



Pan London Suspected Sarcoma Referral Forms Changes

The following information relates to the changes that have been made to the **Pan London & South East Sarcoma Network Referral Form**. The referral criteria is still in line with NICE NG12 guidelines and the Pan London deviations approved in February 2016.

1. Generic Changes

1.1 Wording changed relating to e-referrals (e-RS) following NHS England's quality standard that all first consultant led appointments must be booked via e-RS (where applicable) by October 2018. The wording now reads:

**E-referral is the preferred booking method for suspected cancer referrals.
If this is not available please email the referral.
Fax is no longer supported due to patient safety and confidentiality risks.
All referrals should be made within 24 hours.**

2. Clinical Criteria

Benign conditions have been included within the form. These conditions should **not** be referred using the **Pan London & South East Sarcoma Network Referral 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

Soft Tissue Sarcoma

Following on from discussions with Secondary Care Sarcoma Specialists, there have been a number of amendments to the soft tissue referral criteria.

As per NICE's NG12 guidance, all soft tissue sarcoma referrals must be accompanied with up to date imaging (ultrasound/MRI). However, where urgent direct access is not available (within 2 weeks), sarcoma diagnostic centres will still accept the referrals - GPs **MUST** identify this on the referral form.

The Royal Marsden Hospital are carrying out a referral pilot for patients sent on a suspected soft tissue sarcoma referral. Imaging that is accompanied with the referral form will initially be reviewed by two sarcoma consultants. Both consultants will decide whether there is a high clinical suspicion of cancer, if not, then the patient will be referred back to the GP.

Primary care clinicians are recommended to inform the patient at the point of referral that their referral will be reviewed by secondary care and dependent on the outcome they may not need to be seen by secondary care at the sarcoma diagnostic centre due to the low risk of cancer.

If you require any further information regarding the Royal Marsden's pilot then please contact Catherine Kirk, Transformation Manager at Catherine.kirk@rmh.nhs.uk.

Bone Sarcoma

All bone sarcoma referrals must be accompanied with an up to date x ray that is suspicious of bone sarcoma.

Educational Guidance

The educational guidance which has a hyperlink within the referral form has also been updated and is available via the referral form and on the Healthy London Partnership Website.