APPENDIX 1 - **Individuals at High Risk of Pancreatic Cancer**

(Taken from International Cancer of the Pancreas Screening (CAPS) Consortium summit on the management of patients with increased risk for familial pancreatic cancer. 2012

Who should be screened?

Individuals with three or more affected blood relatives, with at least one affected FDR, should be considered for screening.

Individuals with at least two affected FDRs with PC, with at least one affected FDR, should be considered for screening once they reach a certain age.

Individuals with two or more affected blood relatives with PC, with at least one affected FDR, should be considered for screening.

All patients with Peutz–Jeghers syndrome should be screened, regardless of family history of PC.

p16 carriers with one affected FDR should be considered for screening.

BRCA2 mutation carriers with one affected FDR should be considered for screening.

BRCA2 mutation carriers with two affected family members (no FDR) with PC should be considered for screening.

PALB2 mutation carriers with one affected FDR should be considered for screening.

Mismatch repair gene mutation carriers (Lynch syndrome) with one affected FDR should be considered for screening.

PC= pancreatic cancer, FDR=first degree relative

APPENDIX 2: Environmental and genetic causes which can lead to an increased incidence of soft tissue malignancy.

Exposure to chemicals

Phenoxyacetic acids (found in some herbicides)
Chlorophenols (found in some wood preservatives)
Thorotrast (radioactive contrast agent)
Vinyl chloride (used in making plastic)
Arsenic

Chronic Lymphoedema

Less than 1 in every 3000 women who have mastectomy and get chronic lymphedema develop angiosarcoma (cancer research.uk.org)

Genetic Pre-disposition

Neurofibromatosis (von Recklinghausen\s disease)
Li-Fraumeni syndrome - a genetic syndrome which causes several different types of cancers to occur in affected families
Retinoblastoma
Familial polyposis coli (Gardner's syndrome)

Infections and lowered Immunity

Kaposi's sarcoma (STS which develops in the blood vessels is caused by Human Herpes-8 infection (HHV-8) in people with lowered immunity.
Epstein Barr virus may have a role in the development of STS in immunodeficient patients.

Radiation induced soft tissue sarcoma - rare but has been associated with radiotherapy for breast cancer and lymphoma, with an average time between exposure and tumour representation of about 10 years.[4]

APPENDIX 3 - Diagnostic Tool

Diagnostic Tool – is it soft tissue sarcoma?

All patients with suspected/diagnosed soft tissue sarcoma refer to a **Sarcoma Specialist Centre.**

Clinical presentations

- Lump bigger than a golf ball (>5cm)
- Lump increasing in size
- Deep to the fascia
- Recurrence after previous excision
- Regional lymph node enlargement

Investigations

Adults

- Refer urgently to a Sarcoma Specialist Centre for investigation

Children

- Refer urgently to a Sarcoma Specialist Centre for investigation

Sarcoma Specialist Centres

1. **Aberdeen Royal Infirmary**
2. **Dundee Ninewells Hospital**
3. **Edinburgh**
   (split between Royal Infirmary and Western General Hospital)
4. **Glasgow**
   (split between Royal Infirmary, Western Infirmary, Gartnavel General Hospital, Southern General and Beatson West of Scotland Cancer Centre)
5. **Inverness Raigmore Hospital**

Aberdeen, Edinburgh and Glasgow Centres deliver radiology, pathology, surgery, chemotherapy, radiotherapy and palliative care.
Dundee and Inverness Centres deliver radiology, chemotherapy, radiotherapy and palliative care.

Further information

- *Scottish Referral Guidelines for Suspected Cancer (2014)*
- *British Sarcoma Group guidelines*
- **Scottish Sarcoma Network** www.ssn.scot.nhs.uk
- **sarcoma.org.uk/health-professionals/sarcoma-specialist-centres**

Sarcoma UK is the only cancer charity in the UK focusing on all types of sarcoma

We provide resources & programmes to help GPs and health professionals understand more about sarcoma

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The bone & soft tissue cancer charity

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