### SPECIALIST SARCOMA CENTRES

There are three SPECIALIST SARCOMA CENTRES for London:

- **ROYAL MARSDEN HOSPITAL** (soft tissue sarcoma at all sites)
- **ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (RNOH)** (all bone sarcoma, soft tissue sarcoma of limb/trunk/spine)
- **UNIVERSITY COLLEGE LONDON HOSPITAL** (soft tissue sarcoma non-limb / trunk: e.g. head & neck, retroperitoneal, abdominal, urology, breast, skin)

### REFERRAL PATHWAYS

#### REFERRAL PATHWAY FOR ADULTS:

For adults with suspected SOFT TISSUE AND BONE SARCOMA:

- The GP should discuss the patient with the sarcoma team and refer the patient to the appropriate specialist sarcoma centre **USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM** for an appointment within two weeks.

#### REFERRAL PATHWAY FOR CHILDREN (UNDER 16 YEARS):

For children (under 16) with suspected SOFT TISSUE SARCOMA:

- The GP **MUST ALWAYS** DISCUSS THE PATIENT WITH THE LOCAL PAEDIATRICIAN ON CALL and refer the patient to the local paediatric department **USING THE PAN LONDON SUSPECTED CHILDRENS CANCER REFERRAL FORM** for an appointment within 48 hours.

For children (under 16) with suspected BONE SARCOMA:

- The GP should refer the patient to the appropriate SPECIALIST SARCOMA CENTRE (RNOH) **USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM** for an appointment within 48 hours.

### RISK FACTORS

#### RISK FACTORS FOR BONE SARCOMA:

- Retinoblastoma, Paget’s disease of the bone, bone exposure to ionising doses of radiation, Li Fraumeni syndrome, hereditary multiple exostoses, Ollier’s disease or Mafucci’s disease

#### RISK FACTORS FOR SOFT TISSUE SARCOMA:

- Prior radiotherapy, Li–Fraumeni syndrome, neurofibromatosis, familial adenomatosis polyposis (Gardner’s syndrome)

### DIAGNOSTIC IMAGING

#### DIAGNOSTIC IMAGING FOR BONE SARCOMA

Diagnostic imaging may be helpful in evaluating the clinical presentation but X-ray changes may not appear in the early stages of the disease and a NORMAL OR EQUIVOCAL X-RAY DOES NOT EXCLUDE SARCOMA and may give false reassurance / delay diagnosis. **To establish a diagnosis CT/MRI scan is the most accurate investigation.** For adults, the GP may wish to seek advice from the radiology service and arrange further imaging if they have urgent direct access. To avoid delay, when there are clinical concerns of a bone sarcoma in adults and children, the patient should be referred urgently to the appropriate sarcoma service where imaging and tissue diagnosis will be organised.

#### DIAGNOSTIC IMAGING FOR SOFT TISSUE SARCOMA

Diagnostic imaging may be helpful in evaluating the clinical presentation but ultrasound appearances may be difficult to interpret and a NORMAL OR EQUIVOCAL ULTRASOUND DOES NOT EXCLUDE SARCOMA and may give false reassurance / delay diagnosis. **To establish a diagnosis CT/MRI scan is the most accurate investigation.** For children, the GP should discuss with the local paediatric service and refer for an appointment within 48 hours. For adults, the GP may wish to seek advice from the radiology service and arrange imaging if they have urgent direct access. To avoid delay, when there are clinical concerns of a soft tissue sarcoma in adults, the patient should be referred urgently to the appropriate sarcoma service where imaging and tissue diagnosis will be organised.
## REFERRAL CRITERIA

### REFERRAL CRITERIA FOR BONE SARCOMA

**ADULTS** SHOULD BE REFERRED USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM for an appointment within 2 weeks.

**CHILDREN (UNDER 16)** SHOULD BE REFERRED USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM for an appointment within 48 hours.

Refer the following patients:

- Clinical features:
  - UNEXPLAINED bone swelling or tenderness
- Abnormal imaging suggestive of bone sarcoma (e.g. spontaneous fracture, bone destruction, new bone formation, periosteal elevation)
- Normal or equivocal x-ray but clinical suspicion of bone sarcoma
- Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral)

### REFERRAL CRITERIA FOR SOFT TISSUE SARCOMA

**ADULTS** SHOULD BE REFERRED USING THE PAN LONDON AND SOUTH EAST SARCOMA NETWORK REFERRAL FORM for an appointment within 2 weeks.

**CHILDREN (UNDER 16)** SHOULD BE REFERRED USING THE PAN LONDON SUSPECTED CHILDREN'S CANCER REFERRAL FORM for an appointment within 48 hours.

Refer the following patients:

- Clinical features: UNEXPLAINED soft tissue lumps with the following features:
  - Increasing in size
  - Deep to fascia
  - Fixed/immobile
  - Painful
  - >5cm in size (i.e. about the size of a golf ball)
- Abnormal imaging suggestive of soft tissue sarcoma
- Recurrence following excision
- Normal or equivocal ultrasound but clinical suspicion of soft tissue sarcoma
- Referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria (the GP MUST give full clinical details in the ‘additional clinical information’ box at the time of referral)

## SUSPECTED SARCOMA REFERRAL TO SPECIALIST SARCOMA CENTRE

**ADULTS (SUSPECTED BONE AND SOFT TISSUE SARCOMA)**: FOR AN APPOINTMENT WITHIN 2 WEEKS.

**CHILDREN (UNDER 16 WITH SUSPECTED BONE SARCOMA)**: FOR AN APPOINTMENT WITHIN 48 HOURS.

## RESOURCES