

Summary

Title	
Aims	Distribution of the agreed pathways for follow up of patients with soft tissue sarcoma by the Oxford Sarcoma Service.
Issued by	Oxford Sarcoma Advisory Group (OSAG)
As agreed by	OSAG: <ul style="list-style-type: none"> • Core members • Trust Sarcoma Clinical Lead • Oxford Sarcoma MDT
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Available at	https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/

Follow up pathways for soft tissue sarcoma

Introduction

This pathway refers to the care of patients within the Oxford Sarcoma Network with soft tissue sarcoma of the following categories:

1. Localised extremity post-surgery +/- radiotherapy
2. Abdominal/retroperitoneal/gynaecological sarcomas post-surgery (excluding GIST)
3. Head and neck sarcomas
4. Breast sarcomas
5. Chest wall and intrathoracic sarcomas
6. Dermal sarcomas
7. Post-pulmonary metastasectomy

The aim of the pathway is to ensure patients receive appropriate and timely care from teams with the appropriate diagnostic and treatment expertise.

Principles of the service

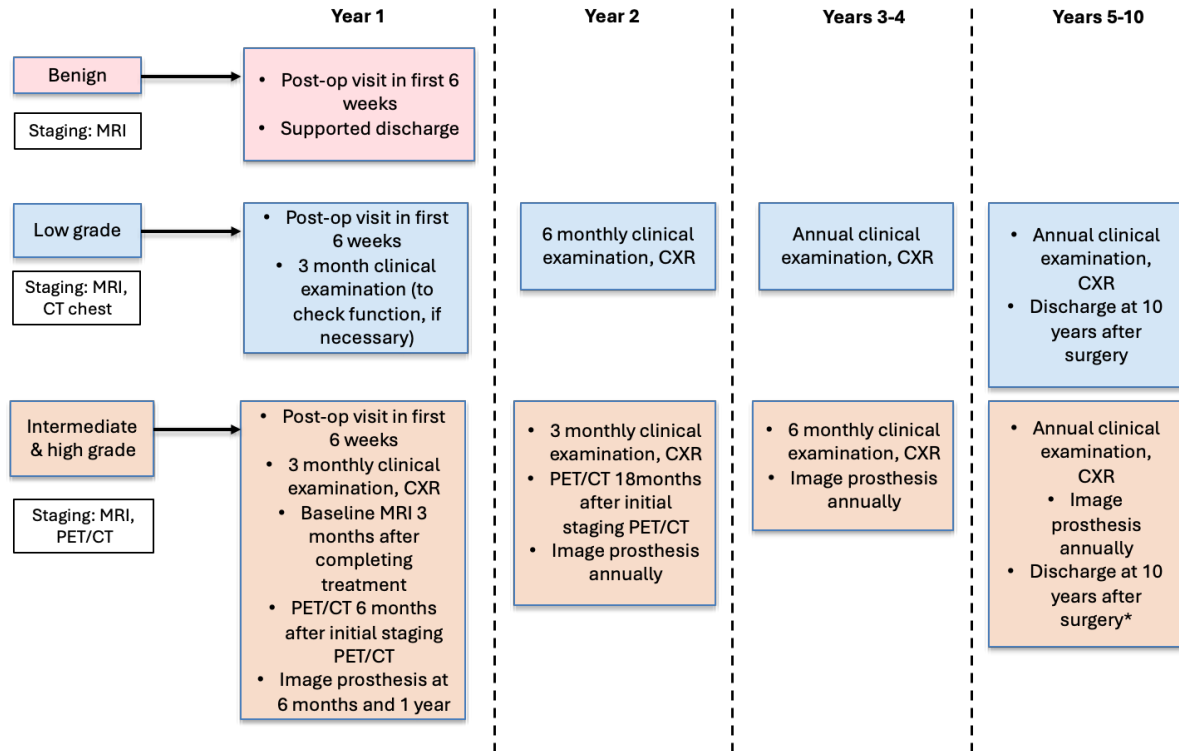
- All people with a suspected or confirmed diagnosis of sarcoma must be referred to a Specialist Sarcoma Centre for multidisciplinary team (MDT) discussion.
- The principal role of a Sarcoma MDT is to determine a care plan for all people with bone and soft tissue sarcoma and to be responsible for its delivery either by members based at the Specialist Sarcoma Centre or by designated practitioners working at Local Sarcoma Units or by Children/Teenage and Young Adult Principal Treatment Centres following care pathways agreed by the Sarcoma Advisory group
- Pathology for all sarcomas must be reviewed by a Specialist Sarcoma Pathologist for diagnostic confirmation and undertaking any appropriate molecular analysis and genomic testing
- Sarcoma services must be structured and managed to reduce the number of unplanned excisions or excisions undertaken outside a specialist centre
- All resections of sarcomas are undertaken by surgeons who are core or designated members of the Sarcoma MDT.

Take home messages

- The default position is that patients with suspected or confirmed primary bone or soft tissue tumours should be referred as soon as possible to the Nuffield Orthopaedic Centre for diagnosis and surgical treatment as soon as possible
- All patients with confirmed bone or soft tissue must be discussed in the Oxford Sarcoma Service MDT to plan appropriate multidisciplinary care. Discussion should take place before treatment unless clinical urgency means this is not possible.
- In clinically urgent cases, the treating clinician should discuss the proposed intervention with other appropriate members of the MDT if possible.

Pathways/Guidance

1. Localised extremity post-surgery +/- radiotherapy



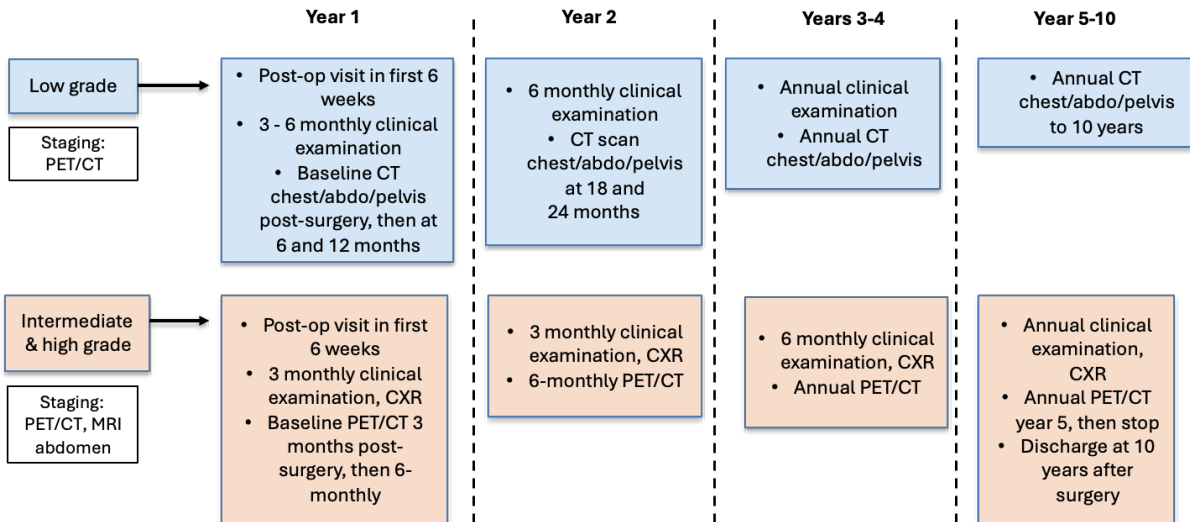
***unless:**

- Patient has had treatment related toxicity that requires long term follow-up
- Patient has a prosthesis in situ (follow-up evaluation by orthopaedic team)
- Teenage and young adult patients (<25 years at diagnosis) – will require long term follow-up in a late effects service
- Clinical trial patients on active follow-up

2. Abdominal/retroperitoneal/gynaecological sarcomas post-surgery (excluding GIST)

Because of the uncertainty about the timing and benefits of intervention for recurrent disease, surgical or otherwise, in this group of sarcomas follow up can take two forms: **radiologically directed follow-up**, or **clinically directed follow-up**. The choice of follow-up protocol is a clinical decision between clinician and patient, taking into account biological factors of the particular histological sub-type.

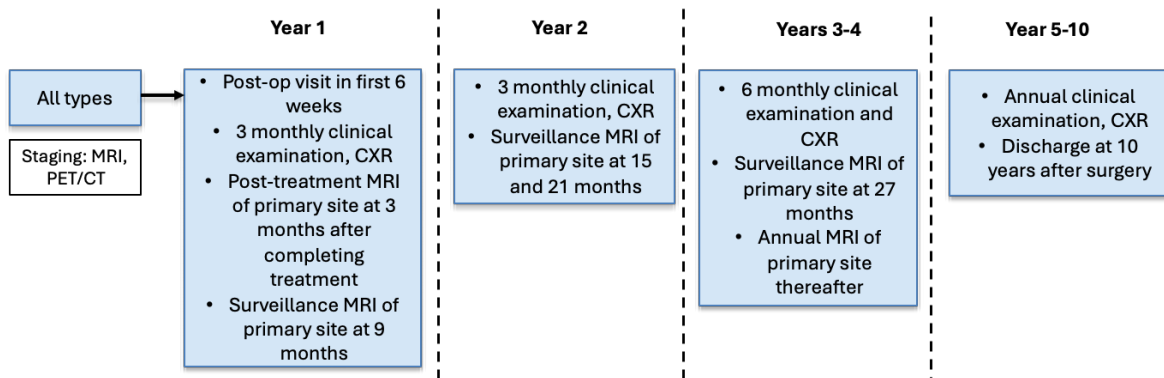
a. Radiologically directed follow-up:



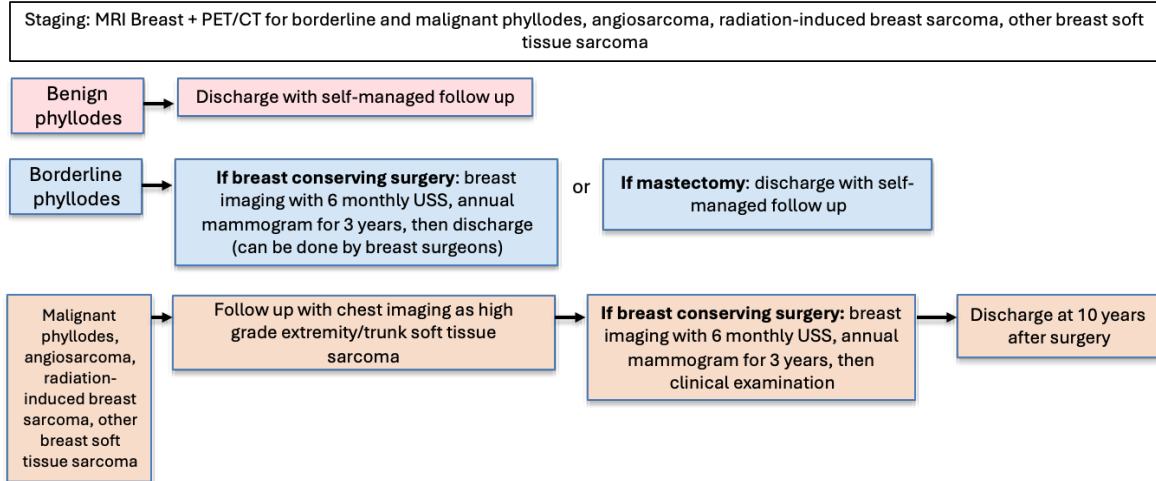
b. Clinically directed follow-up:

Follow up intervals as above, with evaluation for new abdominal symptoms and clinical examination. Scanning (CT chest/abdo/pelvis or PET/CT) is instituted for clinical suspicion of recurrence. Chest surveillance is performed at each visit by CXR.

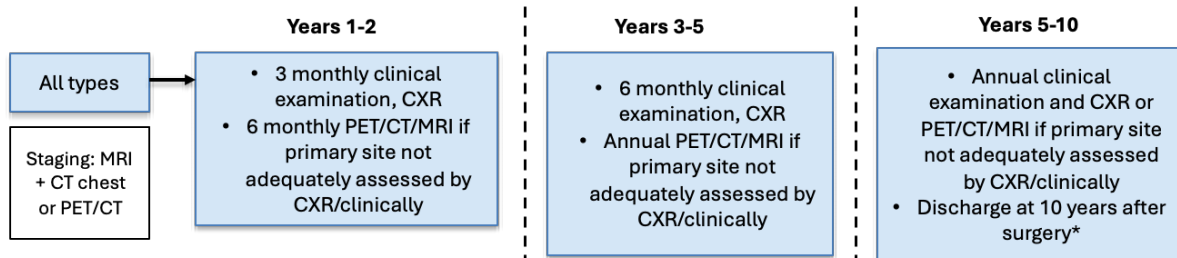
3. Head and neck sarcomas



4. Breast sarcomas



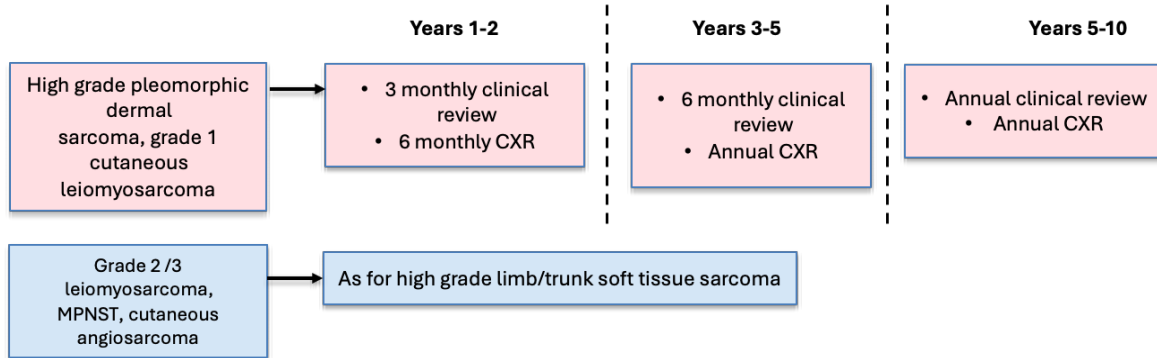
5. Chest wall and intra-thoracic sarcomas



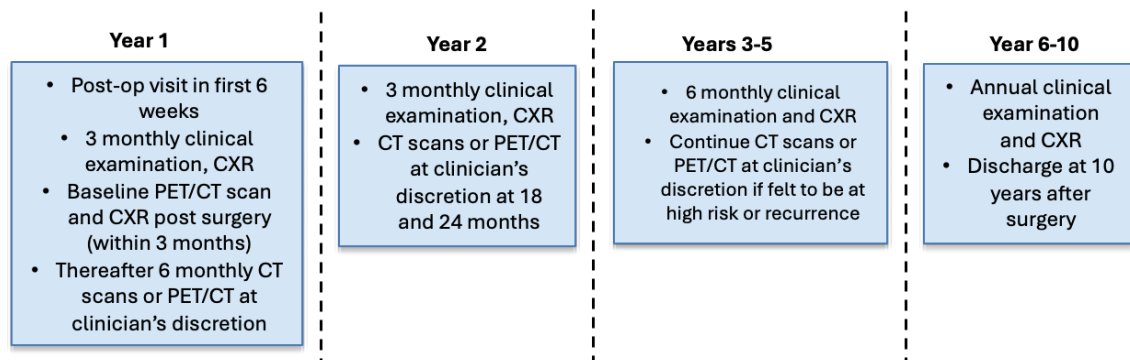
*unless histiotypes associated with late recurrence or metastases, when longer follow-up should be considered: Low grade fibromyxoid sarcoma; sclerosing epithelioid fibrosarcoma; synovial sarcoma; extraskeletal myxoid chondrosarcoma; mesenchymal chondrosarcoma

6. Dermal sarcomas

Staging: MRI primary site (or CT if MRI contra-indicated) + CT or CXR; PET/CT if cutaneous angiosarcoma



7. Post-pulmonary metastasectomy



Points of Contact

General referral information

<https://www.ouh.nhs.uk/oxfordsarcomaservice/referrals/>

Email

sarcoma.referrals@ouh.nhs.uk

Sarcoma Office Telephone

01865 738061

Emergent/Clinically urgent cases

For direct discussion with Nuffield Orthopaedic Centre Registrar/Fellow on call available through hospital switchboard: 0300 304 7777.