

## Standards of Care (SOC) in Soft Tissue Sarcoma MDT Meetings

### Lipomatous lesions:

- **SOC1: Radiologically benign subcutaneous lipomas.** Discharge from Sarcoma Pathway

In line with the Clinical Commissioning Policies of NHS Devon ICG<sup>1</sup> and NHS Cornwall and Isles of Scilly ICG<sup>2</sup>, the assessment or excision of subcutaneous lipomas are not routinely commissioned. CNS team to contact the patient and inform them of the benign diagnosis. Patient discharged from Sarcoma Pathway. Outcome to GP.

- **SOC2: Radiologically benign intra or intermuscular lipomas.** Discharge from Sarcoma pathway.

2a: Radiologically benign lipomas deep to the deep fascia and not related to critical structures. There is no clearly defined or commissioned pathway in either Devon or Cornwall/IoS for radiologically benign lipomas located deep to the deep fascia. If the patient is symptomatic, GP may refer to the appropriate local surgical service, e.g. Plastic Surgery, ENT, General Surgery. CNS team to contact the patient and inform them of the benign diagnosis. Patient discharged from Sarcoma Pathway. Outcome to GP.

2b: Radiologically benign lipomas deep to the deep fascia with close proximity to critical structures. Lipomas in close proximity to critical structures may pose a risk to those structures. These patients may be offered an outpatient appointment with a soft tissue sarcoma surgeon for clinical review, as decided by the Sarcoma MDT. CNS team to contact the patient and inform them of the benign diagnosis. Patient discharged from Sarcoma Pathway. Outcome to GP.

- **SOC3: Radiologically atypical lipomatous lesions (excluding retroperitoneal lesions).** For ultrasound guided biopsy +/- MDM2 analysis at sarcoma pathologist discretion. Patient with positive MDM2 to be rediscussed at MDT. Negative MDM2 results as per standards of care for benign lipomas. CNS team to liaise with patient. Outcome to GP.
- **SOC4: MDM2 positive lipomatous lesions (excluding retroperitoneal lesions).** Patient to be seen for clinical review and discussion of treatment options by a soft tissue sarcoma surgeon. CNS team to liaise with patient. Outcome to GP.

---

<sup>1</sup> Assessment and removal of benign skin and subcutaneous lesions clinical commissioning policy, dated 4 January 2022. <https://onedevon.org.uk/download/benign-skin-lesions/>

<sup>2</sup> Commissioning policies for 2022-2023, dated 6 April 2022; Page 131. <https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/IndividualFundingRequests/Policies/CommissioningPolicies.pdf>

## VERSION CONTROL

THIS IS A CONTROLLED DOCUMENT - PLEASE ARCHIVE ALL PREVIOUS VERSIONS ON RECEIPT OF THE CURRENT VERSION.

Please check the Peninsula Cancer Alliance website for the latest available version:

<https://peninsulacanceralliance.nhs.uk/network-advisory-groups/soft-tissue-sarcoma-advisory-group-sag/>

The Peninsula Sarcoma Advisory Group (SAG) will evaluate and update these guidelines on an annual basis, via the SAG meetings, considering advancements and/or changes to relevant healthcare policies/clinical guidelines and evidence-based research.

It is expected that all Trusts within the Peninsula Cancer Alliance will be able to meet the standards of care recommended within these guidelines.

VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER
4.0	SEPTEMBER 2024	DRAFT	Peninsula Sarcoma Advisory Group
4.1	SEPTEMBER 2024	FINAL DRAFT	Peninsula Sarcoma Advisory Group
5.0	OCTOBER 2024	AGREED	Peninsula Sarcoma Advisory Group