**Waiting times audit of referral pathway for suspected soft tissue sarcoma**

**Descriptor:**

Audit to assess referral and waiting times in patients with suspected soft tissue sarcoma.

**Editor's Comment:**Whilst this would appear to be a specialist centre audit, many of these patients are initially referred through local units and the target applies to all. This audit could be carried out by the specialist centre to determine whether targets are being met and if not where the delays are in referral pathway; alternatively a smaller unit could ask the MDT co-ordinator for a list of patients they had referred and assess these.

**Background:**

Soft tissue sarcomas account for approximately 1% of adult primary tumours (approximately 2000 cases per year in the UK). Management of soft tissue sarcomas is based in tertiary centres under care of a specialist team of orthopaedic/plastic surgeons, radiologists, oncologists, histopathologists and specialist nurses. Patients can be referred from either primary or secondary care centres. Timely treatment is important for the best outcome. Guidelines have been set by NHS and NICE with recommendation of continuous monitoring to ensure compliance and improve the service.

## The Cycle

**The standard:**

1. A maximum of two-week wait from GP referral until seen in Soft Tissue Diagnostic Clinic (STDC)

2. An urgent direct access ultrasound scan to be performed within 2 weeks in suspected soft tissue sarcoma in adults

3. A very urgent direct access ultrasound scan to be performed within 48 hours in suspected soft tissue sarcoma in children and young adults

4. A maximum two-month (62-day) wait from urgent referral for suspected cancer to first treatment

**Target:**

95 % compliance with all standards.

## Assess local practice

**Indicators:**

• Patient is seen in STDC within 13 days from GP referral

• Direct access ultrasound scan within 14 days from GP referral for adult patients

• MRI scan for atypical lesions within 21 days from GP referral. MRI to be reported within 1 days (in tertiary specialist centre)

• If biopsy is indicated, it is to be performed within 28 days from GP referral

• MDT discussion and decision of treatment within 42 days from GP referral

• Patient is seen by a specialist (Surgeons/Oncologist) within 49 days from GP referral to discuss treatment

• Treatment to start within 62 days from GP referral

**Data items to be collected:**

- Patient demographics

- GP referral date

- Date patient was seen in STDC

- Date of imaging and reporting (US, CT, MRI)

- Radiological diagnosis, date and type of biopsy

- Histological diagnosis/adequacy of sample

- Date of MDT discussion and decision of treatment

- Date patient was seen and treatment options were discussed

- Date treatment started

**Suggested number:**

Depending on the centre:

• In a specialist centre 50 consecutive referrals or patient referred over a 6 months period

• In non specialist centre 6-12 months of referrals

**Suggestions for change if target not met:**

• Urgent referral from GP is sent (electronically or via fax depending on local practice referral pathway agreements) to the STDC

• Ultrasound is booked preferably within same week of STDC appointment

• Dedicated slots are allocated for STDC patients on certain MSK ultrasound lists

• If suspicious features are seen on ultrasound, the radiologist has to directly request and book the MRI scan and check for any contraindications - appointment is given to the patient before leaving ultrasound department

• Allocation of certain MRI slots for STDC patients

• The completed scan is allocated to an urgent MSK reporting list that is checked and reported daily by MSK radiologists

**•**A weekly dedicated list/session for ultrasound guided biopsies. The specialist nurse requests the test, makes all the necessary arrangements and ensures that there are no contraindications to biopsy. Biopsy is marked and sent as urgent

**Resources:**

Data can be collected and analysed using an Excel sheet. In addition to the above, comparison of radiological and histological diagnosis can be made to assess for radiologic diagnostic accuracy. Also adequacy of ultrasound guided biopsy samples can be assessed.

**References:**

1. NICE guidelines [NG12], Suspected cancer: recognition and referral. Published June 2015 and Updated December 2021 <http://www.nice.org.uk/guidance/NG12/chapter/1-recommendations#sarcomas>
2. The HANDBOOK to The NHS Constitution, For England 26 March 2013.

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