

Shared Care Pathway for Breast Sarcomas

Background

This guidance is to provide direction for the management of patients with sarcomas that may present through breast cancer services and to define the relationship that should exist with the specialist sarcoma MDT. This guidance refers to the care of patients within the Oxford and Thames Valley specialist services for soft tissue sarcomas and are provided by the Sarcoma Unit within the Oxford Sarcoma Service.

Sarcomas arising in the breast are uncommon. A variety of histiotypes are recognised, often presenting as a breast lump. Nodal involvement occurs infrequently. Cutaneous angiosarcomas are well-recognised as a complication of previous radiotherapy treatment for breast cancer. The breast is an occasional site of metastasis from sarcoma, particularly rhabdomyosarcomas. Phyllodes tumours are fibroepithelial tumours which may be benign or malignant.

Principles

This guidance is being developed in accordance with the relevant measures in the Manual for Cancer Services:

1) Notification

All sarcoma patients presenting to a local Breast MDT should be notified to the Sarcoma MDT nominated in the local network Breast cancer operational policy.

2) Review by Sarcoma MDT

a) Pathology

All breast sarcomas will have pathology review undertaken by the nominated specialist sarcoma pathology service (for details see MDT operational policies).

b) Management

Management of all new soft tissue sarcomas will be referred to the sarcoma MDT. Early referral from the time of suspicion or biopsy is recommended.

It is not mandatory for phyllodes tumours to be referred to the sarcoma MDT unless there is frank sarcomatous change or overgrowth.

Radiation induced sarcoma should be managed in a sarcoma centre.

3) Recurrence

All recurrent breast sarcomas will be discussed and reviewed by the sarcoma MDT.

Role and Responsibility

	Specialist Breast MDT / Clinic	Sarcoma MDT / Clinic
Presentation	Assess new cases of suspected breast cancer Notify Sarcoma MDT of all new cases of breast sarcoma	
Diagnosis	Refer all cases of breast sarcoma for pathology review Refer all new cases of breast sarcoma for review by sarcoma MDT	Review pathology of all new cases of breast sarcoma Clinical review of all new cases
Treatment	Initial surgery	Complex surgery and second operations in conjunction with breast MDT All chemotherapy and radiotherapy, or by agreed designated practitioners
Follow-up	Follow-up according to agreed guidelines of selected patients agreed by MDTs	Follow-up in accordance with sarcoma follow-up guidelines of all patients treated by the Sarcoma MDT

Pathway Summary – Breast Sarcomas

Breast Cancer MDT Coordinator contact details:

Referral to Breast MDT (GP / A&E)

Breast sarcoma suspected by Breast MDT on basis of clinical, imaging and/or pathological criteria (imaging and biopsy performed by Breast MDT)

- All histology reviewed
- Refer to Oxford Sarcoma Service
- Discuss at Sarcoma MDT
- Pathology review
- Agree management plan
- See patient – liaise with Breast MDT

Primary Surgery

Either:

- Perform at Sarcoma Centre by core member of Sarcoma MDT; *or*
- Liaise with referring local Breast MDT for site-specific surgery under referring MDT

Primary Chemotherapy and/or Radiotherapy

Either:

- Treatment at Sarcoma Centre; *or*
- Liaise with local Breast MDT for local treatment

Further pathology review by Specialist Sarcoma Pathologist if required.

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Post Treatment MDT – further treatment or follow-up

Follow-up according to agreed Breast MDT guidelines and Oxford Sarcoma Service follow-up guidelines (for those patients treated by Sarcoma MDT)

- Follow-up at Sarcoma Centre; *or*
- Follow-up at local Breast Unit

Recurrence

Follow-up at Sarcoma Centre

Notes

Patients **under 25** will also be referred to the Teenage and Young Adult or Paediatric MDTs as appropriate.