Protocol for Planning and Treatment

The process to be followed when a course of chemotherapy is required to treat:

Osteosarcoma and Soft Tissue Sarcoma

Patient information given at each stage following agreed information pathway

1. DIAGNOSIS

This protocol applies to patients with a diagnosis of Osteosarcoma or Soft Tissue Sarcoma.

2. STAGING

All patients with a sarcoma diagnosis should be staged by a CT (chest/abdomen/pelvis).
Patients with Ewings Sarcoma also require a bone scan and bone marrow examination as part of their stageing.
Patients with soft tissue sarcoma and a single (or very few) lung metastases should be referred for consideration of resection of the lung metastasis.

3. PATHOLOGY

Pathological examination of sarcomas defines the nature, grade and stage of the tumour. All new cases of osteosarcoma or soft tissue sarcoma should be discussed at the Scottish Sarcoma Multidisciplinary meeting.
Pathology and radiology should be available at the multidisciplinary meeting.

4. INVESTIGATIONS

There are individual protocols for osteosarcoma (Euramos) and Ewings sarcoma (Euro-Ewings) and these should be consulted for the investigations required prior to commencing chemotherapy.
Soft tissue sarcoma patients require a GFR (if receiving Ifosfamide) and a MUGA scan (if receiving adriamycin). All patients require a FBC and basic biochemical screen prior to starting chemotherapy. A pre-treatment CXR can be useful if there is disease in the chest for monitoring response to treatment.

5. CHEMOTHERAPY

Soft tissue sarcomas have up to an approximate 30% response rate to chemotherapy. There is no evidence that adjuvant treatment (except for synovial sarcoma) improves survival and chemotherapy is usually reserved for recurrent or metastatic disease.
Osteosarcomas and Ewings Sarcomas are treated according to the schedules in the Euramos and EuroEwings protocols.
Chemotherapy should be prescribed on the chemocare system. (To include patient's name, date of birth, unit number, height, weight, surface area, diagnosis, haematology and biochemistry).

Patients should be considered for entry into a clinical trial where appropriate.

Patients receiving chemotherapy will normally require a CT scan after cycles 3 and 6 to assess the response to treatment.

Choice of Chemotherapy

Soft Tissue Sarcoma

Ist Line Treatment
For patients with soft tissue sarcoma (except angiosarcoma) treatment will be :

Ifosfamide(3g/m^2 infusion d1-3+Mesna 5.4g/m^2 infusion d1-3) with Doxorubicin 20mg/m^2 d1-3 q 21 days. This should be given via a central line.
GCSF (pegylated) should be administered 24 hours following completion of chemotherapy after each cycle to help maintain dose intensity.

For patients with contra-indications or who are judged as unable or unwilling to tolerate Ifosfamide, treatment will be:

Doxorubicin single agent therapy 75mg/m^2 IV bolus q 21 days depending on age and fitness.

2nd Line Treatment

There is no standard 2nd line treatment for soft tissue sarcoma patients. Patients should be considered for a clinical trial which may require referral to a larger centre.

Metastatic Uterine Leiomyosarcoma

Patients with metastatic uterine leiomyosarcoma should be considered for gemcitabine/docetaxel as second line treatment
Gemcitabine 900 mg^2 day 1, Docetaxel 60 mg/m^2 day 8
(Ref: Hensley, et al. Gemcitabine and Docetaxel in patients with unresect leiomyoscarcoma; Results of a Phase II Trial. Journal of Clinical Oncology, Vol 20, No 12 (June 15) 2002)

Angiosarcoma

Ist Line Treatment
Paclitaxel 175mg/m^2 (or docetaxel (100mg/m^2 cycles 2-6, 75mg/m^2 cycle1) q 21 days

2nd Line Treatment
Doxorubicin 75mg/m^2 IV q 21 days

Osteosarcoma and Ewings Sarcoma

Osteosarcomas and Ewings Sarcomas are treated according to the schedules in the Euramos and EuroEwings protocols.

6. RADIOTHERAPY

Radiotherapy to the tumour bed (adjuvant radiotherapy) may be recommended following primary surgery for soft tissue sarcoma. Radiotherapy also has an important role in the primary treatment of osteosarcoma and Ewings sarcoma (see protocols).
Radiotherapy can be effective for the palliation of symptoms in metastatic disease including brain metastases. Single brain metastases may be appropriate for surgical removal.

Author: …… Signature: …….. Date: ……

Chair: …… Signature: …….. Date: ……
(on behalf of OHMMG)

This document is uncontrolled when printed