Peninsula Cancer Alliance

Peninsula Cancer Alliance Sarcoma Advisory Group

Pleomorphic Dermal Sarcomas Standards of Care

V.1 FINAL

VERSION CONTROL

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

Please check the Peninsula Cancer Alliance (PCA) website for the latest available version: https://peninsulacanceralliance.nhs.uk/network-advisory-groups/soft-tissue-sarcoma-advisory-group-sag/

The PCA Sarcoma Advisory Group (SAG) will evaluate and update these guidelines on an annual basis, via the PCA 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 use these standards of care.

VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER
1.0	September 2025	FINAL AGREED BY SAG	PCA SAG

This document has been prepared by:

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Pleomorphic Dermal Sarcomas SOC

- completely excised (peripheral margin ≥5mm, deep margin ≥1mm*):

    - for sarcoma clinic FU total 5 years

    - discuss & offer staging (initial CT or CXR)

- incompletely excised

    - for WLE, burring outer table + reconstruction

    - discuss & offer staging (initial CT or CXR); if clinically fixed to bone to include CT-head

    - watchful wait acceptable if patient declines further surgery AND clinically no residual tumour/wound; discuss adjuvant RT** but also risk of wound problems

    - sarcoma clinic FU 5 years

- narrow margins

    - offer WLE, burring outer table + reconstruction to reduce LR risk

    - discuss & offer staging (initial CT or CXR); if clinically fixed to bone to include CT-head

    - watchful wait acceptable if patient declines further surgery AND clinically no residual tumour/wound; discuss adjuvant RT** but also risk of wound problems

    - sarcoma clinic FU 5 years

<u>* resection margins</u>

Some literature suggests safety margin should be widened to about 2cm to decrease risk of local recurrence, however anatomical, functional and aesthetic aspects should be taken into account

<u>**Radiotherapy</u>

Literature suggests neither pre- nor postoperative RT impacts on local recurrence or overall survival rates

<u>FU schedule</u>

Clinical Year 1,2,3 = 4/6 monthly, Year 4,5 = annual, Consider PIFU for further 5 years
Radiology Consider CXR at routine visits or 6 monthly

Treatment of PDS requires a pragmatic and tailored approach in discussion with each individual patient due to:

- *Optimal treatment remains unknown*
- *No consensus/guidelines (inter)nationally*
- *Published literature mainly based on case reports/small numbers with various treatment approaches and outcomes*
- *Often diagnosed in the elderly on sun-exposed skin, i.e. co-morbidities, limited average life expectancy, presence or at risk of common types of skin ca*