# Summary

| Title | Terms of reference: Oxford Sarcoma Advisory Group |
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| Aims | To provide the terms of reference for the Oxford Sarcoma Advisory Group. |
| Issued by | Oxford Sarcoma Advisory Group (OSAG) |
| As agreed by | OSAG:<br>• Core members<br>• Trust Sarcoma Clinical Lead<br>• Oxford Sarcoma MDT |
| Author | OSAG |
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| Approval date | March 2026 |
| Outstanding issues | None |
| Date of next review | March 2028 |
| Available at | https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/ |

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**Introduction**

This document refers to the terms of reference for the Oxford Sarcoma Advisory Group.

**Principles of the service**

- All people with a suspected or confirmed diagnosis of sarcoma must be referred to a Specialist Sarcoma Centre for multidisciplinary team (MDT) discussion.
- The principal role of a Sarcoma MDT is to determine a care plan for all people with bone and soft tissue sarcoma and to be responsible for its delivery either by members based at the Specialist Sarcoma Centre or by designated practitioners working at Local Sarcoma Units or by Children/Teenage and Young Adult Principal Treatment Centres following care pathways agreed by the Sarcoma Advisory group.
- Pathology for all sarcomas must be reviewed by a Specialist Sarcoma Pathologist for diagnostic confirmation and undertaking any appropriate molecular analysis and genomic testing.
- Sarcoma services must be structured and managed to reduce the number of unplanned excisions or excisions undertaken outside a specialist centre.
- All resections of sarcomas are undertaken by surgeons who are core or designated members of the Sarcoma MDT.

**Terms of Reference: Oxford Sarcoma Advisory Group (OSAG)**

**1. Purpose and Role**

The Oxford Sarcoma Advisory Group (OSAG) is the primary source of clinical opinion and strategic oversight for sarcoma services across the Thames Valley and surrounding regions. Its primary purpose is to ensure that patients receive equitable access to safe, evidence-based, and effective care in line with national specifications.

**2. Key Objectives:**

**The SAG will:**

- Agree the network service configuration including designation of the Specialised Sarcoma Centre and Local Sarcoma Units, together with the designation of all practitioners who may be involved in delivery of planned care for people with sarcoma. Any changes to the configuration of services within a network must be approved by the local commissioner and implemented in accordance with public involvement duties appropriate to the NHS;
- Agree network wide treatment protocols and pathways, including procedures for whole genome sequencing (WGS), other molecular pathology testing, and follow-up care;
- Plan services at the network level including clinical trial co-ordination and referral and communication processes between providers; and
- Ensure provider participation in the national audits and facilitate audits within the Network.
- Develop an annual workplan and track progress
- Develop an annual report of the Sarcoma Service for commissioners

**3. Membership**

The SAG is the primary source of clinical opinion for sarcoma services and must include representation from each designated Specialist Sarcoma Centre and MDT, Local Sarcoma Units, C/TYA Principal Treatment Centres, commissioners, Service Users/public representatives, and the Genomic Laboratory Hub.

**Core Clinical Members:**

- **Chair:** A nominated Lead Clinician (3-year term).

- **Surgical Specialties:** Orthopaedic Oncology, Plastic Surgery, Spinal Surgery, Thoracic Surgery, and Retroperitoneal Surgeons.

- **Oncology:** Clinical and Medical Oncologists (Adult, Paediatric, and TYA).

- **Diagnostics:** Musculoskeletal (MSK) Radiologists and Specialist Sarcoma Pathologists.

- **Nursing:** Lead Cancer Nurse Specialists (CNS).

- Local Sarcoma centres

- Commissioner representation – NHSE/ICB

**Extended Members:**
- **Management:** MDT Coordinators and Data Managers.

- **Allied Health:** Physiotherapists and Occupational Therapists specialized in sarcoma rehab.

- **Patient Voice:** At least one Patient/Carer Representative.

- **Primary Care:** GP Lead for Cancer (Thames Valley Cancer Alliance).

## 4. Accountability and Governance

- **Reporting:** OSAG reports to the Oxford University Hospitals (OUH) Cancer Board and Specialised Commissioners (retained service).   Thames Valley Cancer Alliance (TVCA) are key stakeholders.

- **Quorum:** Meetings are considered quorate if the Chair (or Deputy), one surgical lead, one oncology lead, and one nursing representative are present, TBD – local sarcoma units.

- **Conflicts of Interest:** All members must declare any interests (clinical trials, industry funding) at the start of each meeting.

## 5. Meetings and Administration

- **Frequency:** Quarterly (Standard schedule: March, June, September, November).

- **Format:** Hybrid (Microsoft Teams and in-person at the Nuffield Orthopaedic Centre).

- **Secretariat:** Administrative support is provided by the OUH Sarcoma Service to manage the Action Log, Agendas, and Workplans.

- **Agenda Items:** Standing items include:

    o   Workplan 2025/26 update.

    o   Clinical Audit & Peer Review results.

- o Whole Genome Sequencing (WGS) uptake.

- o National Cancer Patient Experience Survey (NCPES) feedback.

- o Annual report – to have specific sections for bone/soft tissue/paediatrics (CYP/TYA)

## 6. Work Programme Priorities (2025-2026)

1. **Primary Care Awareness:** Reducing "diagnostic wandering" through GP education events.

2. **Psychological Support:** Developing a "Buddy System" for newly diagnosed patients.

3. **Retroperitoneal Service:** Refining the pathway for complex abdominal sarcomas, ensuring local sarcoma centres are not undertaking retroperitoneal surgery (in line with national provider letter).

4. **Clinical Trials:** Increasing recruitment into national sarcoma trials (e.g., ICONIC).

**Review Date:** This Terms of Reference will be reviewed annually in March.
**Last Updated:** March 2026

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| **Points of Contact** | |
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| **General information** | |
| https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/ | |
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