



Clear Cell Sarcoma: Liver Metastases Discussion Sheet

For patients and physicians reviewing treatment options

Reference: Ibero-American Consensus for the Management of Liver Metastases of Soft Tissue Sarcoma (Cancers, April 2025)
https://www.clearcellsarcoma.org/_files/ugd/28eaf7_3da549293cda476584b52668da98c021.pdf

Background

In clear cell sarcoma (CCS), the liver is one of the most common metastatic sites after the lungs. Because liver involvement is more frequent in CCS than in most other sarcomas, this new international consensus offers helpful guidance for patients and oncologists.

Key Points from the Consensus

- Surgery or ablation may be beneficial if the liver metastases are limited (up to 5 spots in up to 2 organs).
- Multidisciplinary evaluation is essential — decisions should be made at sarcoma-expert centers with liver surgery or ablation experience.
- Imaging is critical — PET/CT and MRI help confirm if the disease is confined to the liver. Brain MRI may be useful in CCS due to occasional brain spread.
- Non-surgical options — local ablation therapies (radiofrequency, microwave, or embolization) can sometimes control disease when surgery isn't possible.
- Chemotherapy alone has limited effectiveness for liver metastases. Local or targeted approaches are often preferred when feasible.
- Follow-up after treatment: CT or MRI of the chest and abdomen every 3–4 months for 2 years, then every 6 months up to 5 years, then annually.

Questions to Discuss with Your Doctor

- Is my case considered oligometastatic (limited number and location of metastases)?
- Could surgery or ablation improve my outcome?
- Should my case be reviewed by a sarcoma specialty or liver surgery center?
- What is the best imaging plan for follow-up?
- Are there clinical trials or targeted options relevant to CCS?

Notes from Your Care Team



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