Adult Soft-Tissue Sarcoma\(^1\) for Clinical Stage III

This practice algorithm has been specifically developed for MD Anderson using a multidisciplinary approach and taking into consideration circumstances particular to MD Anderson, including the following: MD Anderson’s specific patient population; MD Anderson’s services and structure; and MD Anderson’s clinical information. Moreover, this algorithm is not intended to replace the independent medical or professional judgment of physicians or other health care providers. This algorithm should not be used to treat pregnant women.

\(^1\)Intermediate Grade: greater than or equal to 10 cm and High Grade: greater than or equal to 5 cm.

**INITIAL EVALUATION**

- Sarcoma Multidisciplinary Planning Conference
- History and Physical
- Baseline laboratory studies
- Plain films of primary
- CXR or CT Chest
- Pre-treatment biopsy (core-needle biopsy preferred)
- Histology review of Soft Tissue Sarcoma Pathologist
- MRI of primary (if not intra-abdominal)
- Screening MRI of spine (if Small Cell)
- CT of abdomen and pelvis (if Myxoid Lipo Sarcoma or Retroperitoneal or pelvic primary)
- EKG and Cardiac Scan (MUGA or ECHO) (if cardiac history or high risk)
- Bone Scan (if indicated by history)
- Plain Film (if indicated by history)
- Post excision MRI\(^2\)

**TREATMENTS**

\(^*\)NOTE: See Page 3 for chemotherapy regimen references*

Treatment of Sarcoma should not be initiated until the histologic subtype is known.

**PRE-OP CHEMOTHERAPY**\(^*\) (Up to 6 cycles)

**LOCAL THERAPY**

1. Second line chemotherapy or clinical trial
2. Evaluation for palliative local therapy as appropriate

**SURVEILLANCE**

- History and Physical (H&P)
  - Every 3 months for 2 years, then
  - Every 4 months for 2 years, then
  - Every 6 months for 1 year, then
  - Annually

- CBC, differential, platelets, total protein, albumin, calcium, glucose, creatinine, total bilirubin, alkaline phosphatase, LDH, SGPT every visit.

- CXR every visit with H&P above
- CT chest if CXR becomes equivocal or for surgical planning
- Ultra-sound or MRI of primary (CT for intra-abdominal) every visit with History and Physical (H&P) above
- Cardiac scan as needed

\(^2\)Post excision MRI - allow a minimum of 6 weeks post excision to allow for resolution of post-operative change.

\(^3\)Consider the following for post-op chemotherapy: performance status 0-1 post local therapy; significant radiologic or pathologic response; adequate organ function.

\(^\)Not applicable to all histologies e.g. Gastrointestinal Stromal Tumor (GIST), Chondrosarcoma, Alveolar Soft-Parts Sarcoma, Clear Cell Sarcoma.

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**NOTE:** Clinical trials are considered preferred treatment options for eligible patients.

### CHEMOTHERAPY REGIMEN REFERENCES

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

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

**High-dose ifosfamide for BONE and SOFT-TISSUE sarcoma:**

**Gemcitabine +/- Taxotere for SOFT-TISSUE sarcomas:**

**Pazopanib for metastatic SOFT-TISSUE sarcoma:**

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

**Post treatment follow-up schedule:**
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DEVELOPMENT CREDITS

This practice guideline is based on majority expert opinion of the Sarcoma Center Faculty at the University of Texas, MD Anderson Cancer Center.

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