

DOCUMENT CONTROL SUMMARY

Title of Document	Referral for radiotherapy to radiotherapy departments outside the sarcoma centres
Aims	To agree the criteria for referring radiotherapy patients to radiotherapy departments outside the sarcoma centres To agree the designated radiotherapy departments To agree the designated radiotherapy practitioners
Issued by	London and South East Sarcoma Network (LSESN)
Circulation To	LSESN SAG Designated radiotherapy practitioners and their clinical directors Network Radiotherapy Group
Author/s	LSESN Clinical Oncologists
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Date of Review	December 2024
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Referral for radiotherapy to radiotherapy departments outside the sarcoma centres

Principles

Where possible, patients requiring radiotherapy 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 oncologist at the sarcoma centre who makes or facilitates the referral to a named clinical oncologist at a centre closer to home.

Children and young people, those receiving concurrent chemoradiation (and hence most bone tumours treated radically), or those with technically complex sites will normally be treated at the sarcoma centre.

The arrangements are consistent with appendix 2 in the [sarcoma service specification](#)

The information given to the accepting clinical oncologist includes:

- a referral letter outlining the clinical background, relevant co-morbidity, recommendations on dose, target volume delineation guidelines and any specific technical issues
- MDT discussion confirming treatment plan
- resection histology or, if preoperative radiotherapy is being requested, biopsy histology
- images and imaging reports of primary sites and staging
- a contact email and phone number for the centre clinical oncologist
- offer of peer review of volumes and treatment plan

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

Criteria for referral to radiotherapy department outside of the sarcoma centre:

- Agreement from the Network Radiotherapy Group, the SAG and the ICB that the radiotherapy department is authorised to treat sarcoma patients
- A named consultant clinical oncologist with experience of radiotherapy of sarcoma, nominated by the sarcoma MDT or children's cancer PTC
- The named consultant clinical oncologist should be named as an extended member of a sarcoma MDT (designated practitioner)
- The named designated practitioner should have specified time in their job plans for the care of patients with the relevant sarcoma including time worked in a designated department
- There should be agreement from the consultant clinical oncologist's clinical director to provide this service
- The named designated practitioner should deliver radiotherapy 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 participate in pathway development and maintenance and audit of sarcoma cases as appropriate

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- Designated practitioners must show a willingness to maintain communication with the sarcoma centre
- As per the RCR guidance all treatment contouring should be peer reviewed
- From receipt of referral designated practitioners should ideally
 - see patients within 2 weeks
 - aim to deliver radiotherapy within 2-3 weeks of consultation and within target times
- For radical treatments
 - a mould room able to provide sufficient and adequate immobilisation of limbs
 - CTV to PTV margins based on local audit of set up reproducibility
- Designation will be reviewed by the Sarcoma MDT and SAG at least biennially

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Designated radiotherapy practitioners outside of sarcoma centres

Hospital (Trust)	Practitioner	Contact details	Soft tissue sarcoma		Bone sarcoma		Children and Young Peoples Services	
			Radical	Palliative	Radical	Palliative	Children	TYA
Addenbrooke's Hospital (Cambridge University Hospitals NHS Foundation Trust)	Gail Horan	ghoran@nhs.net	✓	✓	✓	✓	✓	✓
	Sarah Prewett	sarah.prewett1@nhs.net	✓	✓	✓	✓	✓	✓
	Thankamma Ajithkumar	thankamma.ajithkumar@nhs.net	✓	✓	✓	✓	✓	✓
Colchester Hospital (East Suffolk and North Essex NHS Foundation Trust)	Suat Loo	Suat.Loo@esneft.nhs.uk	✓	✓		✓		
Ipswich Hospital (East Suffolk and North Essex NHS Foundation Trust)	Sunil Skaria	sunil.skaria@esneft.nhs.uk		✓				
Kent and Canterbury Hospital (East Kent Hospitals NHS Foundation Trust)	Kannon Nathan	kannon.nathan@nhs.net	✓	✓		✓		
Maidstone Hospital (Maidstone and Tunbridge Wells NHS Trust)	Julia Hall	julia.hall1@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)	Daniel Holyoake	Daniel.holyoake@nnuh.nhs.uk	✓	✓	✓	✓		
	Pinelopi Gkogkou	Pinelopi.gkogkou@nnuh.nhs.uk	sees chest sarcomas who are on follow up, including chondrosarcomas					
Poole Hospital (University Hospitals Dorset NHS Foundation Trust)	Joanne Brady	joanne.brady@uhd.nhs.uk		✓		✓		
	Maxine Flubacher	maxine.flubacher@uhd.nhs.uk		✓		✓		

Queen Alexandra Hospital, Portsmouth Hospitals University NHS Trust	Anne Suovuori	anne.suovuori@porthosp.nhs.uk		✓		✓		
Royal Sussex County Hospital (Brighton and Sussex University Hospitals NHS Trust)	Kate Lankester	kate.lankester@nhs.net	✓	✓	✓	✓		
Southampton General Hospital (University Hospital Southampton NHS Foundation Trust)	Carolyn Macfarlane	carolyn.macfarlane@uhs.nhs.uk	✓	✓	✓	✓		✓
	Jeng Ching	jeng.ching@uhs.nhs.uk	✓	✓	✓	✓		✓
Southend University Hospital (Southend University Hospital NHS Foundation Trust)	Zina Aladili	z.aladili@nhs.net	✓	✓		✓		