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### ABSTRACTS – ORAL PAPERS

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#### **The impact of the Scottish Sarcoma Managed Clinical Network on referral patterns and time to referral in patients in Grampian.**

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In 2004 the Scottish Sarcoma Managed Clinical Network was established. The aim was to register clinical, radiological, oncological and pathological details of all bone and soft tissue sarcomas presenting in Scotland optimising management of this group of patients. Sarcoma surgery takes place in Aberdeen, Edinburgh and Glasgow with oncological services provided within these units as well as in Dundee and Inverness.

#### **Aims**

The aim of this study was to establish the referral patterns of patients presenting with sarcoma of the extremity and trunk. We also looked at any difference in referral patterns and time to specialist review before and after establishment of the Scottish Sarcoma Managed Clinical Network.

#### **Methods**

A database was established of all patients presenting with sarcomas in the trunk or extremity between 1991 and 2007. Patients were identified using our pathology reporting system, specifically searching for sarcoma and specific sarcoma subtypes. Patients were excluded if the location of sarcoma was outwith the trunk or extremity and if their medical notes had been destroyed.

#### **Results**

One hundred and eleven patients were identified, 75 (65%) presenting prior to the establishment of the Scottish Sarcoma Network. In this group of 75, 2(3%) patients presented directly from A+E with pathological fractures, 34(45%) presented to the operating surgeon directly from Primary care. Thirty-three (44%) patients presented from another speciality or hospital, 1 (1%) patient was seen by two specialities prior to review by a sarcoma surgeon. The referral pathway was not documented in 5 (7%) patients. Forty nine (65%) patients underwent their sarcoma surgery under the care of an Orthopaedic sarcoma surgeon. The average time to review by the surgeon carrying out sarcoma excision was 39.5 days, median 21 days.

Following introduction of the managed clinical network 16 (44%) patients were referred from primary care, 19 (53%) were referred via another hospital or speciality. Thirty (83%) of the patients presenting after the clinical network was established had their tumour resected under the care of an Orthopaedic oncology surgeon. The average time from referral to review in this group was 31.5 days with a median of 14 days.

#### **Conclusions**

The establishment of the Scottish clinical network has had a positive impact on the number of patients having resection of their sarcoma under the care of a specialist orthopaedic surgeon, and the length of waiting time from referral.