London and South East Sarcoma Network (www.lsesn.nhs.uk)

Bone Sarcoma: Presentation and Diagnostic Pathway* - new diagnosis & recurrence

Referral and Presentation

- Secondary Care
- GP
- A&E → via GP

Suspected Bone Sarcoma
- clinical presentation/signs & symptoms
- suspicious X-ray/imaging
- post-operative diagnosis

(Important information) All plain films and MRI can be carried out at referring Trusts **but** all biopsies to be carried out at LSS

Referral to The London Sarcoma Service (LSS)
(Royal National Orthopaedic Hospital and University College London Hospitals)

Send 2WW form/Tertiary referral form and imaging to MDT Coordinator;
**MDT Office, Sarcoma Unit, Muriel Sands House, RNOH, Brockley Hill, Stanmore, Middlesex HA7 4LP
Telephone: 0208 909 5112 Fax: 0208 909 5709 Email: clarebrown3@nhs.net**
(referral forms can be found on the website www.lsesn.nhs.uk)

RNOH will request any further diagnostic tests required **

via MDT Coordinator

Patient presents to Primary/ Secondary Care with symptoms suggestive of recurrence

Patient presents to Primary/ Secondary Care with symptoms suggestive of recurrence

Discuss at Pre-Diagnostic Meeting (RNOH)
- MDT agree diagnostic plan

Diagnostics

Nurse-led Telephone Clinic
- explain investigations required
- send investigations leaflet

See detailed diagnostic pathway

via CNS

(Important information) All histology reviewed by Specialist Sarcoma Pathologist

Diagnostic Investigations and additional primary tumour imaging
If bone sarcoma suspected:
MRI, CT Chest, Bone Scan (if not already had),
Biopsy +/- GA (only to be carried out at RNOH)

(Important information) All small cell sarcomas will have molecular/ cytogenetic testing — via CNS

via Consultant

Benign →

Malignant sarcoma & other related disease →

'Existing' Meeting (RNOH)
– benign tumours and metastatic bone tumours from other primaries discussed
– treatment planning as appropriate

London Sarcoma Service VTC Diagnostic MDT (RNOH & UCLH)
- treatment planning
- identification of treatment centre
- assignation of key worker

Refer back to GP or local Trust as appropriate

OPA
- patient told results and given treatment plan
- CNS present and counselling room available
- CNS sends diagnosis fax to GP

Contact points to refer back known patients with symptoms suspicious of recurrence:
Patient: GP/CNS (key worker)/ Consultant (via secretary)
Primary/Secondary Care: Consultant (via secretary) MDT Coordinator

- **Palliative Care**
- **Oncology OPA/ Referral to Primary Treatment Centre** *(see treatment pathway)*
- **Pre-Op Assessment Clinic** - same day as OPA if possible → **Surgery**

* this pathway applies to bone tumours arising at all site in all ages. Patients under 24 will also be referred to the teenage and young adults or paediatrics MDTs as appropriate.
** suspected cranio-facial bone tumours will come via H&N teams to UCLH Sarcoma Unit

Key:

- 🟨 MDT discussion
- 🟩 Clinic/Diagnostics/Treatment
- 🟦 Process
- 🟥 Important information