Management of Liver Metastases in Soft Tissue Sarcoma: Clinical Guidance Relevant to Clear Cell Sarcoma

This document summarizes key points from the Ibero-American Consensus for the Management of Liver Metastases of Soft Tissue Sarcoma (Cancers, April 2025). The consensus provides evidence-based recommendations for managing hepatic metastases across soft tissue sarcoma subtypes. While not specific to clear cell sarcoma (CCS), its principles are highly relevant to CCS cases in which the liver is a site of metastasis.

Read the full consensus paper:
https://www.clearcellsarcoma.org/_files/ugd/28eaf7_3da549293cda476584b52668da98c021.pdf

Key Clinical Highlights

The consensus emphasizes the importance of identifying patients with oligometastatic disease, defined as five or fewer lesions in up to two organs. These patients may be suitable for surgical or ablative approaches, as complete resection or ablation can provide durable disease control in selected cases.

Surgical management should be prioritized whenever technically feasible. Procedures should ideally be performed in high-volume hepatobiliary or sarcoma reference centers, where expertise in both sarcoma biology and complex liver surgery is available.

For patients who are not surgical candidates or whose lesions are unresectable, local ablative techniques such as radiofrequency ablation, microwave ablation, or transarterial embolization (TACE/TARE) may be used to control disease and delay systemic therapy.

A multidisciplinary evaluation remains essential to achieving optimal outcomes. Decisions should be made collaboratively by a team including medical oncology, surgical oncology, radiology, and pathology to ensure appropriate selection and timing of interventions.

The consensus notes that systemic therapy offers limited benefit for isolated liver metastases. Local control approaches—surgery or ablation—are preferred whenever feasible to maximize disease-free survival and quality of life.

High-quality imaging, including contrast-enhanced MRI and/or PET-CT, is recommended to confirm the extent of disease, ensure it is confined to the liver, and guide operative or ablative planning. For clear cell sarcoma, a brain MRI may also be appropriate given the rare potential for CNS spread.

Following treatment, post-treatment surveillance should include imaging every three to four months for the first two years, every six months up to year five, and annually thereafter.

Clinical Relevance for Clear Cell Sarcoma

Although the consensus applies broadly to all soft tissue sarcomas, its recommendations are particularly useful for clear cell sarcoma. When hepatic disease is limited, aggressive local management, guided by expert multidisciplinary input, may provide meaningful and lasting disease control. Referral to or consultation with a sarcoma reference network is strongly encouraged for patients with liver involvement.

Full text also available on the Clear Cell Sarcoma Foundation website.

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The Clear Cell Sarcoma Foundation provides summaries of published evidence and expert consensus for educational purposes. These materials do not constitute medical advice, clinical directives, or treatment recommendations. Clinical decisions should be made based on each patient's individual circumstances, the treating clinician's judgment, and current standards of care.