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### ABSTRACTS – POSTERS

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#### **An audit of referral practices within the Greater Manchester and Oswestry soft tissue and sarcoma service (GMOSS).**

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#### **Background**

Current NICE recommendations stipulate that patients with a suspicious mass should be referred directly to specialist diagnostic clinics for assessment, including appropriate imaging and biopsy. Proven soft tissue sarcoma (STS) should be managed in the context of a specialist multidisciplinary team (SMDT). In many networks these clinics are still in the planning phases. To implement the NICE recommendations, it is important to understand the pre-existing referral pathways in order to target educational programmes and resources. We performed an audit of practices within GMOSS network to determine these referral pathways and quantify the number of inappropriate procedures performed prior to referral.

#### **Methods**

Patients with a primary truncal or extremity STS referred to the Christie joint clinical oncology/surgery sarcoma clinic between 2000-2008 were identified from the sarcoma database. Patients presenting with recurrent or metastatic disease were excluded as their referral pathways were likely to be different. Initial hospital consultant, status of patient at referral to sarcoma service (untouched, biopsy, excision) and subsequent need for re-excision rate were noted.

#### **Results**

Three hundred and thirty-six patients with primary STS of the trunk or extremities were identified. The initial hospital referral was to general surgery (44%), orthopaedics (28%), directly to members of the SMDT (17%), plastics (3%), and other clinicians (8%). Patients initially referred to general surgery compared with orthopaedics were much less likely to be referred to the sarcoma service untouched (28% versus 66%), were more likely to undergo an initial excision biopsy (66% versus 27%) with a corresponding high positive margin rate at referral (87% versus 55%). Eleven patients in general surgery and 2 in orthopaedics had a further attempt at excision prior to referral. A greater number of patients referred by general surgery had more than one operation within six months of initial biopsy compared to patients referred by orthopaedics (57% versus 23%).

#### **Conclusions**

A significant number of patients were referred by general and orthopaedic surgeons. Differences between the patient pathways were found, with more STS patients referred by general surgeons having inappropriate operations. Focused educational programmes in general surgery may improve this process. The introduction of the NICE guidelines should lead to further development of dedicated sarcoma diagnostic clinics and better understanding by clinicians of correct referral pathways.