

Diagnostic pathway for soft tissue sarcomas

Aims: Distribution of the agreed pathway for referral of suspected soft tissue sarcomas to the Oxford Sarcoma Service.

Issued by: Oxford Sarcoma Advisory Group (OSAG)

As agreed by OSAG:

- Core members
- Trust Sarcoma Clinical Lead
- Oxford Sarcoma MDT

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Available at: [Oxford Sarcoma Advisory Group - Oxford Sarcoma Service - Oxford University Hospitals](#)

Diagnostic pathway for soft tissue sarcomas

Introduction

- This pathway refers to the care of patients within the Oxford Sarcoma Network with suspected or confirmed soft tissue sarcomas.
- The aim of the pathway is to ensure patients receive appropriate and timely care from teams with the appropriate diagnostic and treatment expertise.

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.

Take home messages

- The default position is that patients with suspected or confirmed primary bone or soft tissue tumours should be referred as soon as possible to the Nuffield Orthopaedic Centre for diagnosis and surgical treatment as soon as possible.
- All patients with confirmed bone or soft tissue must be discussed in the Oxford Sarcoma Service MDT to plan appropriate multidisciplinary care. Discussion should take place before treatment unless clinical urgency means this is not possible.
- In clinically urgent cases, the treating clinician should discuss the proposed intervention with other appropriate members of the MDT if possible.

Points of contact

General referral information

[Oxford Sarcoma Service Referrals - Oxford Sarcoma Service - Oxford University Hospitals](#)

Email

sarcoma.referrals@ouh.nhs.uk

Sarcoma Office Telephone

01865 738061

Emergent / clinically urgent cases

For direct discussion with Nuffield Orthopaedic Centre Registrar / Fellow on call available through hospital switchboard:

0300 304 7777

Pathways / Guidance

New diagnosis

- Clinical presentation
- MRI**
- Increased index of suspicion
- Oxford Sarcoma Service
- Additional investigations planned in pre-diagnostic meeting

Lower certainty of malignancy

- Biopsy
- If confirmed sarcoma, complete staging

Highly suspicious of malignancy

- CT PET**
- Biopsy (**must** be carried out at OUH)

Recurrence

Suspected recurrence

Key Worker and MDT Coordinator informed

Local recurrence

- Ultrasound** / MRI**
- Discuss at MDT Oxford Sarcoma Service
- Complete staging; consider biopsy if planned resection

Metastatic disease

- CT PET
- MRI**
- Discuss at Sarcoma Service Diagnostic MDT
- Complete staging; consider biopsy to confirm diagnosis

Notes

- This pathway applies to patients of all ages **except** children.
- For all non-rhabdomyosarcomatous soft tissue sarcomas and extremity rhabdomyosarcomas in children discussion with the Sarcoma MDT is strongly encouraged when diagnosis is suspected or recently established.
- Patients **under 25** will also be referred to the **Teenage and Young Adults** or **Paediatrics** MDTs as appropriate.
- This pathway applies to new diagnosis and recurrences.

*** Investigation may be carried out at referring hospital.*