

# **Sarcoma**

## **National Follow-up Guidelines**

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| <b>Prepared by</b> | Dr Ioanna Nixon, Dr Lucy Wall and Lindsay Campbell                             |
| <b>Approved by</b> | SSN, WoSCAN RCCLG and WoSCAN RCAG  |
| <b>Issue date</b>  | December 2015  |
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| <b>Version</b>     | 2.0 (replaces v1.0 April 2012 {Bone/Soft Tissue} and v1.0 October 2012 {GIST}) |

## Sarcoma National Follow-up Guidelines Review

The purpose of the sarcoma national follow-up guidelines is to ensure consistency of practice across Scotland and the principles of any revision to the follow-up guidelines will continue to ensure that management of patients after initial treatment for sarcoma are:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guidelines continue to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Provide psychological and supportive care; and
- Detect and treat recurrent disease.

Follow-up practice has to be patient centred and, ideally, supported by empirical evidence of improved outcomes and survival. In the absence of good quality evidence, care should be tailored to the needs and preference of patients. The construction of appropriate follow-up guidance requires balancing perceived patient needs with effective utilisation of resources.

A review of the existing sarcoma national guidelines (two guidelines; bone/soft tissue sarcomas and gastrointestinal stromal tumours (GISTs)) commenced in October 2014, led by Dr Ioanna Nixon (bone and soft tissue), Consultant Clinical Oncologist, Edinburgh and Dr Lucy Wall (GISTs), Consultant Medical Oncologist, Edinburgh. An evidence review indicated<sup>1</sup> there were changes in GIST practice that required amendment to the guidelines. The annual recording of the patient's performance status and Toronto Extremity Salvage Score (TESS) for bone tumours were included as reminders to Clinicians.

The Sarcoma National Follow-up Guidelines (Appendix 1) were updated to reflect this change in GIST practice; with GIST patients receiving five additional scans of their abdomen and pelvis over the ten year period of their follow-up while all twenty four scans would no longer include their chest. Dr Des Alcorn confirmed there is no perceived resource or service configuration impact from this change.

These national guidelines are recommended by the Sarcoma NMCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

## Appendix 1

**Trial protocols should be followed whenever applicable.**

### **Adult Localised Soft Tissue Tumour** (Limb, Head and Neck, Thorax)

**Table 1: High Risk** (includes high grade {Trojani 2 or 3} **or** previous local recurrence or positive margins)

| Year | Clinical evaluation | CXR                  | Routine imaging of local site                                 | Performance Status          |
|------|---------------------|----------------------|---|-----------------------------|
| 1    | 2-4 monthly         | Each scheduled visit | Baseline MRI 4 – 6 months following treatment, then 6 monthly | 1 <sup>st</sup> anniversary |
| 2    | 2-4 monthly         | Each scheduled visit | 6 monthly   | 2 <sup>nd</sup> anniversary |
| 3    | 4-6 monthly         | Each scheduled visit | Annual  | 3 <sup>rd</sup> anniversary |
| 4    | 6 monthly           | Each scheduled visit | Annual  | 4 <sup>th</sup> anniversary |
| 5    | 6 monthly           | Each scheduled visit | Annual  | 5 <sup>th</sup> anniversary |
| 5-10 | Annual              | Annual               | No  | Each anniversary            |
| 10+  | Annual or discharge | No                   | No  | Each anniversary            |

**Table 2: Low Risk** (low grade {Trojani grade 1} with complete resection, **or** superficial completely resected small {less than 5cm} any grade)

| Year | Clinical evaluation | CXR  | Imaging of local site  | Performance Status          |
|------|---------------------|--|--|-----------------------------|
| 1    | 4-6 monthly         | No evidence for routine use.<br>Local policy to be decided in each region. | No evidence for routine use.<br>Local policy to be decided in each region. | 1 <sup>st</sup> anniversary |
| 2    | 4-6 monthly         |  |  | 2 <sup>nd</sup> anniversary |
| 3    | 6-12 monthly        |  |  | 3 <sup>rd</sup> anniversary |
| 4    | Annual              |  |  | 4 <sup>th</sup> anniversary |
| 5    | Annual              |  |  | 5 <sup>th</sup> anniversary |
| 5-10 | Annual              |  |  | Each anniversary            |
| 10+  | Annual or discharge |  |  | Each anniversary            |

## **Adult Malignant Localised Bone Tumour**

**Table 3: High Risk** (includes high grade {grade 2 or above} or previous local recurrence or positive margins)

| Year | Clinical evaluation | CXR                  | Plain X-ray of prosthesis or primary site | Sectional imaging (CT or MRI) | Performance Status and TESS |
|------|---------------------|----------------------|---|-------------------------------|-----------------------------|
| 1    | 2-4 monthly         | Each scheduled visit | Annual                                    | At discretion of local team   | 1 <sup>st</sup> anniversary |
| 2    | 2-4 monthly         | Each scheduled visit | Annual                                    |                               | 2 <sup>nd</sup> anniversary |
| 3    | 4-6 monthly         | Each scheduled visit | Annual                                    |                               | 3 <sup>rd</sup> anniversary |
| 4    | 6 monthly           | Each scheduled visit | Annual                                    |                               | 4 <sup>th</sup> anniversary |
| 5    | 6 monthly           | Each scheduled visit | Annual                                    |                               | 5 <sup>th</sup> anniversary |
| 5-10 | Annual              | Annual               | Annual                                    |                               | Each anniversary            |
| 10+  | Annual or discharge | No                   | As required for mechanical surveillance   |                               | Each anniversary            |

**Table 4: Low Risk** (low grade {grade 1} and completely resected)

| Year | Clinical evaluation | CXR  | Plain X-ray of prosthesis or primary site | Sectional imaging (CT or MRI) | Performance Status and TESS |
|------|---------------------|--|---|-------------------------------|-----------------------------|
| 1    | 4-6 monthly         | No evidence for routine use. Local policy to be decided in each region | Annual                                    | At discretion of local team   | 1 <sup>st</sup> anniversary |
| 2    | 4-6 monthly         |  | Annual                                    |                               | 2 <sup>nd</sup> anniversary |
| 3    | 6 monthly           |  | Annual                                    |                               | 3 <sup>rd</sup> anniversary |
| 4    | Annual              |  | Annual                                    |                               | 4 <sup>th</sup> anniversary |
| 5    | Annual              |  | Annual                                    |                               | 5 <sup>th</sup> anniversary |
| 5-10 | Annual              |  | Annual                                    |                               | Each anniversary            |
| 10+  | Annual or discharge |  | As required for mechanical surveillance   |                               | Each anniversary            |

**Adult Localised Retroperitoneal or Pelvic Soft Tissue Tumours** (excludes GIST)

**Table 5: Retroperitoneal or Pelvic Soft Tissue Tumours**

| Year | High Risk<br>(Trojani grade 2 or 3, incomplete resection) | Low Risk<br>(Trojani grade 1 and complete resection) | Performance Status          |
|------|---|--|-----------------------------|
| 1    | 6 monthly   | 6 monthly  | 1 <sup>st</sup> anniversary |
| 2    | 6 monthly   | Annual   | 2 <sup>nd</sup> anniversary |
| 3    | Annual  | Annual   | 3 <sup>rd</sup> anniversary |
| 4    | Annual  | Annual   | 4 <sup>th</sup> anniversary |
| 5    | Annual  | Annual   | 5 <sup>th</sup> anniversary |
| 6 +  | Annual  | Annual   | Each anniversary            |

CT or MRI imaging to be decided locally

## **Gastrointestinal Stromal Tumour (GIST)**

**Table 6: High Risk with adjuvant therapy (adjuvant therapy approved for 3 years and recommend MRI for young patients)**

| Year   | Clinical evaluation   | Radiology                                | Performance Status           |
|--|-----------------------|--|------------------------------|
| 1  | 3 monthly             | CT (AP) at 3 and CT/MRI (AP) at 9 months | 1 <sup>st</sup> anniversary  |
| 2  | 3 monthly             | CT/MRI (AP) at 15 and 21 months          | 2 <sup>nd</sup> anniversary  |
| 3  | 3 monthly             | CT/MRI (AP) at 27 and 33 months          | 3 <sup>rd</sup> anniversary  |
| 4 or 1 <sup>st</sup> year after completion of adjuvant therapy     | 3-4 monthly           | CT/MRI (AP) at 39, 41 and 45 months      | 4 <sup>th</sup> anniversary  |
| 5 or 2 <sup>nd</sup> year after completion of adjuvant therapy     | 3-4 monthly           | CT/MRI (AP) at 49, 53 and 57 months      | 5 <sup>th</sup> anniversary  |
| 6 or 3 <sup>rd</sup> year after the completion of adjuvant therapy | 6-12 monthly          | CT/MRI (AP) annually                     | 6 <sup>th</sup> anniversary  |
| 7 or 4 <sup>th</sup> year after the completion of adjuvant therapy | 6-12 monthly          | CT/MRI (AP) annually                     | 7 <sup>th</sup> anniversary  |
| 8 or 5 <sup>th</sup> year after the completion of adjuvant therapy | 6-12 monthly          | CT/MRI (AP) annually                     | 8 <sup>th</sup> anniversary  |
| 9  | 6-12 monthly          | CT/MRI (AP) annually                     | 9 <sup>th</sup> anniversary  |
| 10   | Annually              | No                                       | 10 <sup>th</sup> anniversary |
| 11+  | Annually or discharge | No                                       | Each anniversary             |

**Table 7: High Risk without adjuvant therapy (and recommend MRI for young patients)**

| Year   | Clinical evaluation   | Radiology                                 | Performance Status          |
|--------|-----------------------|---|-----------------------------|
| 1      | 6 monthly             | CT (AP) at 6 and CT/MRI (AP) at 12 months | 1 <sup>st</sup> anniversary |
| 2      | 6 monthly             | CT/MRI (AP) at 18 and 24 months           | 2 <sup>nd</sup> anniversary |
| 3      | 6 monthly             | CT/MRI (AP) at 30 and 36 months           | 3 <sup>rd</sup> anniversary |
| 4      | 6 monthly             | CT/MRI (AP) at 42 and 48 months           | 4 <sup>th</sup> anniversary |
| 5      | 6 monthly             | CT/MRI (AP) at 54 and 60 months           | 5 <sup>th</sup> anniversary |
| 6 – 10 | Annually              | CT/MRI (AP) annually                      | Each anniversary            |
| 11+    | Annually or discharge | No  | Each anniversary            |

**Table 8: Moderate Risk (and recommend MRI for young patients)**

| Year   | Clinical evaluation   | Radiology                   | Performance Status          |
|--------|-----------------------|-----------------------------|-----------------------------|
| 1      | 6-8 monthly           | CT/MRI (AP) at 6-8 months   | 1 <sup>st</sup> anniversary |
| 2      | Annually              | CT/MRI (AP) at 18-20 months | 2 <sup>nd</sup> anniversary |
| 3      | Annually              | CT/MRI (AP) at 30-32 months | 3 <sup>rd</sup> anniversary |
| 4      | Annually              | CT/MRI (AP) at 42-44 months | 4 <sup>th</sup> anniversary |
| 5      | Annually              | CT/MRI (AP) at 54-56 months | 5 <sup>th</sup> anniversary |
| 6 - 10 | Annually              | No                          | Each anniversary            |
| 11+    | Annually or discharge | No                          | Each anniversary            |

**Table 9: Low Risk (and recommend MRI for young patients)**

| Year   | Clinical evaluation   | Radiology            | Performance Status          |
|--------|-----------------------|----------------------|-----------------------------|
| 1      | Annually              | CT (AP) at 12 months | 1 <sup>st</sup> anniversary |
| 2      | Annually              | CT (AP) at 24 months | 2 <sup>nd</sup> anniversary |
| 3      | Annually              | CT (AP) at 36 months | 3 <sup>rd</sup> anniversary |
| 4      | Annually              | CT (AP) at 48 months | 4 <sup>th</sup> anniversary |
| 5      | Annually              | CT (AP) at 60 months | 5 <sup>th</sup> anniversary |
| 6 - 10 | Annually or discharge | No                   | Each anniversary            |

**Table 10: Very Low risk (patients followed up in Primary Care)**

| Year   | Clinical evaluation   | Radiology | Performance Status |
|--------|-----------------------|-----------|--------------------|
| 1 - 10 | Annually or discharge | No        | Each anniversary   |

**Reference**

1. EJC Joensuu, et al 51 (2015) pages 1611-1617