

Diagnostic pathway for spinal sarcoma

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 spinal sarcoma

Introduction

- This pathway refers to the care of patients within the Oxford Sarcoma Network with suspected or confirmed sarcomas arising in or involving the spine.
- 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

1. ? Bone Sarcoma, referral from Primary / Secondary care, A&E Depts.
2. Refer to oxford Sarcoma Service, with completed MDT proforma + relevant imaging.
3. Care discussed at weekly Sarcoma MDT. ? Spinal Pathology refer to Spinal Sarcoma Team.
4. Nurse-led telephone clinic - introduces service, counsels on MDT outcome, arranges face to face consultant clinic appt.
5. 1st meet* with patient + family: OPD - introduction to team + service. Requests additional investigations.
6. Investigations / Diagnostics rediscussed at Sarcoma MDT, outcome documented.
7. 2nd meet* with patient + family: explain MDT outcome, counsel on options. Invite to PTRON. Offer to join OSSG buddy system for peer-to-peer support.
8. Enrol + collect PTRON: baseline PROMs + PREMs. e.g., EQ-5D, SF36, SOSGOQ + Pain scores, ASIA, Pain meds, ADL.
9. ? Surgery ? Chemo / Radio / PBT ?Palliative.
10. Case presented at National Spinal Sarcoma MDT** for inputs + consensus on surgical plan.
11. 3rd meet* with patient + family: Preoperative Assessment Clinic - counsel and consent for surgery. OxVIC (TM) - Personalised video consent.
12. Reviewed by specialist spinal sarcoma anaesthetist.
13. Patient reviews OxVIC (TM) at home with family. Acknowledges risks and complications WRT surgery and agrees to proceed.
14. Computer assisted surgical planning + prescription of custom-made implants
15. 4th meet* with patient + family on morning of surgical admission. Invited to donate tissue for research. PROMs collected via PTRON.
16. Intraoperative record including blood loss, length of surgery, procedure, implants used, + any intra-op complications recorded via PTRON.
17. Intraoperative samples ethically collected for research.
18. Where appropriate intraoperative CT of surgical specimen is reviewed to radiologically confirm macroscopic margins.
19. Post-op daily ward reviewed by spinal team.
20. Post-op scans + surgical specimens reviewed by specialist sarcoma pathologists at Sarcoma MDT.
21. Post surgical treatment / follow-up regime agreed, documented and actioned at Sarcoma MDT.
22. Follow / surveillance protocols: review face to face in clinic with relevant imaging. PTRON data collected at each patient encounter.

Notes

* Clinic visits are combined Surgeon and Nurse appointments

** The National Surgical Spinal Sarcoma MDT consists of members from each of the four commissioned Spinal Sarcoma Centres in England.

Definitions

1. PTRON - Primary Tumour Research & Outcomes Network - and AO Spine global research database.
2. PROMs - Patient Reported Outcome Measures
3. PREMs - Patient Reported Experience Measures

4. OxVIC (TM) - Oxford Video Informed Consent Tool

Follow-up Pathway

Completion of Surgery

- Surgical Follow-up at OUH
- Surveillance
- Suspicion of recurrence
- Referral to Oxford Sarcoma MDT

Completion of Multi-modality Treatment

- Oncology Follow-up at OUH; **or**
- Surgical Follow-up at OUH (if patient has had surgery)
- Surveillance
- Suspicion of recurrence
- Referral to Oxford Sarcoma MDT

Surveillance Imaging Protocol is pathology and margin dependent

All patients are followed up at clinics within the Oxford Sarcoma Service at OUH.