening algorithm](#))
 - Annual MRI breast (bilateral) in addition to screening mammography for patients who received irradiation to the chest between the ages of 10 and 30 years old
 - Pediatric: Annual breast screening post radiation treatment to the chest/axilla/TBI beginning at puberty until age 25, then every 6 months
 - Annual MRI breast and screening mammography 8 years post radiation treatment or at age 25 years; whichever occurs last

Refer or consult as indicated

NED = no evidence of disease

TBI = total body irradiation

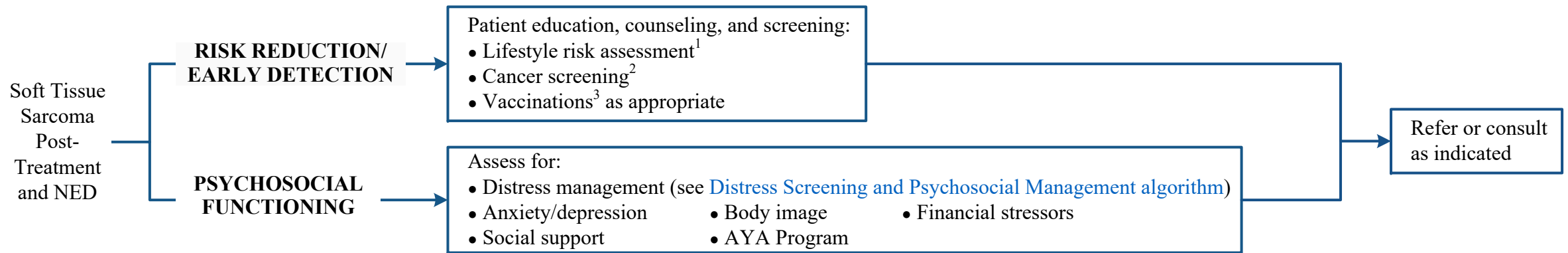
¹ K-level is a rating system used by the [Centers for Medicare & Medicaid Services \(CMS\)](#) to indicate the patient’s rehabilitation potential and intended use of the lower limb prosthesis

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



NED = no evidence of disease

¹ See [Physical Activity, Nutrition, Obesity Screening and Management](#) and [Tobacco Cessation Treatment](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

² Includes [breast, cervical, colorectal, liver, lung, pancreatic, prostate and skin cancer screening](#)

³ Based on [American Society of Clinical Oncology \(ASCO\) guidelines](#)

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SUGGESTED READINGS - continued

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

Mo, Z., Deng, Y. M., Bao, Y. Liu, J., & Jiang, Y. (2023). Evaluation of cardiotoxicity of anthracycline-containing chemotherapy regimens in patients with bone and soft tissue sarcomas: A study of the FDA adverse event reporting system joint single-center real-world experience. *Cancer Medicine*, 12(24), 21709-21724. doi:10.1002/cam4.6730

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