

Shared Care Pathway for Soft Tissue Sarcomas Presenting to Site Specialised MDTs Urology – Version 1

Background

This guidance is to provide direction for the management of patients with sarcomas that may present through local urology cancer services and to define the relationship that should exist between Specialist Urological MDTs and the Specialist Soft Tissue Sarcoma MDT.

Specialist services for soft tissue sarcomas in the West Midlands are provided by the Specialist Soft Tissue Sarcoma Unit at University Hospitals Birmingham.

Principals

This guidance is being developed in accordance with the relevant measures in the Manual for Cancer Services: Sarcoma Measures and the Manual for Cancer Services: Urology Measures. They are also written in accordance with the West Midlands SAG referral guidelines (see www.birminghamcancer.nhs.uk).

1) Notification

All sarcoma patients presenting to a local or specialist Urology MDT should be notified to the specialist soft tissue sarcoma MDT nominated by the local Cancer Network and documented in the local urology cancer MDT operational policy.

2) Review by Sarcoma MDT

a) Pathology

All urology sarcomas will have pathology review undertaken by the nominated specialist sarcoma pathology service (for details see MDT operational policies).

b) Treatment planning

All new soft tissue sarcomas sarcomas will referred to the sarcoma MDT for treatment planning. Early referral from the time of suspicion or biopsy is recommended.

3) Site of Definitive Treatment

Discussion between MDT's will take place to determine the appropriate hospital for definitive excision. Initial surgical treatment may be undertaken by the local or specialist urology team. It is preferred that complex surgery, i.e. multivisceral resection or operations requiring complex reconstructive procedures, and second operations take place at a the hospital hosting the Specialist Soft Tissue Sarcoma MDT.

Chemotherapy and radiotherapy will be undertaken by designated practitioners as agreed by the SAG.

4) Recurrence

All recurrent urology sarcomas will be discussed and reviewed by the sarcoma MDT.

5) Follow up

Follow up arrangements will be discussed and agreed between the local Urology MDT and the SSTMDT. This will include details of frequency, purpose and location of follow up.

6) Summary of roles and responsibilities

	Role and Responsibility	
	Specialist/Local Urology MDT/Clinic	Sarcoma MDT/Clinic
Presentation	Assess new cases of suspected urology cancer Notify Sarcoma MDT of all new cases of urology sarcoma	
Diagnosis	Refer all cases of urology sarcoma for pathology review Refer all new cases of urology sarcoma for review by sarcoma MDT	Review pathology of all new cases of urology sarcoma Clinical review of all new cases
Treatment	Initial surgery	Complex surgery and second operations All chemotherapy All radiotherapy
Follow up	Follow up according to agreed Urology MDT guidelines	Follow up in accordance with sarcoma follow up guidelines of all patients treated by the sarcoma MDT

7) Referral to Palliative Care

Palliative care services will be made available to all patients as deemed appropriate by the MDT.

8) Patient Information and Counselling

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 Breast MDT at all times.

Access to psychological support will be available if required. All patients should be offered an holistic needs assessment and onward referral as required.

9) Clinical Trials

Wherever possible, patients who are eligible should be offered the opportunity to participate in National Institute for Health Research portfolio clinical trials and other well designed studies.

Where a study is only open at one Trust in the Network, patients should be referred for trial entry. A list of studies available at each Trust is available from Pan Birmingham Cancer Research Network. Email: PBCRN@westmidlands.nhs.uk

Patients who have been recruited into a clinical trial will be followed up as defined in the protocol.

10) Staging

Staging data for 70% of all cancers (90% of stageable cancers) should be collected electronically and transferred to the West Midlands Cancer Intelligence Unit (WMCIU).

All Trusts

- a. The Trust should send electronic extracts from their histopathology system regularly to the WMCIU
- b. The Trust should send imaging extracts for cancer patients electronically to the WMCIU regularly, or establish remote access for the WMCIU to their radiology information system and / or data warehouse
- c. Data extracts should be sent in line with the cancer registry dataset / cancer outcomes and services dataset guidance

For cancers **diagnosed clinically** or those that have not had surgery

- a. Clinical stage is recorded on the MDT database
- b. Staging extracts for all patients are sent to the WMCIU within 6 months of diagnosis

For those with **invasive cancer who have had surgery**

- a. MDTs record the full cancer registry dataset onto their MDT database at the time of discussion at the MDT meeting.
- b. Staging extracts for all patients are sent to the WMCIU within 6 months of diagnosis

11) Performance Status

All patients should have their performance status recorded onto the MDT database at the MDT. This should be done using the WHO classification which will ensure it is in line with the cancer outcomes and services dataset guidance

12) References

1. 2012 London and South East Sarcoma Network – referral guidelines for sarcoma
<http://www.lsesn.nhs.uk/files/llesn-referral-guidelines.pdf>
2. National Cancer Peer Review Programme, Manual for Cancer Services: Sarcoma Measures National Cancer Action Team, Part of the National Cancer Programme Version 1.1 <http://www.dh.gov.uk/health/2011/08/sarcoma-measures>
3. The Manual for Improving Outcomes for People with Sarcoma (2006)
www.nice.org.uk/csgsarcoma

Pathway Summary:

