

Bone Sarcoma: Children and Adults

- Arrange urgent x-ray for in patients with:
 - Unexplained **bone swelling or tenderness** not responding to analgesia or night time pain

NOTE: Normal or equivocal X-ray does not exclude Sarcoma as changes may not appear in the early stages of the disease. In adults, seek advice from the radiology service if ongoing concerns and arrange further imaging if urgent direct access. In children, refer early.

- Suspicious X-Ray showing one or more of the following suspicious features: Spontaneous fracture, Bone destruction, New bone formation, Periosteal elevation
- Normal or equivocal x-ray but high clinical suspicion of bone sarcoma – see above (NB provide full description in section 1 of the referral form 'Reason for referral')

Soft Tissue Sarcoma: Adults

- Arrange for **urgent ultrasound or MRI** in patients with:
 - Unexplained lump **increasing significantly** in size
 - Any **lump >5 cm**, whether painful or not

Criteria for Sarcoma Centre

- Ultrasound or MRI report findings:
 - Highly suspicious imaging or soft tissue sarcoma confirmed
 - Suspected recurrence of previous sarcoma

Criteria for Diagnostic Clinic

- Abnormal imaging but not highly suspicious
- Clinical uncertainty and scan does not confidently confirm a benign diagnosis (NB provide full description in section 1 of the referral form 'Reason for referral')

Soft Tissue Sarcoma: Children

Please **contact Paediatrician on-call urgently** and use the **Pan London Suspected Children's Cancer form**

Please do not refer the following benign conditions using the sarcoma 2WW form:

- *subcutaneous lipomas*
- *sebaceous cysts/epidermoid cyst*
- *ganglions*
- *giant cell tumours of the tendon sheath*
- *pigmented villonodular synovitis (PVNS) of a joint*
- *post-traumatic or inflammatory phenomena such as fat necrosis, abscess*
- *fibromas*
- *normal variant anatomy*
- *lymphangiomas/haemangiomas/all vascular malformations*
- *chest wall/rib asymmetry*
- *tenosynovitis of the wrist (for wrist mass)*
- *sternoclavicular joint degeneration*
- *osteochondromas(unless suspicious of malignant degeneration)*
- *indeterminate lesions of skin*
- *fibrous dysplasia*
- *simple bone cysts*

Bone Sarcoma: Children and Adults

- Risk Factors:

Retinoblastoma, Paget's disease of the bone, bone exposure to ionising doses of radiation, Li Fraumeni syndrome, hereditary multiple exostoses, Ollier's disease or Mafucci's disease

Soft Tissue Sarcoma: Adults - Risk Factors:

Prior radiotherapy, Li-Fraumeni syndrome, neurofibromatosis, familial adenomatous polyposis (Gardner's syndrome)

Royal National Orthopaedic Hospital

Sarcoma Centre

Diagnostic Clinic

SUSPECTED SARCOMA REFERRAL TO SPECIALIST SARCOMA CENTRE

ADULTS (SUSPECTED BONE AND SOFT TISSUE SARCOMA): FOR AN APPOINTMENT WITHIN 28 DAYS

CHILDREN (UNDER 16 WITH SUSPECTED BONE SARCOMA): FOR AN APPOINTMENT WITHIN 48 HOURS

- RESOURCES:**
1. Suspected cancer: recognition and referral NICE guidelines NG12 (Feb 2021) <https://cks.nice.org.uk/topics/bone-soft-tissue-sarcoma-recognition-referral/>
 2. Improving outcomes for people with sarcoma NICE guidelines [CSG9] 2006 <http://www.nice.org.uk/guidance/csg9>
 3. <https://clinicalsarcomaresearch.biomedcentral.com/articles/10.1186/s13569-016-0060-4>
 4. RCGP and Bone Cancer Research Trust <http://elearning.rcgp.org.uk/course/view.php?id=152>
 5. Sarcoma UK <http://sarcoma.org.uk>