

Summary

Title	
Aims	Distribution of the agreed pathways for follow up of patients with bone sarcoma by the Oxford Sarcoma Service.
Issued by	Oxford Sarcoma Advisory Group (OSAG)
As agreed by	OSAG: <ul style="list-style-type: none"> • Core members • Trust Sarcoma Clinical Lead • Oxford Sarcoma MDT
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Available at	https://www.ouh.nhs.uk/oxfordsarcomaservice/osag/

Follow up pathways for bone sarcoma

Introduction

This pathway refers to the care of patients within the Oxford Sarcoma Network with bone sarcoma of the following categories:

1. Aneurysmal bone cyst and giant cell tumour
2. Grade 1 chondrosarcoma
3. Grade 2 – 3 chondrosarcoma, periosteal and parosteal osteosarcoma
4. Chordoma
5. High grade osteosarcoma, spindle cell sarcoma of bone, and dedifferentiated chondrosarcoma
6. Ewing's sarcoma, round cell sarcoma with EWSR1-non-ETS fusions, CIC-rearranged sarcoma, sarcoma with BCOR genetic alterations, desmoplastic small round cell tumour, rhabdomyosarcoma, and mesenchymal chondrosarcoma

Note: in addition to bone sarcomas, this pathway also contains guidance on undifferentiated small round cell sarcomas of the soft tissue (see Section 3).

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.

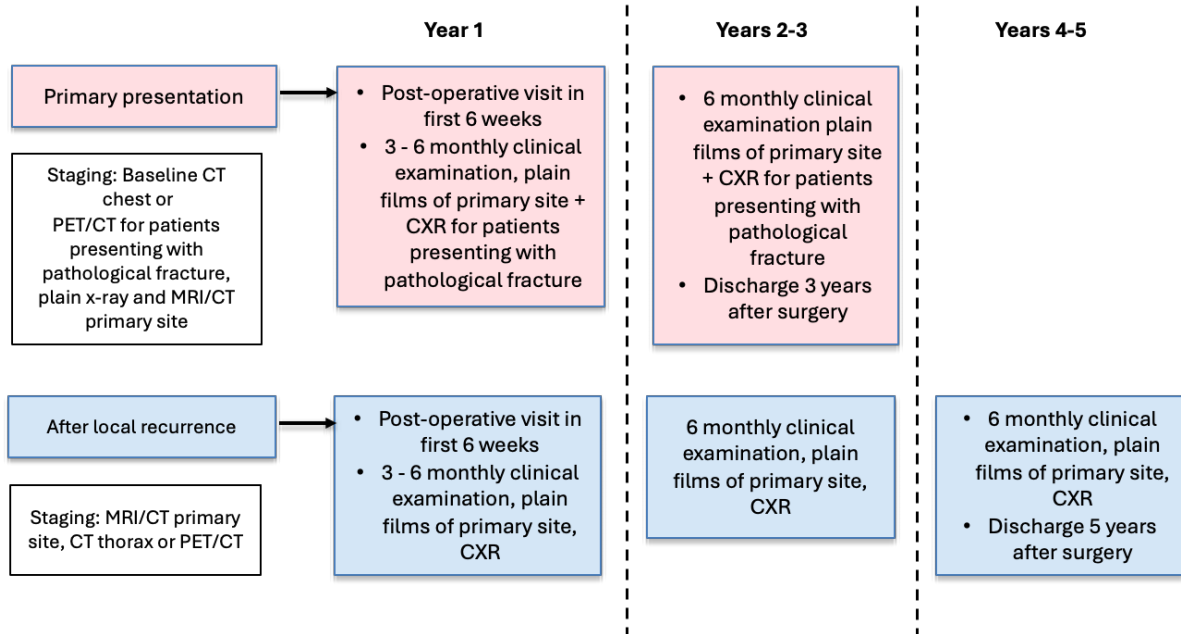
Take home messages

- 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.

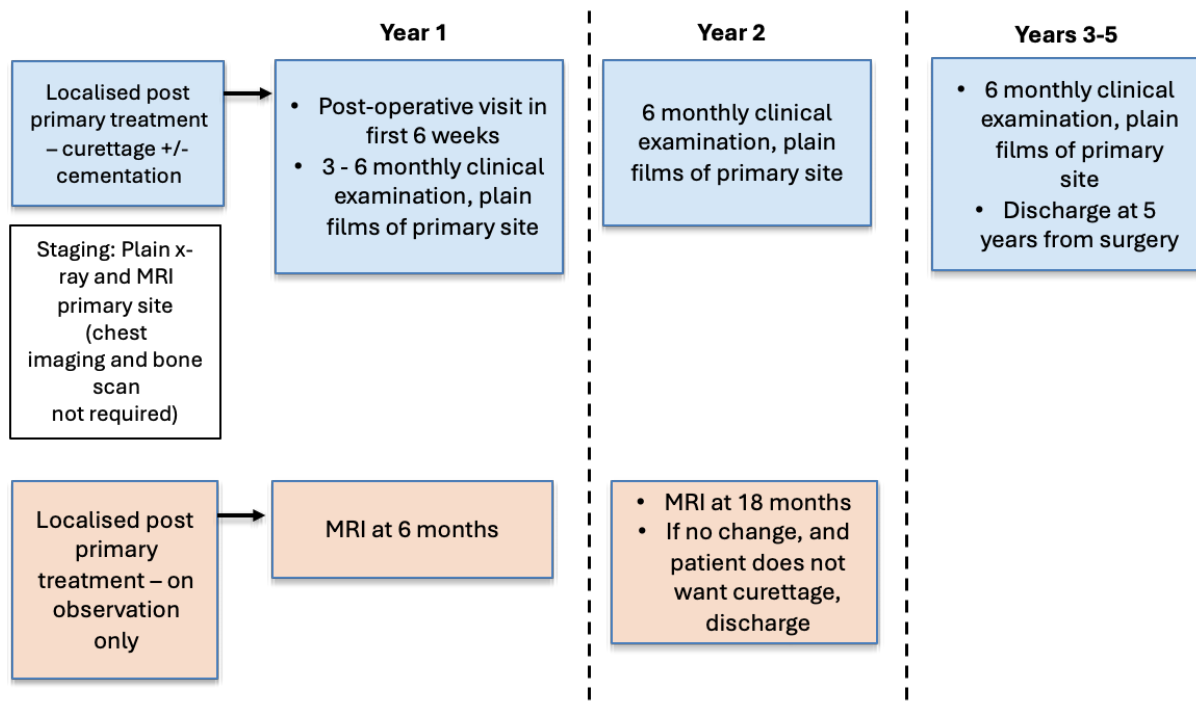
Pathways/Guidance

Section 1: Benign bone tumours (aneurysmal bone cyst, giant cell tumour), well-differentiated cartilaginous tumours (grade 1 - 3 chondrosarcoma), periosteal and parosteal osteosarcoma, chordoma

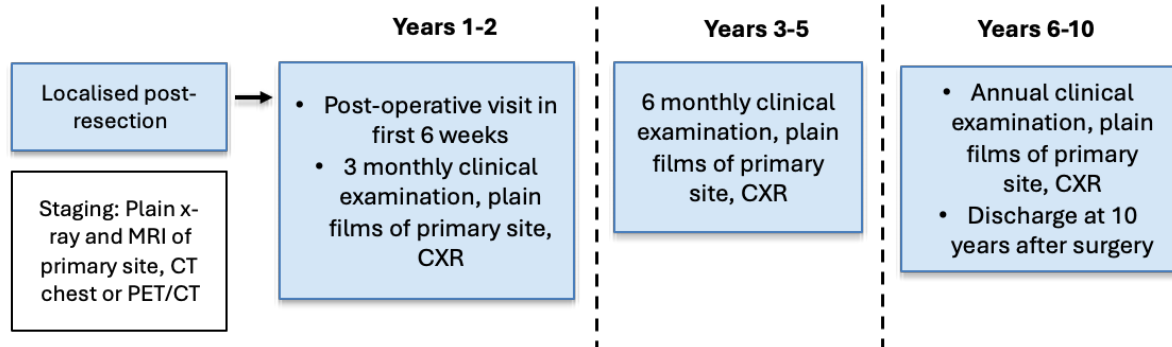
1. Aneurysmal bone cyst, giant cell tumour



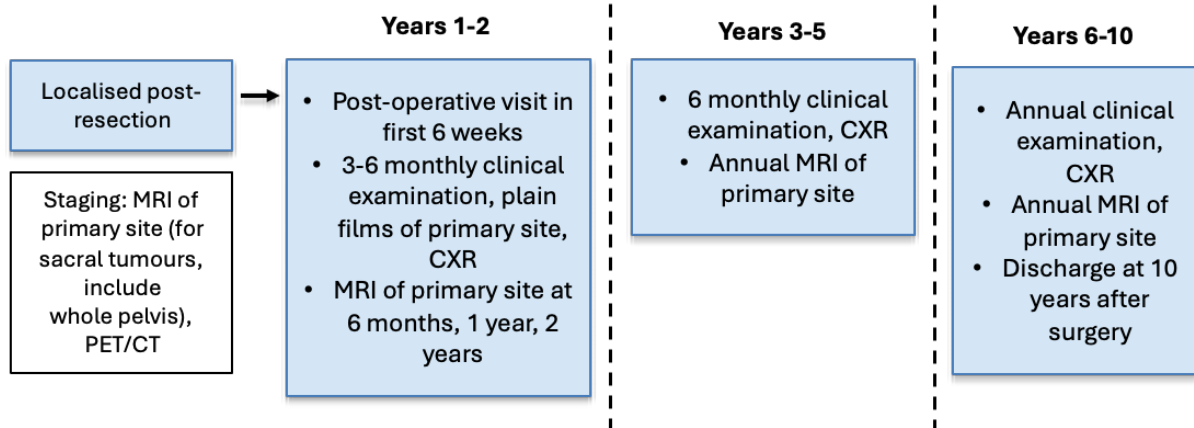
2. Grade 1 chondrosarcoma



3. Grade 2 – 3 chondrosarcoma, periosteal and parosteal osteosarcoma

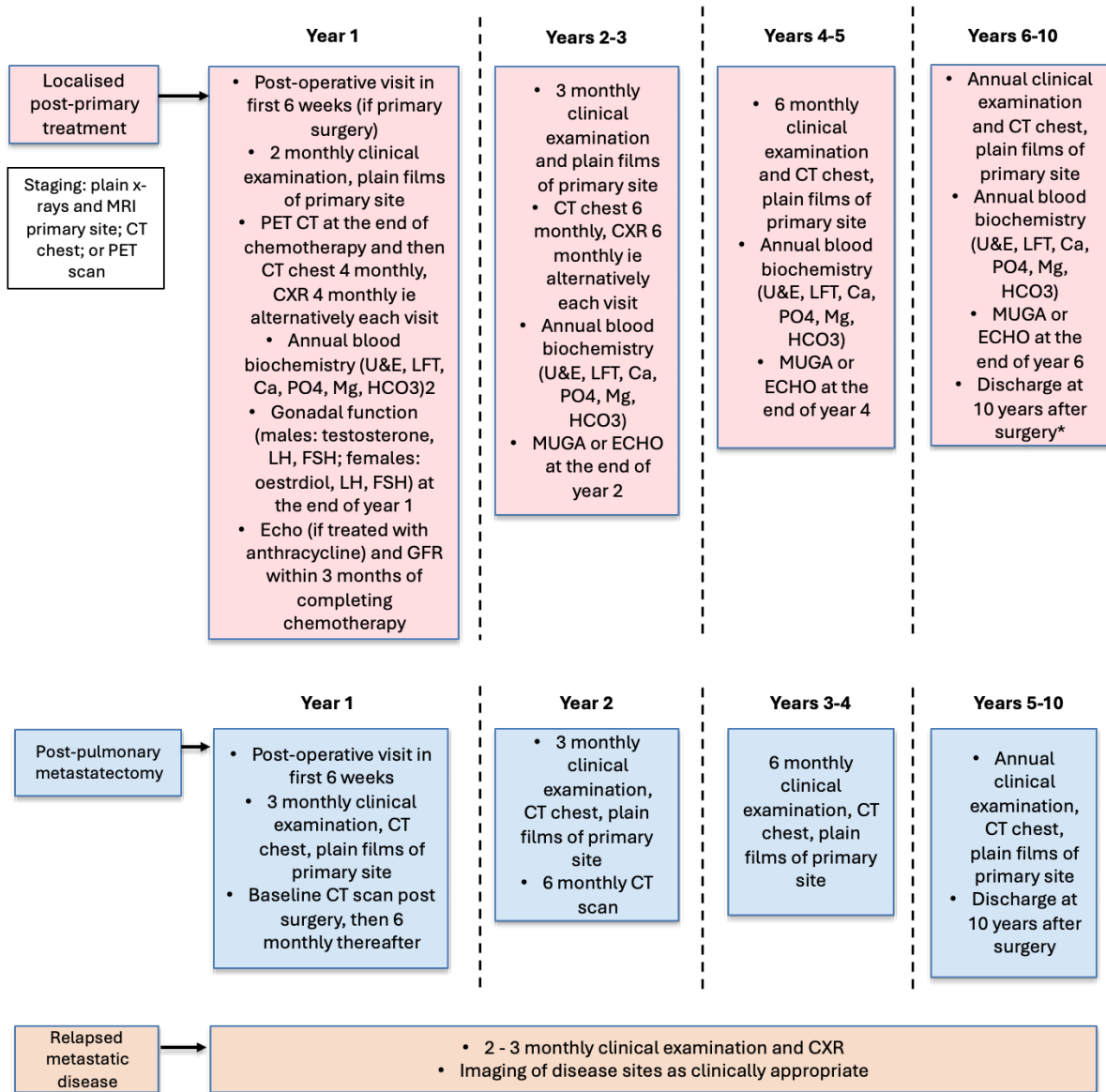


4. Chordoma



Section 2: high grade osteosarcoma/spindle cell sarcoma of bone/dedifferentiated chondrosarcoma

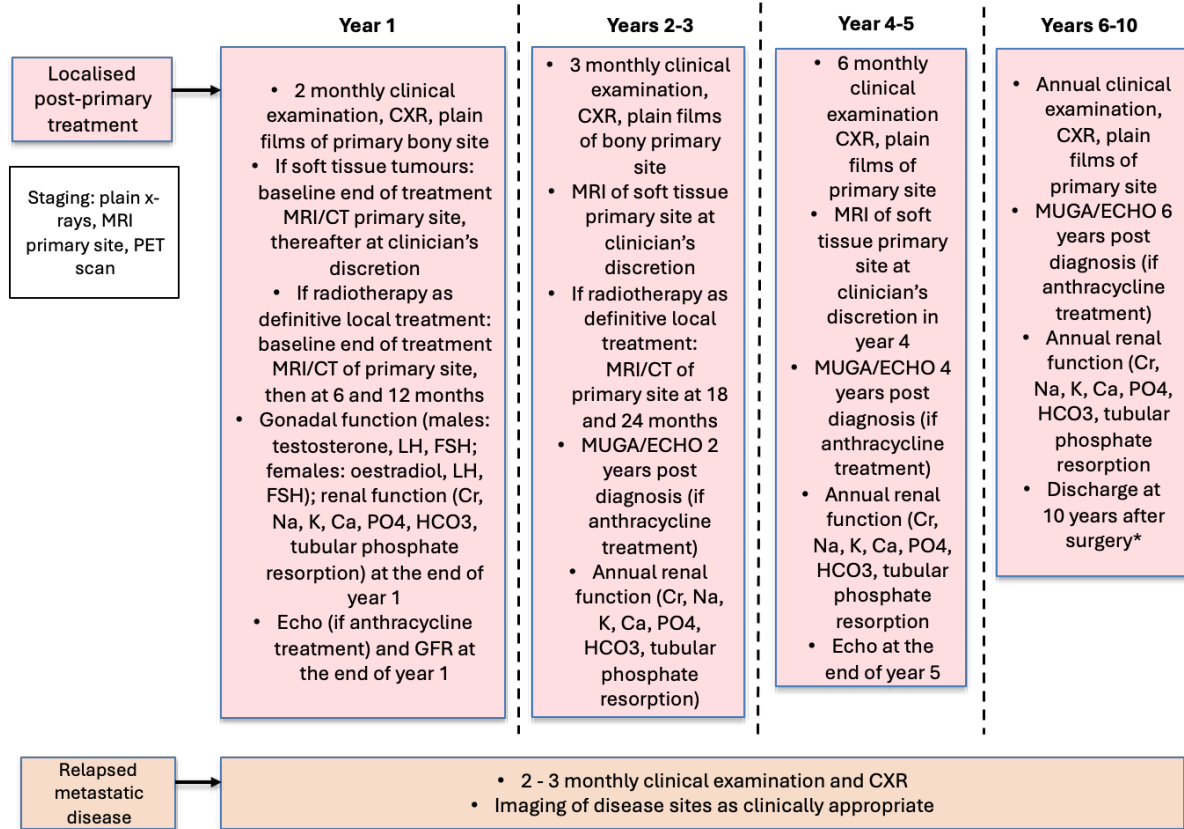
1. High grade osteosarcoma, spindle cell sarcoma of bone, dedifferentiated chondrosarcoma



*unless: patient has had radiotherapy with toxicity that requires long term follow-up; patient has a prosthesis in situ (follow-up evaluation by orthopaedic team); teenage and young adult patients (<25 years at diagnosis, as will require long term follow-up in a late effects service); clinical trial patients on active follow-up

Section 3: undifferentiated small round cell sarcomas of bone and soft tissue

1. Ewing's sarcoma, round cell sarcoma with EWSR1-non-ETS fusions, CIC-rearranged sarcoma, sarcoma with BCOR genetic alterations, desmoplastic small round cell tumour, rhabdomyosarcoma, mesenchymal chondrosarcoma



*unless: patient has had radiotherapy with toxicity that requires long term follow-up; patient has a prosthesis in situ (follow-up evaluation by orthopaedic team); teenage and young adult patients (<25 years at diagnosis, as will require long term follow-up in a late effects service); clinical trial patients on active follow-up

Points of Contact
General referral information
https://www.ouh.nhs.uk/oxfordsarcomaservice/referrals/
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.