Adult Soft-Tissue Sarcoma for Clinical Stage III
Extremity/Superficial Trunk

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.

INITIAL EVALUATION

- Sarcoma Multidisciplinary Planning Conference
- History and physical (H&P)
- Baseline laboratory studies: CBC with differential and platelets, comprehensive metabolic panel (CMP)
- Plain film radiographs of primary tumor location
- CT chest with contrast
- Pre-treatment biopsy (core-needle biopsy preferred)
- Histology review of soft tissue sarcoma by pathologist
- MRI primary tumor with and without contrast (if not intra-abdominal)
- MRI thoracic and lumbar spine with and without contrast (if small cell)
- CT abdomen and pelvis with and without contrast (on initial assessment) if myxoid liposarcoma
- EKG and cardiac scan (MUGA or ECHO) (if cardiac history or high risk)
- Bone scan (if indicated by history)
- Post excision MRI if with and without contrast
- Lifestyle risk assessment

TREATMENT

(Note: See Page 2 for chemotherapy regimen references)

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

LOCAL THERAPY

- Evaluate for resection of metastasis
  - Yes
  - No

  1. Third line chemotherapy or
  2. Clinical trial or
  3. Supportive care

PRE-OP CHEMOTHERAPY

(Up to 6 cycles)

- Chemotherapy regimens based on patient factors and histologic subtype

SURVEILLANCE

- 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 with differential, platelets, total prote albumin, calcium, glucose, creatinine, total bilirubin, alkaline phosphatase, LDH, and ALT every visit
- Chest x-ray every visit with H&P as above (optional if CT chest ordered)

1 Not applicable to all histologies such as gastrointestinal stromal tumor (GIST), chondrosarcoma, alveolar soft-parts sarcoma, clear cell sarcoma.

Clinical Stage III: patients with Intermediate Grade (greater than or equal to 10 cm) and High Grade (greater than or equal to 5 cm)

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

3 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle

risks should be a part of routine clinical practice

4 Consider the following for chemotherapy: performance status 0-1 post local therapy, significant radiologic or pathologic response, adequate organ function

Approved by The Executive Committee of Medical Staff 07/31/2018

Department of Clinical Effectiveness V8

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SUGGESTED READINGS

Adriamycin/ifosfamide for osteosarcoma and soft-tissue sarcomas:

Eribulin versus dacarbazine for advanced liposarcoma or leiomyosarcoma:

High-dose ifosfamide for osteosarcoma 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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