

## Summary

<b>Title</b>	<b>Specialist Palliative Care guideline for life-limiting and advanced primary sarcoma</b>
<b>Aims</b>	Distribution of the agreed pathways for management of life-limiting and advanced primary sarcoma.
<b>Issued by</b>	Oxford Sarcoma Advisory Group (OSAG)
<b>As agreed by</b>	OSAG: <ul style="list-style-type: none"> <li>• Core members</li> <li>• Trust Sarcoma Clinical Lead</li> <li>• Oxford Sarcoma MDT</li> <li>• Dr Victoria Bradley</li> </ul>
<b>Author</b>	OSAG
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<b>Approval date</b>	March 2026
<b>Outstanding issues</b>	None
<b>Date of next review</b>	March 2028
<b>Available at</b>	<a href="https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/">https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/</a>

## Specialist Palliative Care guideline for life-limiting and advanced primary sarcoma

### Introduction

This guideline refers to the care of patients within the Oxford Sarcoma Network with suspected or confirmed primary sarcoma that is palliative in nature (i.e. thought to be a progressing and life-limiting illness with or without intractable symptoms).

The aim of the guideline is to ensure patients receive appropriate and timely care from teams with the appropriate diagnostic and treatment expertise to prevent and relieve suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial or spiritual.

### Principles of the service

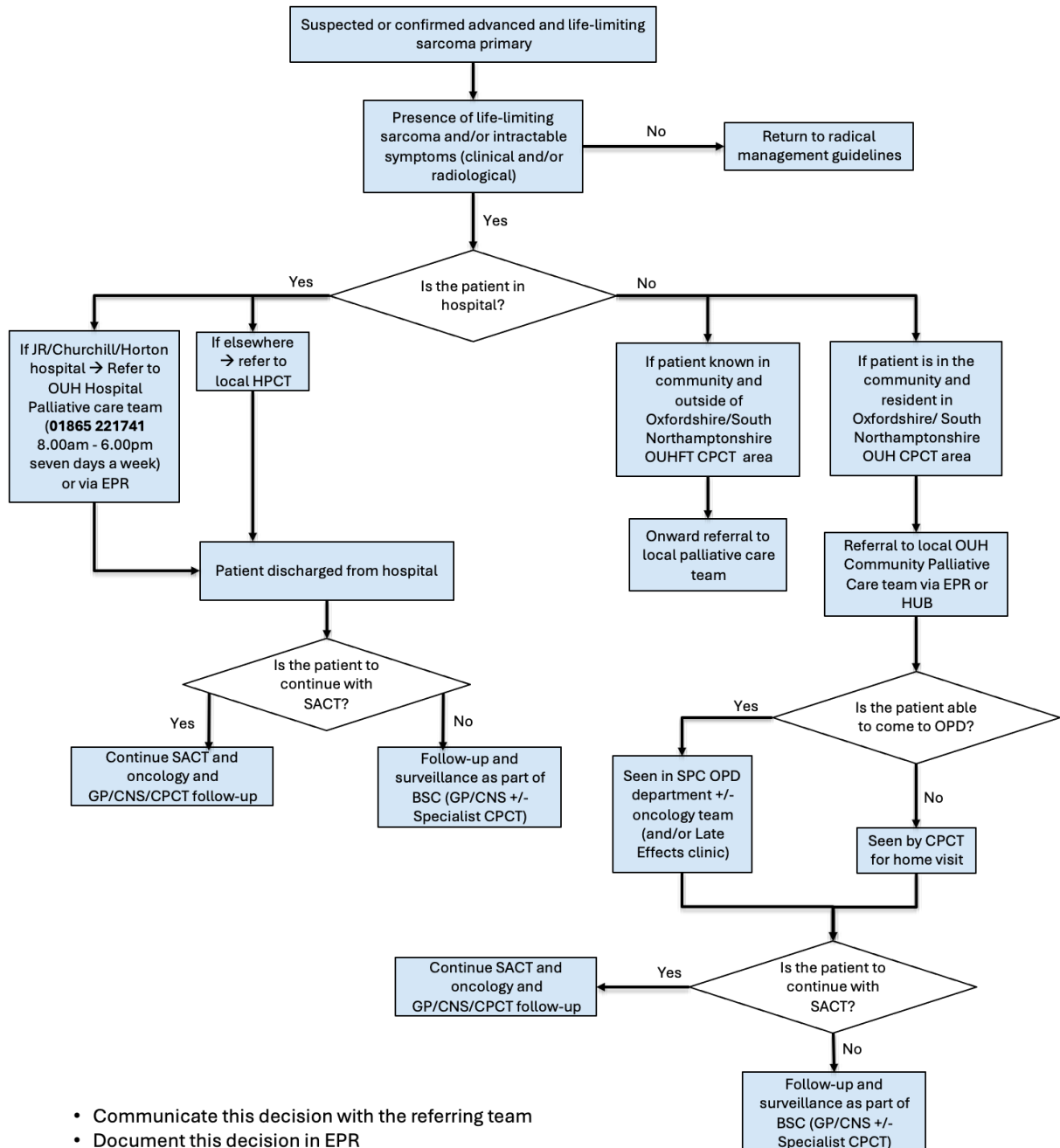
- All people with a suspected or confirmed life-limiting sarcoma should be referred to the palliative care team for discussion (with informed patient consent, or by proxy where appropriate).
- The principal role of the specialist palliative care team is to determine a supportive care plan for all people with life-limiting primary sarcoma and to be responsible for its delivery alongside 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
- Confirmation that the patient is palliative must be reviewed by the treating MDT.

### Take home messages

- The default position is that patients with a suspected or confirmed life-limiting sarcoma should be referred to the palliative care team for discussion (with informed patient consent or by proxy where appropriate) for supportive care 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*
- Informed consent should take place before Palliative care review unless clinical urgency means this is not possible.
- Decisions regarding adjuvant therapy, rehabilitation and/or palliation should involve the patient, their family, and carers.

**Pathways/Guidance**

**CPCT** = Community Palliative Care Team  
**HPCT** = Hospital Palliative Care Team  
**SPC** = Specialist Palliative Care  
**SACT** = Systemic Anti-Cancer Treatment  
**OPD** = Outpatient Department  
**BSC** = Best Supportive Care



- Communicate this decision with the referring team
- Document this decision in EPR
- Discuss the case with a Sarcoma Consultant
- **Continue collaborative working with local GP and community services alongside specialist palliative care services.**
- If patient is known to sarcoma service with specific concern regarding pain or loss of function and there is ambiguity over best course of action, refer to sarcoma MDT: <https://www.ouh.nhs.uk/oxfordsarcomaservice/referrals/>
- If there is further progression into soft tissue or bone (polymetastatic disease), see guidelines on metastatic sarcoma.

### Points of Contact

Clinical service leads: V Bradley, T Cosker, OXMINT

### General referral information

<https://www.ouh.nhs.uk/oxfordsarcomaservice/referrals/>

Metastatic bone disease MDT referrals and queries: [oxmint@ouh.nhs.uk](mailto:oxmint@ouh.nhs.uk)

### Hospital inpatients specialist palliative care team

JR/ Churchill/Horton

All sites: 01865 221741

8.00am - 6.00pm seven days a week

### Community Palliative Care Team (Oxfordshire and South Northamptonshire only)

Phone: Contact the Palliative Care Hub

Telephone 01865 857036

9.00am - 5.00pm, seven days a week

Out of hours (after 5.00pm): contact 111

Incoming and outgoing calls may be recorded for training and audit purposes.

We are not an emergency service: if your need is urgent call your GP surgery or 111 who will have access to the right support and can contact the on-call palliative care doctor if necessary.

Patients currently under the care of the Palliative Care Hub should make 111 staff aware of this, as it can speed access to the right support.

### Email

Email: [PalliativeCareHub@ouh.nhs.uk](mailto:PalliativeCareHub@ouh.nhs.uk)

Emails are checked at least half hourly every day. We do not give out individual emails or mobile numbers, as these are not checked when the member of staff is off duty.

[sarcoma.referrals@ouh.nhs.uk](mailto:sarcoma.referrals@ouh.nhs.uk)

### Sarcoma Office Telephone

01865 738061

### Emergent/Clinically urgent cases

Contact as above or via OUH switchboard.

### References

[NHS England » Palliative and end of life care](#)

[BOASt - Management of Metastatic Bone Disease](#)

[Palliative Care - Oxford University Hospitals](#)

[Oxford Metastatic Intervention Team \(OxMINT\) - Oxford University Hospitals](#)

Haroen H, Maulana S, Harun H, Mirwanti R, Sari CWM, Platini H, Arovah NI, Padila P, Amirah S, Pardosi JF. The benefits of early palliative care on psychological well-being, functional status, and health-related quality of life among cancer patients and their caregivers: a systematic review and meta-analysis. *BMC Palliat Care*. 2025 Apr 28;24(1):120. doi: 10.1186/s12904-025-01737-y. PMID: 40296046; PMCID: PMC12036283.

Brandes F, Striefler JK, Dörr A, Schmiester M, Märdian S, Koulaxouzidis G, Kaul D, Behzadi A, Thuss-Patience P, Ahn J, Pelzer U, Bullinger L, Flörcken A. Impact of a specialised palliative care intervention in patients with advanced soft tissue sarcoma - a single-centre retrospective analysis. *BMC Palliat Care*. 2021 Jan 14;20(1):16. doi: 10.1186/s12904-020-00702-1. PMID: 33446180; PMCID: PMC7809873.

E. Younger, R.L. Jones, D. den Hollander, V.L.M.N. Soomers, I.M.E. Desar, C. Benson, R.J. Young, A.W. Oosten, J.J. de Haan, A. Miah, S. Zaidi, H. Gelderblom, N. Steeghs, O. Husson, W.T.A. van der Graaf, Priorities and preferences of advanced soft tissue sarcoma patients starting palliative chemotherapy: baseline results from the HOLISTIC study, *ESMO Open*, Volume 6, Issue 5, 2021, 100258, ISSN 2059-7029