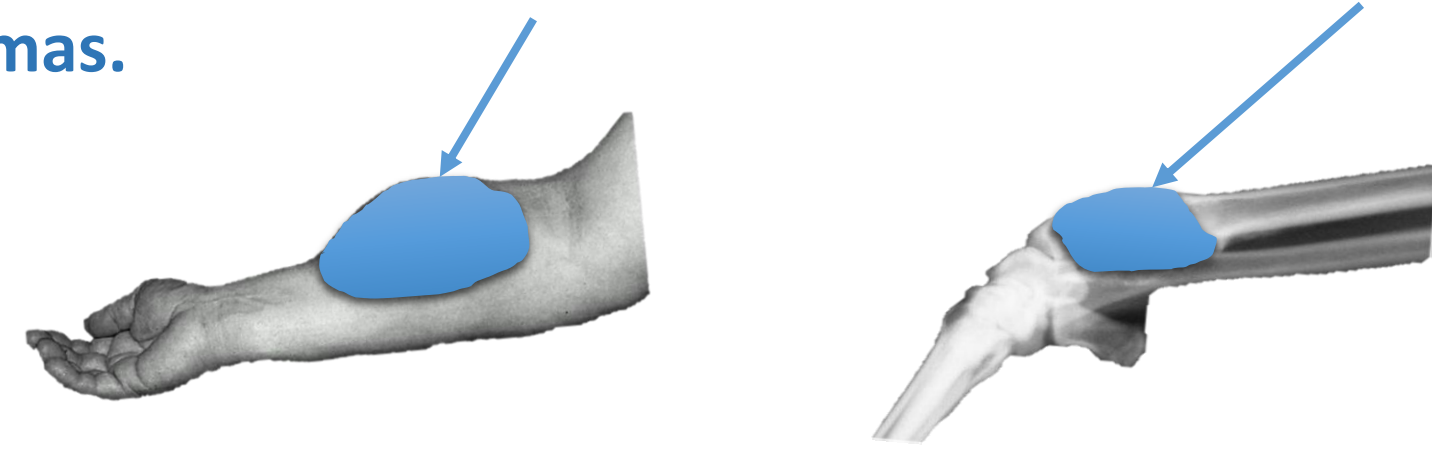


MAPPING THE PREDIAGNOSTIC JOURNEY FOR SARCOMA PATIENTS

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INTRODUCTION

Sarcomas are a rare group of tumours mainly categorised into **Soft-Tissue sarcomas** and **Bone sarcomas**.



Each year approximately **1035** new diagnosis of Bone and Soft Tissue Sarcomas are made in the UK. As sarcomas are rare, many patients face **long delays** before reaching a **specialist centre** where a confident diagnosis and treatment plan can be made.

Diagnostic delays leads to progression of tumours into more aggressive stages where patients have a lower survival rate. Currently the survival rate in the UK is below the European average.

The aim of this project was to investigate variations in the **pre-diagnostic pathways** of patients with suspected or confirmed sarcoma.

Further to this, data collected will be used to explore points in the **'route to diagnosis'** where an educational or other interventional tool could be developed to reduced delays in reaching a sarcoma specialist centre.

METHODS

A **survey** was used to collect data on patients attending the North of England Bone and Soft Tissue Tumour Service. **Fifty** patients of suspected and confirmed sarcomas were recruited from weekly clinics and surgical wards.

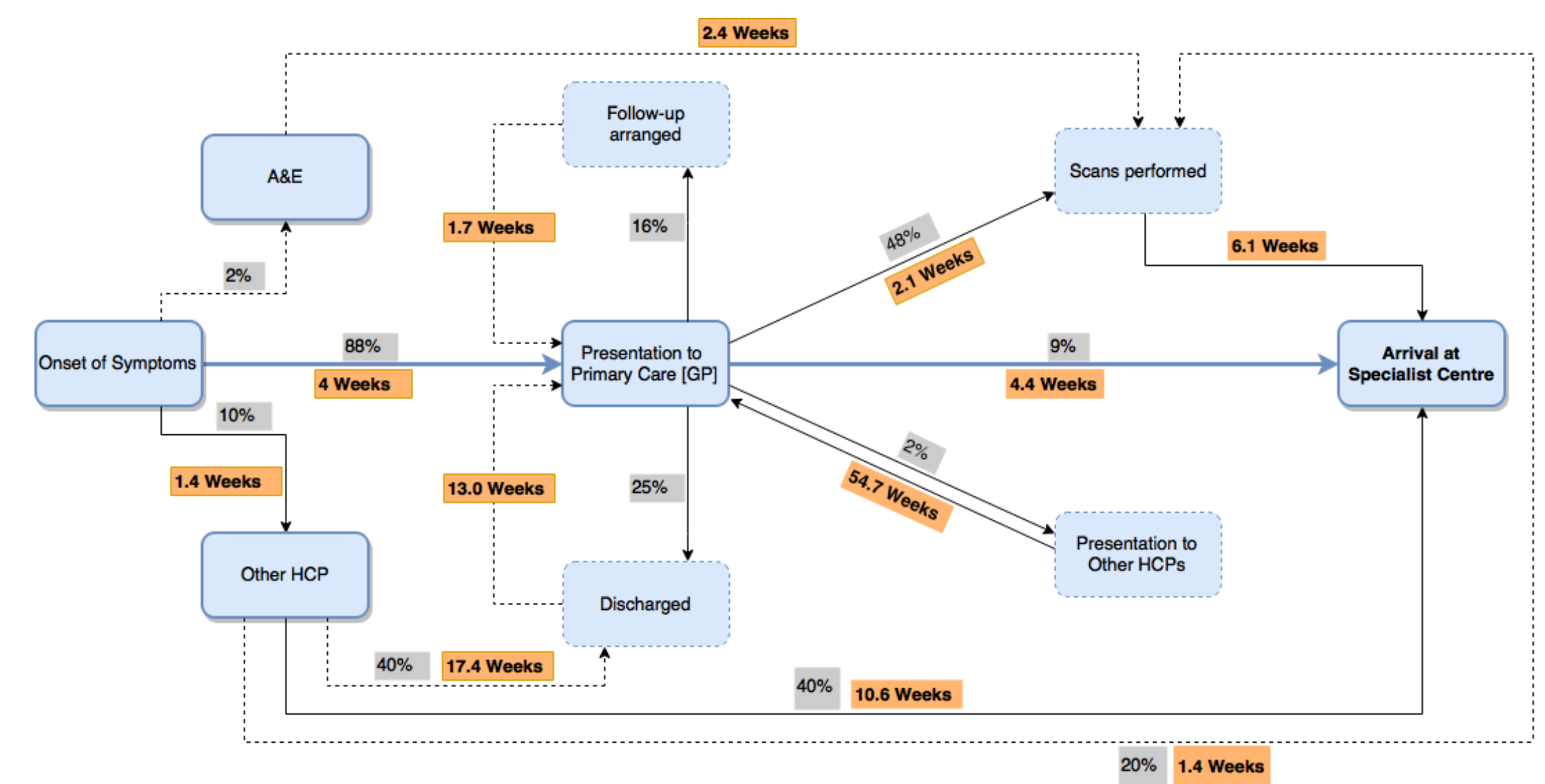
Information on patients general demographics was collected alongside the patients treatment pathway from onset of symptom up to the point of reaching the specialist centre.

RESULTS

The **median time** taken for patients to present to a specialist centre from onset of symptoms was **11.1 weeks**.

Patient delay contributed **4.1 weeks** to this, whilst the majority of delay (**7 weeks**) was due to **healthcare professionals**.

MAP OF PATIENT REFERRAL PATHWAYS



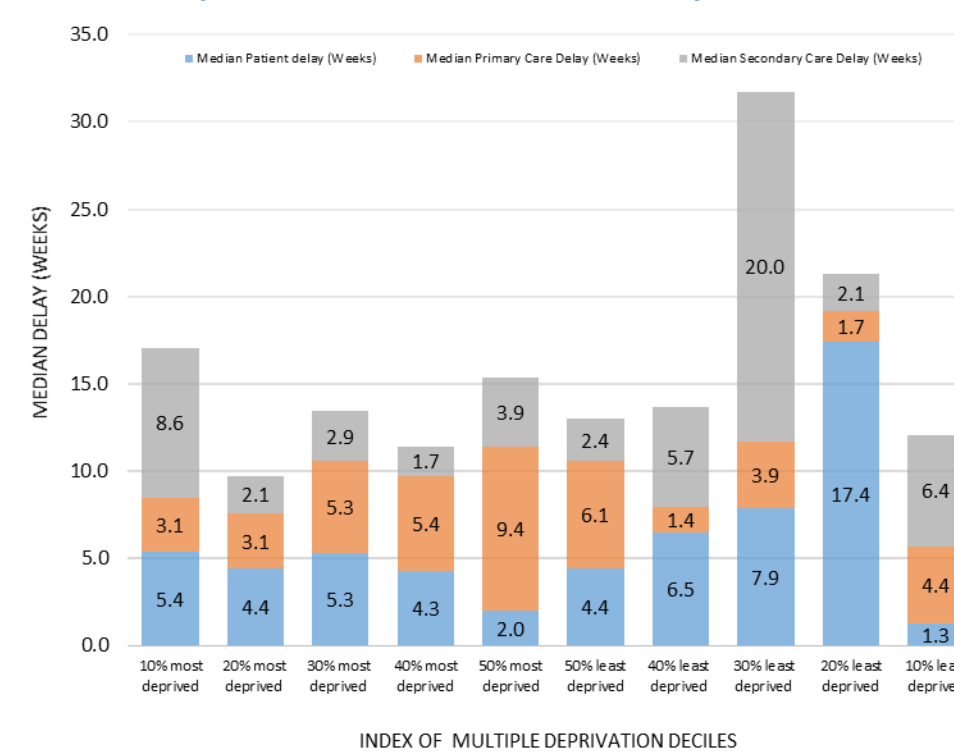
DISCUSSION

My data shows there is still a delay in reaching a sarcoma specialist unit despite introduction of strict guidelines. Although many patients themselves play a part in causing a delay in reaching the specialist centre, Healthcare Professionals played the biggest role in overall delay across the surveyed population.

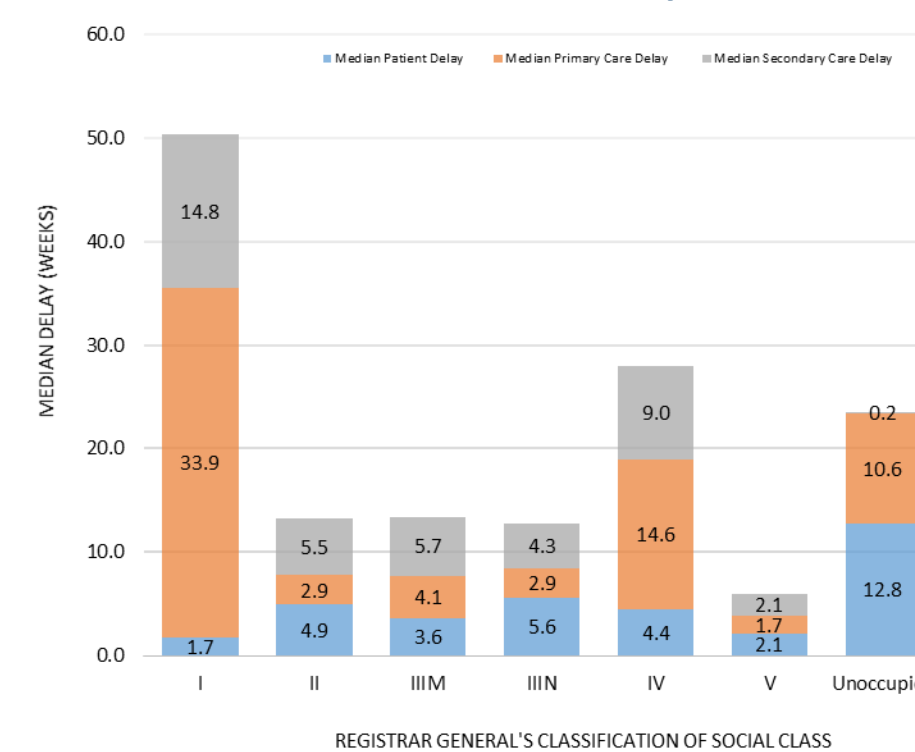
The main pathway took by a sarcoma patient is through consultation with a GP after onset of symptoms (**88%**), these patients then have scans and investigations performed at a secondary care setting (**48%**) before being referred to a specialist centre. As GPs are the first point of contact for many patients, an intervention here could potentially reduce delays faced by patients.

Seventy-four percent of patients presented with an urgent referral symptom, despite this they weren't referred to a specialist within the guideline **'2-week-wait'**. The introduction of an educational tool aimed at healthcare professionals highlighting urgent referral signs such as **lump >5cm**, a **lump of increasing size** and **deep 'bony' pain**, could be beneficiary in increasing awareness of key sarcomas signs and symptoms to watch out for.

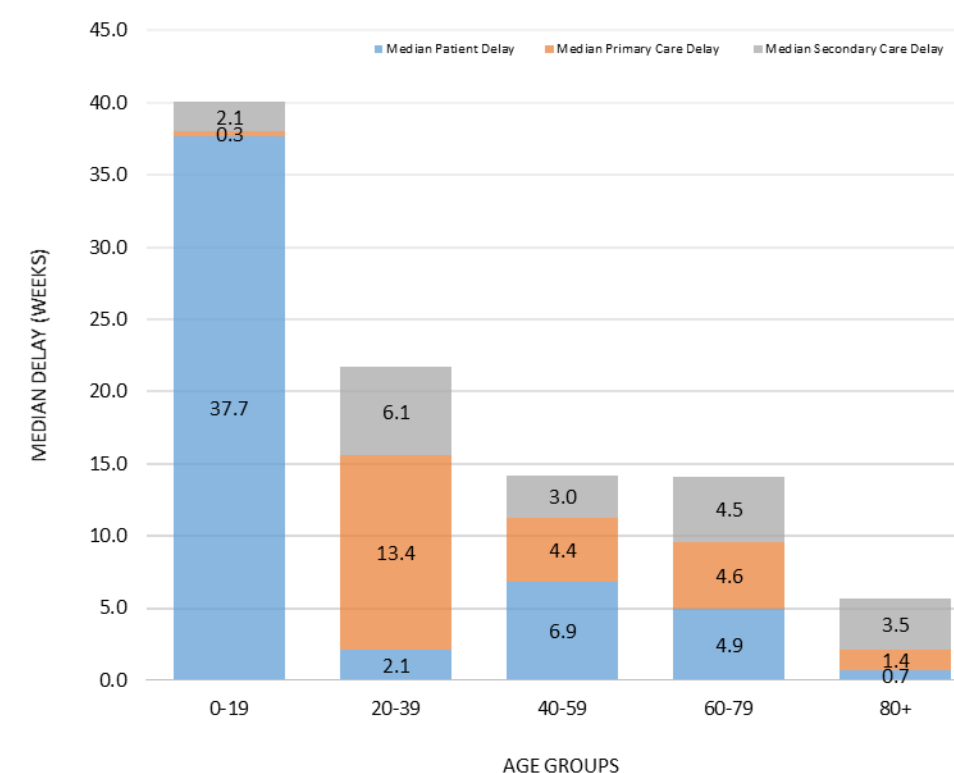
Deprivation & Delay



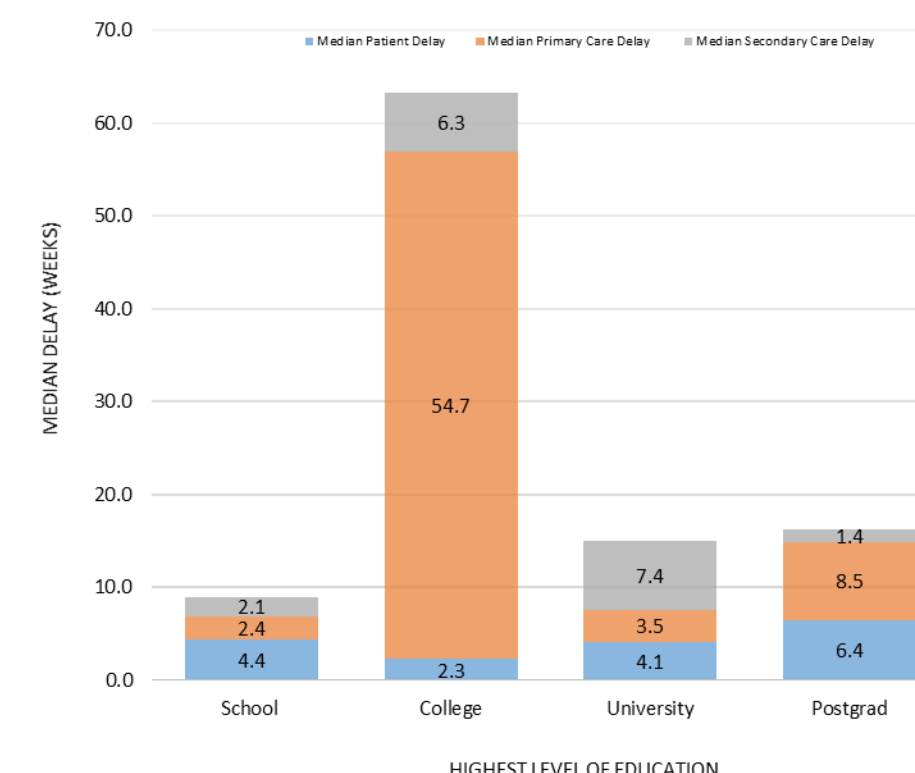
Social Class & Delay



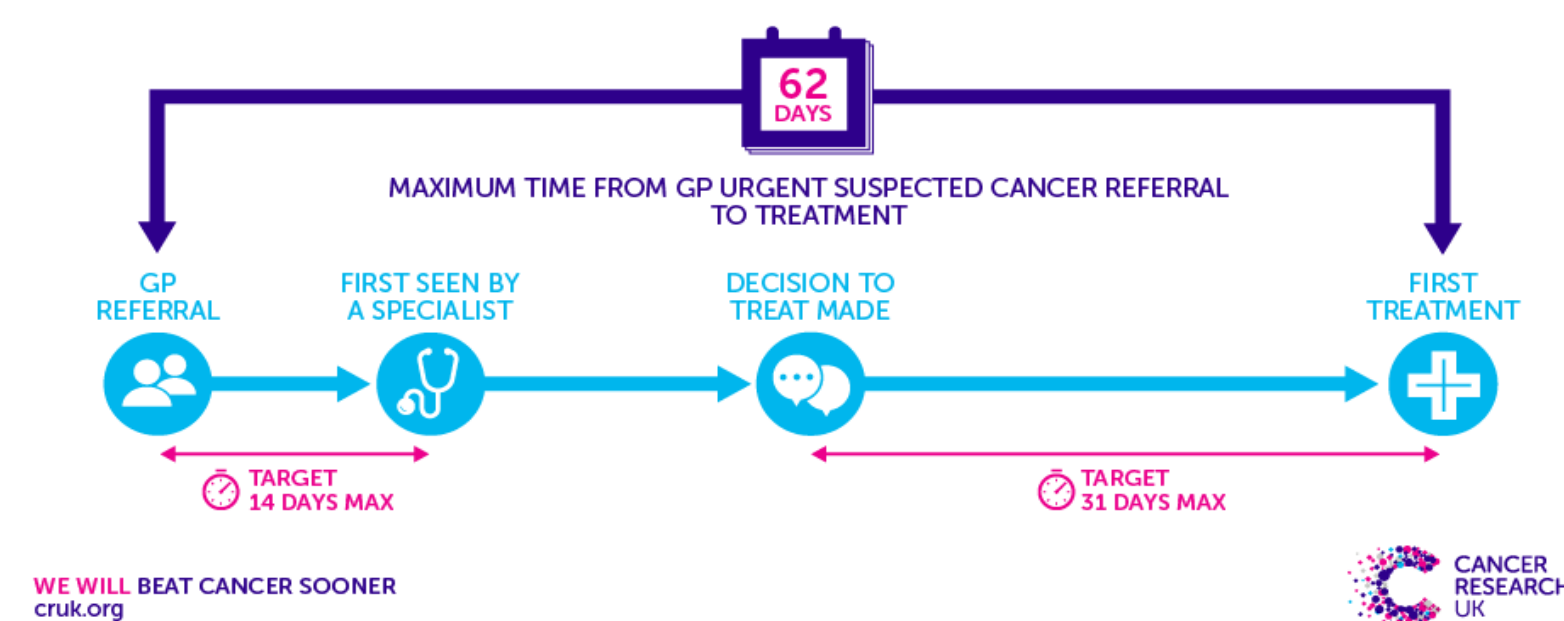
Age & Delay



Education & Delay



THE CANCER REFERRAL TARGET



Under current guidelines for cancer referral, patients with suspected cancer should be seen by a specialist within **2-weeks** of presentation.

With thanks to:
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 If interested please contact: r.lali@Newcastle.ac.uk

