

DOCUMENT CONTROL SUMMARY

Title of Document	Designated practitioners for sarcoma chemotherapy in LSESN
Aims	To agree the criteria for delivery of chemotherapy outside the sarcoma centres To agree the designated chemotherapy departments To agree the designated chemotherapy practitioners
Issued by	London and South East Sarcoma Network (LSESN) Sarcoma Advisory Group (SAG)
Circulation To	LSESN SAG Designated non-surgical oncologists and their clinical directors Network Chemotherapy Group
Author/s	LSESN Medical Oncologists
Date of Version	December 2023
Version Number	15
Approved By	LSESN SAG
Approval Date	08/12/2023 (SAG Meeting)
Outstanding Items	none
Date of Review	December 2024
Storage Pathway	http://www.lsesn.nhs.uk/guidelines.html

Referral for chemotherapy to hospitals outside the sarcoma centres (RMH and LSS)

Principles

This document describes arrangements for ‘shared care’ whereby patients with sarcoma managed in either of the two sarcoma centres (RMH or LSS) may receive all or part of their chemotherapy at hospitals outside of the centres. Distinction is made between chemotherapy for bone and for soft tissue sarcomas; between radical and palliative chemotherapy; and between children, teenagers and young adults. The arrangements are consistent with appendix 2 in the [sarcoma service specification](#)

Where possible, patients requiring chemotherapy are treated at the sarcoma centres. However, the advantages of treatment in a specialist centre need to be balanced against the disadvantages of such treatment away from home, especially when this is palliative in intent. The decision on the balance is made by the specialist clinical or medical oncologist at the sarcoma centre who makes or facilitates the referral to a named oncologist at a centre closer to home.

The indications for chemotherapy for soft tissue sarcoma are varied. These include neo-adjuvant, adjuvant and palliative settings. There is an increasingly large spectrum of treatments available including some appropriate for less common subtypes. In all, expert knowledge of the disease and the individual clinical setting can ensure effective treatment, minimisation of toxicity, and avoidance of futile or unnecessary treatments. When patients are treated outside the sarcoma centre, close ongoing communication between oncologists is therefore required.

Much chemotherapy for bone sarcomas is intensive, complex and requires inpatient monitoring. Many patients are young and should be treated in a Principal Treatment Centre for Children or Young People. Close coordination is required between oncologist and surgeon especially when pre-operative chemotherapy is used. Most chemotherapy for bone sarcomas will be given at UCH. Radical chemotherapy treatments for bone sarcomas may be given in a Trust when clear communication pathways with the bone sarcoma MDT such as regular videoconferencing are in place. Some patients suitable for palliative chemotherapy for bone sarcomas can be managed by oncologists designated to deliver palliative chemotherapy for soft tissue sarcoma.

All treatment regimens used will be those agreed by the sarcoma centres and outlined in the LSESN Patient Management Policy.

Additional considerations may be relevant to certain soft tissue sarcomas presenting to site specialised MDTs. These will be found in the appropriate pathway documents.

The information given to the accepting oncologist includes:

- a referral letter outlining the clinical background, relevant co-morbidity, recommendations on chemotherapy regimen, recommendations for response assessment
- MDT discussion confirming treatment plan
- histology report

FILE NAME	REFERRAL FOR CHEMOTHERAPY TO CHEMOTHERAPY DEPARTMENTS OUTSIDE THE SARCOMA CENTRES	ISSUE NO	15	PAGE NO	1 OF 2	DATE	DECEMBER 2023
-----------	---	----------	----	---------	--------	------	---------------

- imaging reports – primary sites and staging
- images of primary site and any metastatic disease
- a contact email and phone number for the referring centre oncologist

The treating oncologist is asked to provide details of the treatment delivered and either refer back to the centre for follow up or, if requested, undertake part or all of follow up themselves, copying the centre into correspondence.

Criteria for referral for chemotherapy outside of the sarcoma centre:

- agreement from the SAG, the Network Chemotherapy Group and the ICB that the receiving department is authorised to treat sarcoma patients
- a named consultant oncologist with experience of chemotherapy for sarcoma, nominated by the sarcoma MDT or children’s cancer PTC
- the named consultant oncologist should be named as an extended member of a sarcoma MDT (designated practitioner)
- there should be agreement from the consultant oncologist’s clinical director to provide this service
- the named designated practitioner should have specified time in their job plans for the care of patients including time worked in a designated department
- the named designated practitioner should deliver chemotherapy in accordance with LSESN guidelines and following recommendation from the sarcoma MDT
- Designated practitioners will be expected to participate directly in the sarcoma MDT meetings either on a regular basis or for case-by-case discussion
- Designated practitioners must show a willingness to maintain communication with the sarcoma centre
- Designated practitioners must have the ability to start chemotherapy in a timely manner
- Designated practitioners must participate in pathway development and maintenance and audit of sarcoma cases as appropriate
- For specified centres, there must be appropriate inpatient and outpatient facilities for children and young people
- Designation will be reviewed by the Sarcoma MDT and SAG at least biennially

FILE NAME	REFERRAL FOR CHEMOTHERAPY TO CHEMOTHERAPY DEPARTMENTS OUTSIDE THE SARCOMA CENTRES	ISSUE NO	15	PAGE NO	1 OF 2	DATE	DECEMBER 2023
-----------	---	----------	----	---------	--------	------	---------------

Designated chemotherapy practitioners outside of sarcoma centres

Hospital (Trust)	Practitioner	Contact details	Soft tissue sarcoma			Bone sarcoma		Children and Young Peoples Services	
			Radical	Palliative	GIST	Radical	Palliative	Children	TYA
Addenbrooke's Hospital (Cambridge University Hospitals NHS Foundation Trust)	Gail Horan	ghoran@nhs.net	✓	✓		✓	✓		
	Gemma Barnard	gemma.barnard1@nhs.net	✓	✓		✓	✓	✓	✓
	Han Wong	han.wong@nhs.net	✓	✓		✓	✓		✓
	Helen Hatcher	helenhatcher@nhs.net	✓	✓		✓	✓		✓
	Jennifer Harrington	jenniferharrington@nhs.net	✓	✓	✓	✓	✓		✓
	Matthew Murray	matthew.murray1@nhs.net	✓	✓		✓	✓	✓	✓
	Ramesh Bulusu	ramesh.bulusu@nhs.net			✓				
Broomfield Hospital (Mid Essex Hospital Services NHS Trust)	Abby Cyriac	abby.cyriac1@nhs.net			✓				
	Nicol George	nicol.george@nhs.net			✓				
Colchester Hospital (East Suffolk and North Essex NHS Foundation Trust)	Eric Lee	Eric.Lee@esneft.nhs.uk			✓				
	Suat Loo	Suat.Loo@esneft.nhs.uk		✓			✓		
Great Ormond Street Hospital (Great Ormond Street Hospital for Children NHS Foundation Trust)	Olga Slater	SlateO1@gosh.nhs.uk	✓	✓		✓	✓	✓	
Guy's Hospital (Guy's and St Thomas' NHS Foundation Trust)	Alisa Lumsden	Ailsa.Lumsden@gstt.nhs.uk			✓				
	Nick Maisey	nick.maisey@gstt.nhs.uk			✓				
	Sarah Ngan	Sarah.Ngan@gstt.nhs.uk			✓				

Ipswich Hospital (East Suffolk and North Essex NHS Foundation Trust)	Srini Gopalakrishnan	Gopalakrishnan.Srinivasan@ipswichhospital.nhs.uk			✓				
Kent & Canterbury Hospital (East Kent Hospitals NHS Foundation Trust)	Kannon Nathan	kannon.nathan@nhs.net		✓			✓		
Maidstone Hospital (Maidstone & Tunbridge Wells NHS Trust)	Julia Hall	julia.hall1@nhs.net		✓			✓		
	Justin Waters	Justin.waters@nhs.net				✓			
Mount Vernon Cancer Centre (East and North Hertfordshire NHS Trust)	Peter Ostler	peter.ostler@nhs.net	✓	✓			✓		
Norfolk and Norwich University Hospital (Norfolk and Norwich University Hospitals NHS Foundation Trust)	Gill Gray	gill.gray@nnuh.nhs.uk	✓	✓					
Poole Hospital (University Hospitals Dorset NHS Foundation Trust)	Joanne Brady	Joanne.Brady@uhd.nhs.uk	?	✓					
	Maxine Flubacher	maxine.flubacher@uhd.nhs.uk		✓			✓		
	Rachel Wilkinson (gynae)	Rachel.Wilkinson@uhd.nhs.uk		✓					
Royal Surrey County Hospital (Royal Surrey County Hospital NHS Foundation Trust)	Madeleine Hewish	madeleine.hewish@nhs.net				✓			
	Seb Cummins	scummins@nhs.net				✓			

Royal Sussex County Hospital (Brighton and Sussex University Hospitals NHS Trust)	Andy Webb	andrew.webb4@nhs.net		✓	✓		✓		
	Kate Lankester	kate.lankester@nhs.net		✓			✓		
Southampton General Hospital (University Hospital Southampton NHS Foundation Trust)	Gary Nicolin	gary.nicolin@uhs.nhs.uk	✓	✓		✓	✓	✓	
	Hosameldin Mohamed	hosameldin.mohamed@uhs.nhs.uk	✓	✓		✓	✓	✓	
	Jessica Bate	Jessica.bate@uhs.nhs.uk	✓	✓		✓	✓	✓	
	Juliet Gray	j.c.gray@soton.ac.uk	✓	✓		✓	✓	✓	
	Nicola Keay	Nicola.keay@uhs.nhs.uk	✓	✓	✓	✓	✓		✓
	Peter Simmonds	Peter.Simmonds@uhs.nhs.uk	✓	✓	✓	✓	✓		✓
	Ramya Ramanujachar	Ramya.Ramanujachar@uhs.nhs.uk	✓	✓		✓	✓	✓	
	Ren Manias	Ren.manias@uhs.nhs.uk	✓	✓		✓	✓	✓	
Southend University Hospital (Southend University Hospital NHS Foundation Trust)	Zina Aladili	z.aladili@nhs.net		✓	✓		✓		
St Bartholomew's Hospital (Barts Health NHS Trust)	Sarah Slater	sarah.slater13@nhs.net			✓				