

**West Midlands Sarcoma Advisory Group**

**Guideline for the Initial Investigation and Referral to Specialist Sarcoma Multi  
Disciplinary Team for Suspected Bone Sarcoma**

**Version History**

<b>Version</b>	<b>Date Issued</b>	<b>Brief Summary of Change</b>
0.1	06.04.11	First draft by Rachel Loveless
0.2	07.04.11	Circulated to Charles Candish for comment
0.3	11.04.11	Referral form added by Rachel Loveless
0.4	19.04.11	Flow chart added by Rachel Loveless
0.5	09.11.11	Updated by Karen Metcalf following comments from other Networks
0.6	11.11.11	Updated by Karen Metcalf following comments received by email from members of the West Midlands Sarcoma Advisory Group
0.7	21.11.11	Updated by Karen Metcalf following comments from Rob Grimer
0.8	28.11.11	Reviewed and updated by West Midlands Sarcoma Advisory Group and prepared for reviewing by Guidelines Sub Group
0.9	12.12.11	Amended by Karen Metcalf following comments from Alison Rowe, Lara Barnish and Ben Parfitt and prepared for review by the Pan Birmingham Cancer Network Guidelines subgroup
0.10	14.12.11	Reviewed and updated by the Pan Birmingham Cancer Network Guidelines Sub Group
1.0	19.12.11	Reviewed and endorsed by Pan Birmingham Cancer Network Guidelines Sub Group

<b>Date Approved by Network Governance</b>	<b>December 2011</b>
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<b>Date for Review</b>	<b>December 2014</b>
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## **1 Scope of the guideline**

- 1.1 This guidance has been produced to support the initial investigation and referral of patients with suspected bone sarcoma to the Specialist Sarcoma Multi Disciplinary Team based at the Royal Orthopaedic Hospital NHS Foundation Trust
- 1.2 This guideline covers the populations referred from the following Cancer Networks:
- 3 Counties
  - Arden
  - Anglia [Great Yarmouth & Waveney, Norfolk, Suffolk (East)]
  - East Midlands
  - Greater Midlands
  - Humber and Yorkshire Coast
  - Peninsula
  - Pan Birmingham
  - Yorkshire
- 1.3 This guideline does **not** cover referral pathways for patients with suspected soft tissue sarcoma for which separate guidelines exist. These are available on the Pan Birmingham Cancer Network website  
<http://www.birminghamcancer.nhs.uk/staff/clinical-guidelines/sarcoma>

## **2 Guideline background**

- 2.1 This guideline has been produced to support GPs and secondary care physicians to investigate suspected bone sarcomas and to refer to the Specialist Sarcoma MDT any patient with a suspicious bone lesion that indicates the possibility of bone sarcoma.

## **3 Guideline statements**

- 3.1 The investigation of a patient with a suspicious bone lesion or suspected pathological fracture should follow the algorithm shown in figure 1. See appendix 1.
- 3.2 Patients with ongoing unexplained bone pain or swelling should be referred by their GP for an x-ray. If symptoms persist but the x-ray is reported as normal further imaging at an early stage should be considered (e.g. an MRI).

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- 3.3 Patients with a suspected spontaneous or low impact fracture should be appropriately investigated (x-ray or MRI) to rule out the presence of a pathological fracture.
- 3.4 All patients with suspected bone sarcoma should be referred to the Specialist Sarcoma Multi Disciplinary Team and be seen by a specialist from this team within 2 weeks of referral. For the Networks listed above this is the Royal Orthopaedic Hospital NHS Foundation Trust.

#### **4 Specific recommendations**

- 4.1 Patients with increasing, unexplained or persistent bone pain or tenderness, particularly pain at rest (and especially if not in the joint), or an unexplained limp should be investigated by the primary healthcare professional urgently. The nature of the investigations will vary according to the patient's age and clinical features but should include history, clinical examination and x-ray followed by blood tests (full blood count, ESR, profile).
- in older people metastases, myeloma or lymphoma, as well as sarcoma, should be considered
  - if a patient has HIV disease, Kaposi's sarcoma should be considered and a referral made to an appropriate HIV treating centre if this is suspected
- 4.2 GPs should make the referral by using the urgent suspected sarcoma two week referral form. See appendix 2. A copy of this form is also available on the Pan Birmingham Cancer Network website <http://www.birminghamcancer.nhs.uk/staff/rf/gp-urgent-2-week-wait>. This form should be faxed to the Royal Orthopaedic Hospital Birmingham rapid access fax as directed.
- 4.3 Secondary care physicians should make the referral by faxing a referral letter to the rapid access clinic at the Royal Orthopaedic Hospital NHS Foundation Trust (0121 685 4146). Initial contact to request clinician to clinician discussion and advice may be made by telephoning the rapid access clinic on 0121 685 402.
- 4.4 If a patient has HIV disease, Kaposi's sarcoma should be considered and if this is suspected clinicians should make a referral to an appropriate HIV treatment centre

#### **5 Monitoring of the guideline**

Adherence to the Network guidelines may from time to time be formally monitored.

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## 6 Patient information and counselling

- 5.1 All patients, and with their consent, their partners will be given access to appropriate written information during their investigation and treatment, and on diagnosis will be given the opportunity to discuss their management with a clinical nurse specialist who is a member of the relevant MDT. The patient should have a method of access to the sarcoma team at all times.
- 6.2 Access to psychological support will be available if required. All patients should undergo an holistic needs assessment and onward referral as required.

## References

1. Department of Health, 2000, *The NHS Cancer Plan: A plan for investment, a plan for reform*. Department of Health, London.
2. NHS Executive, 2001, *Cancer Waiting Times HSC 2001/012*. Department of Health, London. See Also DSCN 22/2002 *National Cancer Waiting Times Monitoring*.
3. NHS Executive, 2000, *Cancer Referral Guidelines HSC 2000/013*. Department of Health, London.
4. Department of Health, 2004, *Manual for Cancer Services 2004*. Department of Health, London.
5. R.J.Grimer, T.W.R Briggs 2010 Aspects of current management. Earlier diagnosis of bone and soft-tissue tumours.. *The Journal of Bone and Joint Surgery* Vol 92-B No 11, November 2010.

## Authors

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Network Director

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## Approval Signatures


### Pan Birmingham Cancer Network Governance Committee Chair

**Name:** Karen Deaney

**Signature:** \_\_\_\_\_ **Date:** December 2011

### Pan Birmingham Cancer Network Manager

**Name:** Karen Metcalf

**Signature:**  **Date:** December 2011

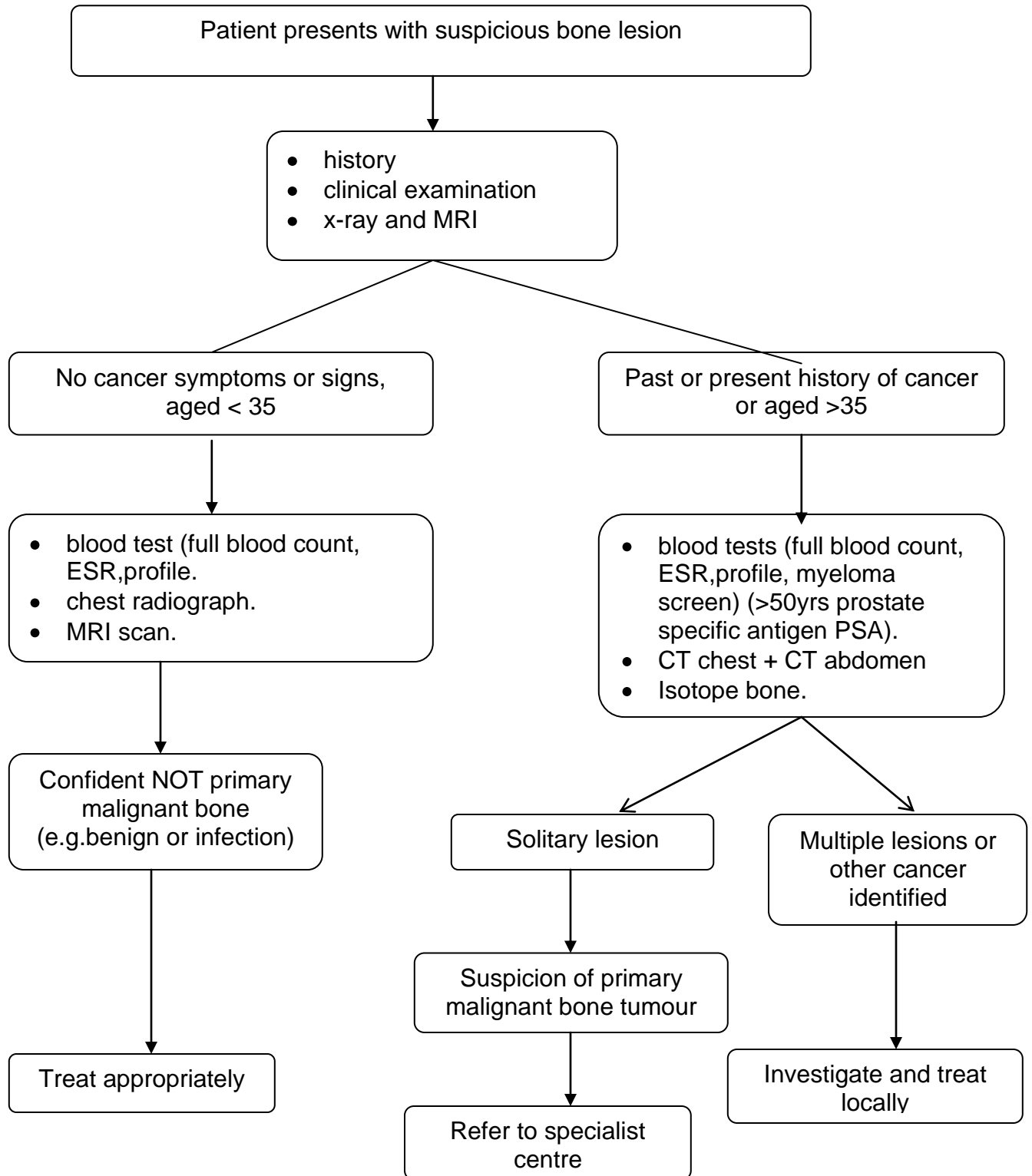
### Supra Network Site Specific Group Clinical Chair

**Name:** Charles Candish

**Signature:**  **Date:** December 2011

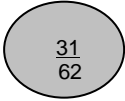
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## Appendix 1 - algorithm for investigating a suspicious bone lesion

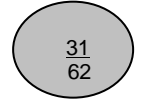


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**Appendix 2 – 2 week referral form**



URGENT



URGENT

**URGENT REFERRAL FOR SUSPECTED SOFT BONE SARCOMA** (Version 3.0)

If you wish to include an accompanying letter, please do so. **On completion please FAX to the number below.**

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005

<b>Patient Details</b>	<b>GP Details (inc Fax Number)</b>														
Surname Forename D.O.B. <span style="margin-left: 150px;">Gender</span> Address  Postcode Telephone NHS No Hospital No Interpreter? Y / N    First Language:	Fax No: <hr/> <b>Date of Decision to Refer</b> <hr/> <b>Date of Referral</b> <hr/> <b>GP Signature</b>														
<b>Relevant Information:</b> (Check as appropriate)  <b>Suspected diagnosis: Sarcoma of Bone</b>  Site _____  X-ray carried out <input type="checkbox"/>	<b>Other Investigations:</b>  Bone Scan <input type="checkbox"/>  If so, where _____														
<b>Clinical Details:</b> History/Examination/Investigations.....  Medication .....															
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>For Hospital Use</b></td> <td style="width:50%; border: none;"><b>(Referral Data)</b></td> </tr> <tr> <td style="border: none;">Date received _____</td> <td style="border: none;">Date 1<sup>st</sup> appointment booked _____</td> </tr> <tr> <td style="border: none;">Date of 1<sup>st</sup> appointment _____</td> <td style="border: none;">Date 1<sup>st</sup> seen _____</td> </tr> <tr> <td colspan="2" style="border: none;">Clinic Attending _____</td> </tr> <tr> <td colspan="2" style="border: none;">Specify reason if not seen at 1<sup>st</sup> appointment offered _____</td> </tr> <tr> <td colspan="2" style="border: none;">Final Diagnosis _____ Malignant / Benign</td> </tr> <tr> <td colspan="2" style="border: none;">Was the referral appropriate    Yes    No (if no please give reason) _____</td> </tr> </table>		<b>For Hospital Use</b>	<b>(Referral Data)</b>	Date received _____	Date 1 <sup>st</sup> appointment booked _____	Date of 1 <sup>st</sup> appointment _____	Date 1 <sup>st</sup> seen _____	Clinic Attending _____		Specify reason if not seen at 1 <sup>st</sup> appointment offered _____		Final Diagnosis _____ Malignant / Benign		Was the referral appropriate    Yes    No (if no please give reason) _____	
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Specify reason if not seen at 1 <sup>st</sup> appointment offered _____															
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Was the referral appropriate    Yes    No (if no please give reason) _____															
<b>BONE AND SARCOMA CLINICS WITH RAPID ACCESS FACILITIES</b>															
<b>Hospital</b>	<b>Tel</b>	<b>Fax</b>													
<i>Royal Orthopaedic Hospital</i>	<b>0121 685 4021</b>	<b>0121 685 4146</b>													

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