

Management of Atypical Lipomatous Tumours (ALTs)

Aims: Distribution of the agreed pathway for management of ALTs by the Oxford Sarcoma Service.

Issued by: Oxford Sarcoma Advisory Group (OSAG)

As agreed by OSAG:

- Core members
- Trust Sarcoma Clinical Lead
- Oxford Sarcoma MDT

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Available at: [Oxford Sarcoma Advisory Group - Oxford Sarcoma Service - Oxford University Hospitals](#)

Management of Atypical Lipomatous Tumours (ALTs)

Introduction

- This pathway refers to the care of patients within the Oxford Sarcoma Network with suspected or confirmed atypical lipomatous tumours.
- 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.

Points of contact

General referral information

[Oxford Sarcoma Service Referrals - Oxford Sarcoma Service - Oxford University Hospitals](#)

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

Pathways / Guidance

Recurrent ALT (GP / Self-referral) / First presentation lump / Excised elsewhere (consider PIN Audit):

- OPA
- MRI
- (Or referred into service with MRI already done)

New Patient Meeting

Biopsy indicated

Biopsy

Histology

VTC MDT (soft tissue sarcomas)

Follow soft-tissue sarcoma pathway

Existing MDT (ALTs)

High level of confidence for ALT – biopsy not indicated

OPA

Discuss surgery or observation

(Cancer fax, COSD, CNS contact); then either

Surveillance MRI 6/12 after OPA then back to Existing MDT; **or**

Surgery

Within 31 days of Decision to Treat

FU Clinic

6/52 after surgery. Review margins

If intra-lesional

- Consider re-excision within 31 days
- Nurse-led follow-up

If sarcoma

BTAP MDT

If recurrent ALT

Nurse-led follow-up

If fully excised

Supported discharge (teach self-examination, patient information)