


Patient management framework

# Osteosarcoma and soft tissue sarcoma



a guide to  
**consistent**  
cancer care



Patient management framework

## Osteosarcoma and soft tissue sarcoma

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## 1. Introduction

Improving care for those affected by cancer is a priority area for the Victorian Government. Cancer is a complex disease to diagnose and treat and represents a significant burden to patients, their families, the health system and the community at large. The environment in which cancer care is provided is constantly altering, impacted by advances in prevention, detection, treatment and changing community expectations. In light of this, cancer reform should be viewed as an ongoing process, evolving in response to changing demands.

Cancer reform in Victoria commenced in 2002, with the *Fighting cancer policy* and the *Cancer Services Framework for Victoria* (CSF). The CSF was underpinned by the following principles:

- an emphasis on multidisciplinary care to ensure that services are effective and efficient and meet the needs of those affected by cancer
- the provision of care as close to home as feasible
- quality and safety in all aspects of patient care.

The key areas described in the CSF were:

- the development of tumour streams and standards of care for the 10 most frequently occurring cancers
- role designation, accreditation and credentialling
- the development of the Integrated Cancer Services (ICS).

The ICS, which were established in 2004, are partnerships between health services for the purpose of planning and service improvement across a specific geographic area to ensure consumer access to high-quality, integrated cancer care in line with best practice.

There are three metropolitan, five regional and one statewide paediatric ICS. The ICS work with tumour groups (clinical networks), established for the most common tumour streams within a region. Tumour groups bring together health professionals and consumers with a common interest in a particular area, to improve the quality of care provided.

The Ministerial Taskforce for Cancer was established in 2003 to guide the cancer reform agenda. The taskforce's term was completed in 2007 and amongst their achievements was the development of 14 patient management frameworks across 10 tumour streams.

Cancer reform in Victoria has entered a new phase with the release of *Victoria's Cancer Action Plan 2008-2011* (VCAP), which builds on the cancer reform work that has been undertaken to date and sets the agenda for the next phase. VCAP has set the aspirational goal of increasing the five-year survival from cancer to 74 per cent by 2015. This is a significant challenge as the anticipated five-year survival by 2015, based on current projections, is 67 per cent.

VCAP aims to achieve this goal by investing in the following action areas.

- **Action area 1:** Reducing major cancer risk factors in the population and maximising effective screening
- **Action area 2:** Ensuring rapid translation of research into effective treatments and clinical care
- **Action area 3:** Investing in innovative treatments and technologies and sustainable integrated care systems
- **Action area 4:** Supporting and empowering patients and carers throughout their cancer journey.

## 2. Purpose of patient management frameworks

Patient management frameworks (PMFs) were developed to provide a consistent statewide approach to care management within each tumour stream. PMFs are a description of the care pathway, identifying critical points along the pathway and setting out the key requirements for providing optimal care that need to be considered at each point. PMFs provide a guide to the patient journey to ensure those affected by cancer receive optimal care and support.

PMFs are not clinical practice guidelines that guide appropriate practice and decision making. It should be noted that not all patients will progress through each step of the relevant patient management pathway. This is a consequence of many factors, including disease outcomes, management decisions and patient decisions. It is important that all patients are assessed and managed appropriately throughout each stage of their journey.

PMFs are not designed for accreditation purposes but may be used to facilitate local benchmarking, service mapping and service development.

The PMFs were developed in collaboration with a wide range of stakeholders, including clinicians, consumers and carers. The input from all stakeholders was essential to developing frameworks that support the delivery of optimal care. Wherever possible, the PMFs are based on current best practice, including clinical guidelines, care pathways, standards and research. In many cases however they are a statement of consensus regarding currently accepted approaches to treatment.

Underpinning the PMFs are the key principles of:

- multidisciplinary care
- supportive care
- care coordination
- quality care.

### 3. Multidisciplinary care

Multidisciplinary care is an approach that includes both treatment planning and ongoing care. The key principle of multidisciplinary care is that all cancer patients will have the opportunity for prospective treatment and care planning by a multidisciplinary team. Patient consent should be sought prior to presentation at the multidisciplinary meeting and the resulting recommendations should be communicated to the patient. Multidisciplinary care is centred on the patient, their family and carers, ensuring their input into the development of treatment plans that reflect the patient's medical and supportive care needs.

The multidisciplinary approach to cancer care in Victoria is outlined in *Achieving best practice cancer care: A guide for implementing multidisciplinary care* (DHS 2007).

### 4. Care coordination

Victoria is committed to developing a 'whole-of-system' approach to cancer care coordination, that involves redesigning systems of care to foster and support relationship-building between health services, health care providers and patients, ensuring continuity of care for cancer patients. Coordination of cancer care can:

- improve patient outcomes, when patients receive the appropriate care at the right time
- improve use of recommended treatments, including increased referral to appropriate services and patient compliance (when system processes are known and used)
- improve communication between providers
- streamline services, decrease duplication and reduce costs.

The Victorian approach to coordinated cancer care is outlined in *Linking cancer care: A guide for implementing coordinated cancer care* (DHS 2007).

## 5. Supportive care

Supportive care is an umbrella term used to refer to services that may be required by those with cancer, their family and carers. Supportive care in cancer refers to the domains of physical, social, information, spiritual and psychological needs. The aims of the Victorian supportive care strategic directions are to improve the supportive care outcomes for those affected by cancer, to build capacity within the supportive care workforce, to ensure resources are utilised appropriately and to ensure equity in the provision of supportive care services in Victoria for those affected by cancer.

The Victorian approach to supportive care is outlined in *Providing optimal cancer care: Supportive care policy for Victoria* (DHS 2009).

## 6. Quality

Improving quality in cancer care is the goal of all cancer reform work. A model for quality in Victorian cancer services has been developed, recognising that cancer services operate within an existing health care system that has arrangements, mechanisms and processes for quality. Six clinical dimensions are seen as key to improving the quality of cancer care. These areas are: consumer focus; safety; effectiveness; appropriateness; access; and continuity and care coordination. There are four structural components critical to improving the quality of cancer care. These structural components are: clinical governance; workforce credentialling and scope of practice; measurement for improvement; and consumer participation in quality improvement. The model is supported by:

- those participating in cancer care who understand cancer care and the ways to make improvement
- valid and reliable data that provide the means to measure and monitor improvement
- quality improvement tools that provide the mechanisms through which improvements can occur.

The model for quality in Victorian cancer services is described in *Clinical excellence in cancer care: A model for safety and quality in Victorian cancer services* (DHS 2007).

## 7. Credentialling and scope of practice

The document '*Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services*' was released in 2007. Credentialling is a formal process used to verify the qualifications, experience and professional attributes of a practitioner for the purpose of determining their suitability to provide health care services within specific organisational requirements. Scope of practice involves delineating the extent of an individual's practice within a particular organisation based on their credentials and the needs and capability of the organisation to support the scope of clinical practice.

In Victoria, the complexity of cancer care poses specific challenges for health professionals. The distances between health services and the relatively low numbers of complex cancers that will be seen at individual health services, or by individual health professionals, require innovative approaches to care to be developed. These include developing links between health professionals and multidisciplinary teams, and strengthening links between metropolitan and regional cancer services.

For patients to have access to quality services, it is important that professionals working in the area of cancer care:

- have the necessary skills to carry out those aspects of cancer care they undertake and that there is institutional capacity to support such care
- have links with a multidisciplinary care team, for the purpose of treatment planning, clinical advice, referral and continuing education
- follow evidence-based practice or treatment recommendations of the multidisciplinary care team
- undertake regular review of their performance and contribute to regular audit
- are actively involved in continuing professional development.

Patients must be provided with the information and support necessary to make an informed choice about their care, including the options of referral to other professionals or specialised centres.

## 8. Steps in the care of patients with osteosarcoma and soft tissue sarcoma

This section sets out the steps along the treatment pathway and the optimal care required. Not all patients will follow every step of the pathway. This will depend on particular features of the sarcoma at diagnosis and the patient's decisions about their care.

### Step 1:

**At community level, recognition of potential cancer signs or symptoms, or abnormal results from a screening test or investigation**

*This step identifies screening programs, the types of people who may be at higher than average risk of developing cancer, and the types of symptoms that require further investigations by the general practitioner.*

#### 1.1 Screening

There are no screening programs for osteosarcoma or soft tissue sarcoma.

#### 1.2 Those at higher risk

Risk factors for osteosarcoma include:

- family history (slight increased risk)
- past history of retinoblastoma
- Li-Fraumeni syndrome
- past history of childhood cancer
- prior abnormalities such as Paget's disease or polyostotic fibrous dysplasia.

Risk factors for soft tissue sarcoma include:

- familial syndromes
- past history of cancer
- past history of radiotherapy treatment.

#### 1.3 Signs and symptoms that should lead to general practitioner consultation

##### Osteosarcoma

The following should be investigated:

- mass
- pain
- swelling
- limp
- fractures with minimal trauma
- pain that is unremitting and unresponsive to analgesics.

In paediatrics the following should also be considered:

- ill-defined growing pains, present for greater than a week
- localised, persistent pain at night
- fevers associated with the pain.

##### Soft tissue sarcoma

The following should be investigated:

- a mass greater than five centimetres, deep to the deep fascia
- a growing mass
- a rapid change in a mass (over months)
- a mass that is present in an unusual site, not easily explained by chronic haematoma
- a mass where there is no associated history of trauma.

#### 1.4 Timeframe for general practitioner consultation

##### Osteosarcoma and soft tissue sarcoma

The patient should be seen:

- in the case of paediatrics, if they have pain that lasts longer than a week
- in the case of adults, if they have pain that lasts longer than two weeks, is persistent, non-responsive to oral analgesia and worse at night.

## Step 2:

### Initial diagnosis and referral

*This step details the process for establishing the diagnosis and the appropriate referral. The types of investigations undertaken require discussion and agreement between general practitioner, specialist and the patient.*

#### 2.1 General practitioner

##### Osteosarcoma

Required diagnostic tests include:

- an initial X-ray – anterior-posterior view and lateral view, encompassing the entire length of bone or joint should be performed
- ultrasound may be useful in the paediatric population where the differential diagnosis may be ganglion or cyst (any non-cystic lesion is significant)
- blood tests – FBE, ESR, CRP
- CT for lesions in the extremities
- MRI with contrast for abdominal/pelvic lesions
- after X-ray and MRI, referral to an orthopaedic specialist for guidance/support should occur prior to proceeding with treatment or biopsy.

If there is a clinical suspicion of sarcoma, a biopsy should not be performed in the first instance. It is preferable to discuss the need for a biopsy with an orthopaedic specialist and for the biopsy to be performed in a specialist centre after staging scans have been completed (X-ray, MRI, CT, and functional imaging). Errors in biopsy may lead to compromised surgery or limit the ability to perform limb-sparing surgery.

##### Soft tissue sarcoma

Required diagnostic tests include:

- Xray
- ultrasound – any lesion greater than five centimetres or deep to the deep fascia is significant, and should be investigated, a referral should be made for specialist attention.
- if concerns remain specialist advice should be sought.

A biopsy should not be performed at this stage.

#### 2.2 Referral

Any mass greater than five centimetres or deep to the deep fascia should be referred to a specialist centre.

##### Osteosarcoma

- In the absence of X-ray changes but persisting pain for longer than three months, a referral to an orthopaedic specialist should occur.
- Refer to a specialist centre if there is a clearly defined bone tumour or abnormality.
- Referral to an orthopaedic specialist is preferred prior to biopsy.
- Biopsy should be conducted under the supervision of an orthopaedic specialist, after functional imaging and staging has been performed, as biopsy may affect future surgical options. This is essential to ensure that best surgical outcomes are obtained.
- Referral should be made to a specialist centre that currently practises in this discipline.
- The specialist should provide this service in a timely manner, communicating outcomes to the general practitioner and providing notification if the patient does not attend.

### **Soft tissue sarcoma**

- The patient should be referred to an orthopaedic or general surgeon preferably at an adult specialist treatment centre with experience in sarcoma surgery.
- If it is suspected that the patient has a retroperitoneal soft tissue sarcoma, the referral should be made to a surgeon working within a sarcoma specialist team/centre.
- The patient should be seen by a specialist within two weeks.
- The general practitioner should speak with the specialist when making the referral.
- The specialist should provide this service in a timely manner, communicating outcomes to the general practitioner and providing notification if the patient does not attend.

### **Paediatrics**

- Patients aged less than 16 years should attend a paediatric specialist treatment centre.
- Patients aged 16 to 18 years should attend either a paediatric or adult specialist centre with access to a multidisciplinary team and supportive services appropriate to the adolescent and young adult age group.

### **2.3 Staging**

#### **Osteosarcoma and soft tissue sarcoma**

X-ray, MRI, CT, and Thallium are essential, PET may be included as part of the work of the specialist team.

### **2.4 Biopsy**

- Do not perform biopsy without first obtaining appropriate surgical advice.
- Biopsy should be undertaken at the centre where definitive care is to be provided and may involve interventional radiology and specialist pathology expertise.
- Specialist centres will undertake molecular pathology and this should be encouraged.
- The biopsy request to Radiology should be from the specialist surgeon who is to perform the definitive excision or open biopsy if appropriate.

### Step 3:

#### Determination of treatment program

*This step identifies the members of the multidisciplinary team who need to be involved in the initial treatment planning for this type of cancer. The guiding principle is that interaction between experienced team members should determine the recommended treatment path.*

#### 3.1 Multidisciplinary team

##### Osteosarcoma and soft tissue sarcoma

The multidisciplinary team comprises but is not limited to (in alphabetical order):

- clinical psychologist
- general practitioner
- interventional radiologist
- medical or paediatric oncologist
- nurse
- orthopaedic surgeon
- orthotist
- occupational therapist
- pain management specialist
- pathologist
- physiotherapist
- radiation oncologist
- radiologist
- reconstructive surgeon
- social worker
- surgical oncologist
- thoracic surgeon.

With access to:

- palliative care services where appropriate
- supportive care services where appropriate
- adolescent and young adult (AYA) support where appropriate.

#### 3.2 Multidisciplinary planning

##### Osteosarcoma and soft tissue sarcoma

- All patients should be presented at a multidisciplinary team meeting to discuss the treatment plan prior to treatment commencing, if possible.
- For optimal treatment this patient cohort should be managed by a multidisciplinary team within a specialist centre that has current expertise.
  - Higher case load numbers increase the likelihood of a positive outcome and it is preferable that treatment occurs in centres that receive a high volume of referrals. An expert opinion was expressed by Enneking (1983) that care for adults with sarcoma should occur in centres that receive 300 referrals of suspected musculoskeletal tumours per year for investigation/management.
- A second opinion should be provided upon request. It should be noted that multidisciplinary planning takes into account multiple consultant opinions from a range of disciplines.
- An expert pathology panel should review all soft tissue sarcomas.
- The primary specialist who makes the referral to the multidisciplinary team is responsible for the patient until care is passed to another practitioner.

### 3.3 Next steps in starting treatment

#### Osteosarcoma and soft tissue sarcoma

- Fertility options should be discussed with the patient and/or family, where appropriate, prior to the commencement of treatment.
- The lead clinician should ensure there is adequate discussion with the patient (and family) of the diagnosis and recommended treatment, including rationale and aim, likely effects, possible outcomes, other treatment options, and supportive care needs for the patient and family.
- Timely communication with the general practitioner about the agreed treatment plan is essential.
- Progression of care within the multidisciplinary team should be coordinated, ensuring the patient, general practitioner and multidisciplinary team members are clear on their responsibilities for the coordination of care.

### Step 4:

#### Implementation of treatment

*This step is concerned with the scope of clinical practice to deliver quality and safe care. Scope of practice reflects both the expertise and experience of the individual as well as the organisational capability for the provision of safe, high-quality cancer services.*

### 4A: Surgery

#### 4A.1 Patients who may benefit from surgery

##### Osteosarcoma

- Nearly all patients with limb tumours will be offered surgery.
- Surgery might not be possible for patients with truncal tumours but should be considered.

##### Soft tissue sarcoma

- All patients will be considered for limb-sparing surgery.

#### 4A.2 Training and experience of surgeon

##### Osteosarcoma and soft tissue sarcoma

- Surgeon (FRACS or equivalent) with adequate training and experience in the surgical management of sarcoma, which encompasses institutional credentialling and agreed scope of practice in this area.
- Surgeons treating paediatric patients should have adequate knowledge and experience in the management of sarcoma in children.
- Participation in multidisciplinary meetings and auditing processes is essential.

### 4A.3 Hospital or treatment unit characteristics

#### Osteosarcoma and soft tissue sarcoma

##### **Staff**

Staffing includes:

- surgeon, as specified in 4A.2
- anaesthetic services
- pathology/molecular pathology
- on-site hospital medical officers
- multidisciplinary team as previously designated
- fellowship programs across the diversity of disciplines
- interventional diagnostic radiologist
- pain management specialist.

##### **Facilities**

The following are available:

- intensive care
- functional imaging
- full anatomic imaging modalities
- clinical trials resources/database
- theatre with prosthetics capability
- pathology/histopathology services
- inpatient bed availability
- associated allied health services.

## 4B: Radiotherapy

### 4B.1 Patients who may benefit from radiotherapy

#### Osteosarcoma

- Radiotherapy may be offered in some cases of Ewing's sarcoma.
- Radiotherapy may be appropriate for spinal tumours.
- Radiotherapy for osteosarcoma is mainly used for palliation.

#### Soft tissue sarcoma

- All patients should be considered for pre-operative radiotherapy.
- Some patients may be considered for post-operative radiotherapy depending upon surgical margins.

### 4B.2 Training and experience of radiation oncologist

- Radiation oncologist (FRANZCR or equivalent) with adequate training and experience encompassing institutional credentialling and agreed scope of practice within this area.
- Radiation oncologists treating paediatric patients should have adequate knowledge and experience in the management of sarcoma in children.
- Participation in multidisciplinary team meetings and auditing processes is essential.

### 4B.3 Hospital or treatment unit characteristics

#### Osteosarcoma and soft tissue sarcoma

##### **Staff**

Staffing includes:

- nurses
- radiation oncologist as specified in 4B.2
- radiation oncology medical physicist
- radiation therapist
- for paediatric patients, all staff should have paediatric expertise.

##### **Facilities**

The following are available:

- dual modality LINACS
- CT planning facilities
- CT simulation
- treatment planning system.

*Note: Combined chemotherapy and radiation therapy needs coordination, especially where the facility is not co-located.*

## 4C: Drug therapy

### 4C.1 Patients who may benefit from drug therapy

#### Osteosarcoma

- All patients will be considered for drug therapy.
- All paediatric patients will receive drug therapy.
- Drug therapy should preferably conform to an existing trial protocol.

#### Soft tissue sarcoma

- All patients will be considered for drug therapy.
- All patients should have access to clinical trials.
- Drug therapy should preferably conform to an existing trial protocol.

### 4C.2 Training and experience of medical oncologist

#### Osteosarcoma and soft tissue sarcoma

- Medical oncologist (FRACP or equivalent) with adequate training and experience that enables institutional credentialling and agreed scope of practice within this area.
- Patients aged under 16 years should be treated by a paediatric oncologist (FRACP or equivalent) with adequate training and experience that enables institutional credentialling and agreed scope of practice within this area.
- Participation in multidisciplinary team meeting and auditing processes is essential.

### 4C.3 Hospital or treatment unit characteristics

#### Osteosarcoma and soft tissue sarcoma

#### Staff

Staffing includes:

- Medical or paediatric oncologist as specified in 4C.2
- nurses with adequate training in chemotherapy administration, handling and disposal of cytotoxic waste
- if chemotherapy is prepared on site, a pharmacist with adequate training in chemotherapy medications, including dosing calculations according to protocols, formulations and/or preparation is required
- access to AYA services where appropriate
- access to supportive care services.

Some components of less complex therapies may be delivered in a setting where no medical oncologist is locally available, by another medical practitioner with training and experience that enables credentialling and agreed scope of practice within the area. This should be in accordance with a detailed treatment plan or agreed protocol, and with communication as agreed with the medical oncologist or as clinically required.

In some circumstances it may be appropriate for patients residing in regional areas to be treated locally with guidance from the specialist treating centre. Effective communication with the managing regional oncologist is mandatory. Treatment should be coordinated between the centres.

### Facilities

- The facility has a clearly defined path to emergency care and advice after hours.
- The facility is able to care for neutropenic patients.
- There is access to haematology testing.
- Cytotoxic drugs are prepared in a pharmacy with appropriate facilities.
- Occupational health and safety guidelines are followed in relation to handling of cytotoxic drugs, including preparation, waste procedure and spill kits.
- Guidelines and protocols in the case of extravasation of drugs are available, understood and adhered to.
- An intensive care/high dependency unit is available.
- Combined therapy with chemotherapy, radiation therapy and surgery needs coordination, especially where the physical facility is not co-located.

### 4C.4 Communication with patient and family

#### Osteosarcoma and soft tissue sarcoma

- All patients will require communication about the late effects of chemotherapy.
- Where appropriate, fertility issues associated with chemotherapy and access to specialist advice and fertility preservation should be discussed.
- Link with local services 'regional outreach shared care program' to ensure local hospital and paediatricians are aware of discharge, treatment and likelihood of supportive care locally.

## Step 5

### Follow-up care

*This step includes monitoring of the disease (including detection of metastatic disease) and management of symptoms that arise following the initial treatment. A clear follow-up plan needs to be established to avoid excessive follow-up by multiple specialists. Follow-up may vary depending upon the intent of the initial treatment.*

### 5.1 Plan for follow-up

#### Osteosarcoma and soft tissue sarcoma

- A follow-up plan needs to be agreed between the patient and the designated multidisciplinary team member, documented and communicated to the general practitioner.
- The follow-up plan needs to be individualised according to risk and individual patient need, for example, rehabilitation, age, symptom management.
- Patients should be informed of specific symptoms that will require earlier follow-up.

#### Osteosarcoma

At a minimum, follow-up post treatment should consist of:

- three-monthly clinical review for two years (and diagnostic interventions as indicated)
- six-monthly clinical review for the next two years
- annual review after four years, until eight years post treatment
- ten years' post-treatment follow-up for paediatric patients.

### Soft tissue sarcoma

At a minimum, follow-up post treatment should consist of:

- three-monthly clinical review for two years (and diagnostic interventions as indicated)
- six-monthly clinical review for the next two years
- annual review after four years, until eight years post treatment.

Multidisciplinary planning for follow-up of paediatric patients should consider long-term effects of treatment and ensure follow-up occurs throughout puberty, transfer to an adult unit for continuing follow-up may be required.

### 5.2 Persons involved in follow-up care

#### Osteosarcoma and soft tissue sarcoma

- Not all disciplines need to be involved in follow-up care. The multidisciplinary team, in consultation with the general practitioner, decides who will coordinate follow-up.
- Patient-specific follow-up may require access to the allied health team.
- Patients may be required to attend the specialist centre for follow-up care due to the equipment available for diagnostic interventions, for example, scanning facilities.

## Step 6

### Determination of plan and treatment for recurrence

*This step covers treatment for recurrence. The intent may be curative or disease control and, in some situations, palliative. Clinical evaluation and patient decision making will determine the focus of the treatment.*

#### 6.1 Investigative tests ordered

##### Osteosarcoma and soft tissue sarcoma

One or more of the following investigations may be indicated:

- CT/MRI scanning with comparison to post-treatment scans
- functional imaging with Thallium scans, PET scanning may be useful
- X-ray may be useful
- FBE/biochemistry
- biopsy by specialist team.

#### 6.2 Multidisciplinary team

##### Osteosarcoma and soft tissue sarcoma

Management should be discussed with the multidisciplinary team and consideration given to the appropriate centre for management:

- patients previously treated in a paediatric centre may require transfer to an adult specialist centre
- collaboration between paediatric and adult centres may be required depending on the age and condition of the patient
- all patients should be referred to a specialist centre.

### 6.3 Treatments that a patient is most likely to have for recurrence

#### Osteosarcoma and soft tissue sarcoma

- Treatment will depend on the location and extent of the recurrence, and on previous management.
- All patients who present with recurrence will be considered for clinical trials.
- Chemotherapy/radiotherapy/surgery may be offered depending on the type/location of recurrence and performance status of the patient.

### Step 7:

#### End-of-life care

*This step is concerned with the quality of life for the patient and their family through care that addresses physical, psychological, emotional and spiritual needs. For the family and carers, this may include bereavement support.*

#### 7.1 Multidisciplinary team

##### Osteosarcoma and soft tissue sarcoma

The multidisciplinary team should include but is not limited to (in alphabetical order):

- allied health as appropriate
- clinical psychologist
- general practitioner
- medical or paediatric oncologist
- nurses
- paediatric or AYA services as appropriate
- palliative care service-relevant team members
- pastoral care services-relevant team members
- radiation oncologist
- surgical oncologist.

#### 7.2 Services that may be required

For both osteosarcoma and soft tissue sarcoma the following may be required:

- palliative care service: community-based and inpatient
- home and community care
- community nursing
- allied health
- AYA services as required
- financial assistance/equipment needs.

## 9. Specific supportive care needs to consider for patients with osteosarcoma and soft tissue sarcoma

The supportive care needs of patients with sarcoma will vary in severity and complexity along the disease trajectory. Identifying and assessing the supportive care needs of people with sarcoma involves a general assessment of the physical, psychological, social, information and spiritual needs. In addition to these general needs, all members of the multidisciplinary team should be aware of the particular needs related to sarcoma that may require intervention from specific members of the multidisciplinary team.

### Physical needs

- rehabilitation may be required following surgery and a program designed for individual needs. This may involve a range of members from the multidisciplinary team and consideration will need to be given to the coordination of care.

### Psychological needs

- anxiety and depression
  - adolescents and young adults requiring support and counselling should be referred to a specialist unit such as OnTrac.
  - children and their families requiring support and counselling should be referred to a specialist paediatric oncology unit.

### Fertility

- fertility issues should be discussed with patients and, where appropriate, their family.

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