

## RECOMMENDATIONS FOR FOLLOW-UP AND SURVEILLANCE

Surveillance strategies in cancer are adopted for the detection of local or distant recurrences based on the assumption that early detection and treatment prolongs survival; for detection of secondary tumours or other relevant medical conditions, which might have been caused by the previous anti-cancer treatment; and as a source of reassurance to the patient. However, there is concern about potential negative effects of using excessive radiation in surveillance imaging of cancer survivors (1, 2) and about causing anxiety by frequent investigations (3).

Due to the lack of prospective data, follow-up recommendations for soft tissue sarcomas after primary curative treatment are based on expert opinions and vary in frequency and modality, but all include regular chest imaging and some include routine imaging of the primary site (4-6).

### Soft Tissue Sarcoma

#### Intermediate and high grade extremity sarcoma

	Year 1	Year 2	Year 3 + 4	Year 5 - 10
Physical examination	Every 3 months	Every 3 months	Every 6 months	Annually
Chest	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 6 months	CT-chest (alternatively CXR) annually
Primary site	XR only in case of prosthesis at 3, (6,) 12 months; MRI at 3, 6, 12 months	XR only in case of prosthesis annually; MRI at 3-6 months	XR only in case of prosthesis annually; MRI at 6 months	XR only in case of prosthesis annually; MRI individually
Laboratory*	Every 3 months	Every 3 months	Every 6 months	Annually
Others	Echocardiography annually if treated with anthracyclins			

\*only in patients who received chemotherapy

#### Low grade extremity sarcoma

	Year 1	Year 2	Year 3 + 4	Year 5 - 10
Physical examination	Every 3 months	Every 3 months	Every 6 months	Annually
Chest	CT-chest (alternatively CXR) every 6 months	CT-chest (alternatively CXR) every 6 months	CT-chest (alternatively CXR) annually	CT-chest (alternatively CXR) annually
Primary site	MRI (alternatively CXR) every 6 months	MRI (alternatively CXR) every 6 months	MRI (alternatively CXR) annually	MRI (alternatively CXR) annually

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### Intermediate and high grade retroperitoneal / abdominal / thoracic sarcoma

	Year 1	Year 2	Year 3 + 4	Year 5 - 10
Chest	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 6 months	CT-chest (alternatively CXR) annually
Primary site	Baseline CT scan chest/abdomen/pelvis post surgery, then every 6 months	CT scan chest/abdomen/pelvis every 6 months	CT scan chest/abdomen/pelvis annually	–
Laboratory*	Every 3 months	Every 3 months	Every 6 months	Annually

\*only in patients who received chemotherapy

### Low grade retroperitoneal / abdominal sarcoma

	Year 1	Year 2	Year 3 - 10
Primary site	Baseline CT scan chest/abdomen/pelvis post surgery, then every 6 months	CT scan chest/abdomen/pelvis every 6 months	CT scan chest/abdomen/pelvis annually
Physical examination	Every 3 months	Every 6 months	Annually

### Bone Sarcoma

#### High grade osteosarcoma / spindle cell sarcoma of bone / dedifferentiated chondrosarcoma

	Year 1	Year 2 + 3	Year 4 + 5	Year 6 - 10
Physical examination	Every 3 months	Every 3 months	Every 6 months	Annually
Chest	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 3 months	CT-chest (alternatively CXR) every 6 months	CT-chest (alternatively CXR) annually
Primary site	XR every 2 months	XR every 3 months	XR every 6 months	XR annually
Laboratory*	Every 2-3 months	Every 3 months	Every 6 months	Annually
Others	Echocardiography annually if treated with anthracyclins			

\*including Ca, PO<sub>4</sub>, Mg, HCO<sub>3</sub><sup>-</sup>, LH, FSH, estradiol/testosterone annually

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### References

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4. Grimer R, Judson I, Peake D, Seddon B. Guidelines for the management of soft tissue sarcomas. Sarcoma. 2010;2010:506182. Epub 2010/07/17.
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