**BritE StAr - British Early Diagnosis in Sarcoma Audit: Protocol**

**Logo

Description automatically generated with medium confidence**

**Aims:**

To understand the current pathways to diagnosis in the UK for pelvic & appendicular sarcomas and compliance with the BSG, NICE & Scottish referral for suspected cancer 2019 guidelines.

**Methods:**

Collaborators in each participating trust will collect data prospectively using a locked, coded Excel spreadsheet. The data collection period is over three-months from 1st September 2022 to 30th November 2022. All patients with a diagnosis of bone and soft-tissue sarcoma are to be included.

Information will be collected on the quality of service delivery and patient factors, including:

1. Patient demographics
2. Symptoms
3. Date of first symptom(s)
4. Date of first presentation to health care professional (HCP)
5. HCP seen initially
6. Initial diagnosis offered?
7. Local ‘direct’ imaging
8. Referral pathway
9. How many other HCPs seen prior to sarcoma centre?
10. Date of referral to sarcoma centre
11. Date of presentation to sarcoma centre
12. Date of MDT diagnosis
13. Time from symptoms to MDT diagnosis (TTD)
14. Diagnosis and stage at treatment decision MDT
15. Biopsy done elsewhere?
16. Inadvertent surgery?
17. Tertiary referral from one sarcoma MDT to another?

No patient identifiable data will be gathered

**Analysis:**

Gathered data will be analysed to identify patterns in symptom recognition and referral pathways for sarcomas and enable us to make recommendations for improvements. Statistical software (R, Vienna) will collate and analyse data. All data and outcomes will be reported descriptively with continuous outcomes reported as mean (standard deviation) or median (interquartile range). Binary or categorical data will be reported as counts, proportions and percentages. Outcomes will be presented in graphical manner. Comparisons will be made using established tests for parametric and non-parametric data with a pre-determined significance of 0.05.

**Step by Step method for collaborators:**

1. Register for the project by signing up via this Google link: <https://forms.gle/TzsKhMZXcJoW1nfb7>
2. Identify local sarcoma MDT consultant audit lead and register the project as an audit with your local relevant department (e.g. clinical governance/audit department). An example proforma is attached.
3. Begin prospectively collecting information on all patients with confirmed sarcoma
4. Collect data in the spreadsheet provided
5. Any patients who do not have an MDT diagnosis of sarcoma to be excluded
6. At the end of the data collection period, the anonymised data spreadsheet should be sent by (DATE TO BE CONFIRMED)

**Data collection points:**

1) **Patient ID**

To be collected to ease data collection but to be deleted prior to submission of data

2) **Patient Code**

Patient code dictated by hospital site and created sequentially, to allow for central identification of errors and queries to be directed to investigation site (E.G. ROH01, ROH02 etc.)

4) **Patient age and sex, tumour location, diagnosis, stage**

To identify patient demographics

Diagnosis – e.g. osteosarcoma, myxoid liposarcoma

Site – e.g. distal femur (bone), anterior compartment thigh (STS)

Size – maximal tumour size on MRI in centimetres

Staging

Age/sex

5) **Symptoms at onset and date of first symptom(s)**

Please select from the dropdown box the most appropriate symptoms (Pain, swelling/lump, increasing in size, size > 5cm, other (please specify) and provide any additional information in the comments section. Date to be provided in DD/MM/YY format.

6) **Initial HCP seen**

Date of initial consultation. Type of HCP e.g. GP, A&E, Physiotherapist, Other (please specify).

Was an initial diagnosis offered? If so what?

Was imaging requested in the community? If so what?

Was a referral made from the initial consultation Y/N? If so, to whom?

7) **Further HCP consultations**

Where any other HCPs seen in addition to the initial consultation, prior to arrival at a sarcoma centre?

Did any of these additional consultations lead to a referral or imaging?

8) **What was the time from initial presentation to presentation to a sarcoma centre?**

Date of referral to sarcoma centre

Date of presentation to sarcoma centre

Date of MDT diagnosis

Time from symptoms to MDT diagnosis (TTD) measured in days

**9) Biopsy done elsewhere?**

Inadvertent surgery?

Tertiary referral from one sarcoma MDT to another?

**Please do not try to alter the fixed data entry categories - any changes in spelling or spacing will render the data useless/ prevent analysis. Select the best-fit option possible - add short notes in the comments cell if required.**