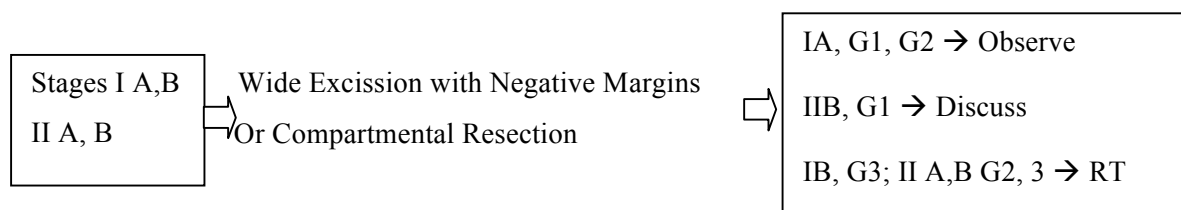


Extremity Soft Tissue Sarcoma

- Imaging of local part: MRI of extremities OR Pelvis
- **Histological diagnosis:**
 - If Tumor < 3cm and Superficial → Excision Biopsy
 - Others: 14-16 G core needle- multiple biopsies (Tattoo the biopsy entry point)
 - If open biopsy was done, include the scar in the final surgery.
- **Staging investigations:**
 - For all patients with extremity STS- CT Scan of the chest
 - Loco-regional lymph node imaging for Epitheloid/ Clear Cell sarcomas
 - CT abdomen for Myxoid Liposarcoma
 - CT Brain for alveolar soft part sarcoma, clear cell sarcoma, Angiosarcoma

Treatment:



- R1 or R2 resections- Re Excision if possible; RT if not possible.
- Locally advanced Tumours → Neo Adjuvant Chemotherapy and re assess (OR)
 Chemotherapy + Hyperthermia (OR)
 Isolated Limb Perfusion
- Radiation therapy:
 - For Brachytherapy:
 - Interstitial implants at the time of surgery → start treatment on 5th post op day. Dose- 21 Gy in 6 fractions, 3.5 gy per fraction thrice a day.
 - For EBRT:

- If Brachytherapy is completed, 50 Gy in 25# @ 2 Gy per # by conventional or conformal technique.
- If brachytherapy was not given, 60-66 Gy in 30-33 # @ 2 Gy per #
- Stage IIIA/ B: Wide Excision + Adjuvant RT/CT
- Timing of RT:
 - If wound complications are not expected to be significant, RT → Surgery
 - If significant wound complications are expected, Surgery → RT
- Advanced STS:
 - Metachronous (> 1 year) pulmonary metastases- Chemotherapy → surgery or surgery
 - Synchronous lung metastases- Chemotherapy followed by surgery of both extremity and lung, if CR in lung
 - Extra pulmonary metastases- Chemotherapy alone.
- Follow-up:
 - Post operatively,
 - High grade tumours: → History and Physical Examination; local examination and CXR 2-3 monthly for 2-3 years and less frequently thereafter.
 - Low grade tumours: → History and Physical Examination; local examination and CXR 4 monthly for 2-3 years and less frequently thereafter.