

Diagnostic pathway for sarcoma of bone

Aims: Distribution of the agreed pathway for referral of patients with suspected sarcoma of bone 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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Date of version: March 2026

Version number: 1.1

Approval date: March 2026

Outstanding issues: None

Date of next review: March 2028

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

Soft tissue sarcomas of the extremity or trunk

Introduction

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

Suspected diagnosis

Patient presents with unexplained bone swelling, increasing in size, occult pain worse at night or with activity, systemic symptoms

Secondary care

- Suspected primary tumour of bone
- Clinical presentation
- Suspicious imaging or histology

GP

Local sarcoma diagnostic clinic (if available)

- Suspected primary tumour of bone
- Clinical presentation
- Suspicious imaging or histology

Referral

Referral to Sarcoma Treatment Centre: **Oxford Sarcoma Services**

2 Week Wait Referral Form / Tertiary Referral and Imaging - send to sarcoma.referrals@ouh.nhs.uk

Diagnosis

Diagnostic Interventions at OUH

Imaging, biopsy, clinical assessment +/- staging

Not sarcoma

Refer back to GP or local hospital (or treatment offered as appropriate)

Sarcoma

- MDT review by OUH
- Treatment planning: report sent to referring clinicians

Treatment

Surgery at OUH

Psychological Support: CNS; Community Team; **and/or**

Chemotherapy at Oxford Churchill Hospital

Local services assist with supportive care; **and/or**

Radiotherapy at Treatment Centre or Shared Care

MTT reviews by OUH; **leading to either Palliative Care or**

MDT reviews by OUH

Complex surgical planning after neo-adjuvant therapy; review of resection histologies; adjuvant treatment planning; **leading to either**

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Palliative Care

Treatment Centre or Community Team; **or**

Treatment Centre and Rehabilitation

Acute ward: discharge planning, refer to community therapy as appropriate: **or, if relapse**

Follow-up according to protocols

Follow-up

Follow-up according to protocols

Long term surveillance