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ABSTRACTS – POSTERS

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Current Soft Tissue Sarcoma Service Provision in the UK – a snapshot of services today

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Background

It is almost 3 years since the publication of the NICE Guidance document 'Improving the Outcomes of People with Sarcoma'. Unlike bone sarcoma work, centres undertaking soft tissue sarcoma surgery are not centrally funded by NSCAG so this work is significantly underfunded as it is generally offered under the fixed price tariff scheme. Despite this there are at least 18 centres currently in the UK offering a soft tissue sarcoma service to their populations. The involvement of Plastic Surgeons in this service provision varies depending on a number of local factors and trends

Objective

We decided to identify the extent of sarcoma service provision in the UK with a particular emphasis on the involvement of Plastic Surgeons in the service. It was also hoped to establish how many of the units were conforming to the NICE Guidelines.

Method

A telephone survey was carried by the lead investigator who contacted the Clinical Leads of all the major units offering Sarcoma Services in the UK including Scotland. There was an excellent response rate. A standardised data form was used and the results compared with the NICE Guidance document. Units were asked about the number of newly diagnosed Soft Tissue Sarcomas seen per year, whether these numbers included or excluded Paediatric/Gynae/GIST/Head & Neck. Composition of the Sarcoma MDT and the level of involvement of the Plastic Surgeon in the MDT, joint out-patient clinics and dedicated theatre lists. The results of this survey will be presented.

Conclusion

The type of training and surgery offered by plastic surgeons clearly lends itself to soft tissue sarcoma surgery. The aim of treatment of STS's of the limbs/trunk and head & neck has progressed to that of functional limb salvage. This is where plastic surgical techniques are most powerful. There is clearly a need in this type of surgery to develop excellent lines of communications between specialties and across different trusts so that all treatment can be patient centred. There is clearly a role for improving the funding arrangements for complex STS surgery, such as by central funding or by changing tariffs or removing such work from the the tariffs.