

Resource for Management Options of Sarcoma During COVID-19

DATE: March 23, 2020



SSO supports the need for treatment decisions to be made on a case-by-case basis. The surgeon's knowledge and understanding of the biology of each cancer, alternative treatment options, and the institution's policies at the time the patient will be scheduled for surgery all need to be taken into consideration.

The information below is based on the opinions of individuals who are experts within the field of sarcoma and are members of the Society's Sarcoma Disease Site Work Group.

Sarcoma

1. A primary soft tissue sarcoma without metastatic disease on staging that needs surgery will be prioritized for the OR.
 - a. Deferring the surgical treatment of newly diagnosed truncal/extremity well-differentiated liposarcoma/ALT and desmoids for at least 3 months or more. Will reassess at that time.
 - b. Resection of other low-grade lesions with known indolent behavior (e.g., retroperitoneal well-differentiated liposarcoma) and low metastatic risk (e.g., myxoid liposarcoma, low grade-fibromyxoid tumor) can be deferred for short intervals depending on available resources.
 - c. Consider short interval deferral of re-excision for R1 margins in extremity/truncal lesions if OR resources are limited.
2. If there is an indication for radiation therapy, will plan to do it preoperatively (already do that anyways). This can be administered in a lower risk outpatient setting and will push out the timing of surgery for about 3-4 months.
3. Use of neoadjuvant therapy for high grade sarcomas or recurrent disease can be considered if it can be safely delivered in an outpatient setting as a means of deferring surgical intervention.
4. Active observation protocols or low-toxicity systemic options can be considered for patients with recurrent disease. Surgery for recurrent disease can be offered to patients who:
 - a. are likely to have relatively high chances of obtaining long-term disease control in the context of complete gross resection (e.g., long disease-free interval, solitary site of recurrence)
 - b. require immediate palliation (e.g., due to bleeding, obstruction) and
 - c. who do not have indolent histologies (e.g., well-differentiated liposarcoma in the retroperitoneum) that can be managed with active observation.