**British Early Diagnosis in Sarcoma Audit**

**Template for Local Audit Registration**

**Aim**

To understand the routes to diagnosis and the delays in presentation for UK sarcoma patients. To assess compliance with BSG, NICE & Scottish referral guidelines for suspected cancer in the UK for pelvic & appendicular sarcomas.

**Format**

A prospective, multi-centre audit

**Methods**

Prospective Data Collection Period: Three-month period (5/9/22 to 27/11/22 inclusive)

* **Inclusion**: All new presentations of pelvic, spinal and appendicular bone and soft-tissue sarcoma.
* **Standards**:

Suspected cancer: recognition and referral, NICE, 2015 (<https://www.nice.org.uk/guidance/ng12>).

[Dangoor A, Seddon B, Gerrand C, Grimer R, Whelan J, Judson I. UK guidelines for the management of soft tissue sarcomas. Clin Sarcoma Res. 2016 Nov 15;6:20. doi: 10.1186/s13569-016-0060-4. PMID: 27891213; PMCID: PMC5109663.](https://sarcoma.org.uk/sites/default/files/uk_guidelines_for_the_management_0.pdf)

[Gerrand C, Athanasou N, Brennan B, Grimer R, Judson I, Morland B, Peake D, Seddon B, Whelan J; British Sarcoma Group. UK guidelines for the management of bone sarcomas. Clin Sarcoma Res. 2016 May 4;6:7. doi: 10.1186/s13569-016-0047-1. PMID: 27148438; PMCI](https://clinicalsarcomaresearch.biomedcentral.com/track/pdf/10.1186/s13569-016-0047-1.pdf)

[Yeung CA. Scottish referral guidelines for suspected cancer. Br Dent J. 2019 Apr;226(7):472-473. doi: 10.1038/s41415-019-0214-x. PMID: 30979980.](http://www.cancerreferral.scot.nhs.uk/sarcomas-and-bone-cancers/?alttemplate=guideline)

* **Data Collection Tool:** Standardised, locked Excel spreadsheet. Collection of no patient identifiable data. There will be a code for each patient and hospital known only to the local hospital site.
* **Ethical approval:** local site audit approval required.

**Sponsors**: British Orthopaedic Oncology Society, Sarcoma UK, Bone Cancer Research Trust, British Sarcoma Group

**Local Registration**

Institutions providing data will be requested to register the audit through their local procedures to adhere to clinical governance procedures. Identification of a lead clinician (consultant) at each hospital is required.

**Presentation**

Following data analysis, a formal report will be collated. We intend to distribute this report to all collaborating centres and present the results nationally. We aspire to publish our results, as a collaborative authorship group in a high impact orthopaedic journal, thus disseminating our findings to a wider audience.

**Recommendations**

We hope the evidence gathered will allow us to understand the routes to diagnosis and the delays in presentation for UK sarcoma patients and improve these pathways in the hope of improving long-term outcomes for patients throughout the UK.

**Costs**

No local costs should be incurred through the routine collection of audit data for national standards.

**EXAMPLE LOCAL CLINICAL AUDIT PROJECT PROPOSAL**

**Your Details:**

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| --- | --- |
| **Name** | **Division:** |
| **Position / Job Title:** | **Specialty:** |
| **Email:** | **Tel:** |

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| **Project Title:** British Early Diagnosis in Sarcoma Audit |

**Project Team : insert rows as required**

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| --- | --- | --- | --- |
| **Name** | **Job Title** | **Specialty** | **Role within Project (lead, data collection, etc)** |
|  |  |  | Project lead |
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**Participation Details:** see note 2

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| **What areas will this audit impact on?** | **Who in this area have you discussed and agreed this audit with?** | | |
| Name | Job Title | Date Agreed |
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| Department e.g. Orthopaedics, Plastics | *Named Consultant* |  |  |
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| **Background**  Early diagnosis in bone and soft-tissue sarcomas remains a leading priority for all patients, supporters, clinicians and researchers and guidelines regarding referral pathways, urgency of referrals and imaging for the UK exist to support this aim.1-4 Many retrospective studies have highlighted delays in the diagnostic process for sarcomas and suggested that delay in initiating treatment is associated with worse patient survival.5-8  Recent patient surveys from Sarcoma UK and the Bone Cancer Research Trust have highlighted the never-ending need to improve early diagnosis in sarcoma and we propose to audit current referral practice against current UK sarcoma guidelines with a focus on routes and time to diagnosis.  References:   1. Suspected cancer: recognition and referral, NICE, 2015 (<https://www.nice.org.uk/guidance/ng12>). 2. [Dangoor A, Seddon B, Gerrand C, Grimer R, Whelan J, Judson I. UK guidelines for the management of soft tissue sarcomas. Clin Sarcoma Res. 2016 Nov 15;6:20. doi: 10.1186/s13569-016-0060-4. PMID: 27891213; PMCID: PMC5109663.](https://sarcoma.org.uk/sites/default/files/uk_guidelines_for_the_management_0.pdf) 3. [Gerrand C, Athanasou N, Brennan B, Grimer R, Judson I, Morland B, Peake D, Seddon B, Whelan J; British Sarcoma Group. UK guidelines for the management of bone sarcomas. Clin Sarcoma Res. 2016 May 4;6:7. doi: 10.1186/s13569-016-0047-1. PMID: 27148438; PMCI](https://clinicalsarcomaresearch.biomedcentral.com/track/pdf/10.1186/s13569-016-0047-1.pdf) 4. [Yeung CA. Scottish referral guidelines for suspected cancer. Br Dent J. 2019 Apr;226(7):472-473. doi: 10.1038/s41415-019-0214-x. PMID: 30979980.](http://www.cancerreferral.scot.nhs.uk/sarcomas-and-bone-cancers/?alttemplate=guideline) 5. Johnson GD, et al. Delays in Referral of Soft Tissue Sarcomas. Sarcoma 2008; ﻿Doi:10.1155/2008/378574 6. Smith GM, et al. ﻿Trends in presentation of bone and soft tissue sarcomas over 25 years: little evidence of earlier diagnosis. ﻿Ann R Coll Surg Engl 2011; 93: 542–547 doi 10.1308/147870811X13137608455055. 7. Lawrenz JM, et al. ﻿Time to Treatment Initiation and Survival in Adult Localized High-Grade Bone Sarcoma. ﻿Sarcoma 2020 doi.org/10.1155/2020/2984043 8. Nakamura T, et al. The symptom-to-diagnosis delay in soft tissue sarcoma influence the overall survival and the development of distant metastasis. Journal of Surgical Oncology 2011; 104(7): 771-775 DOI: 10.1002/jso.22006 |

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| **Aims & Objectives**   * To assess compliance with BSG, NICE & Scottish referral guidelines for suspected cancer in the UK for pelvic & appendicular sarcomas. |

**STANDARDS**

Clinical audit measures clinical care provided against criteria identified from evidence of best practice (often incorporated into local or national guidelines/protocols). You should ensure staff delivering this care agree that these audit standards represent best practice, to avoid later debate about what the results show and whether practice needs changing.

1. Suspected cancer: recognition and referral, NICE, 2015 (<https://www.nice.org.uk/guidance/ng12>).
2. [Dangoor A, Seddon B, Gerrand C, Grimer R, Whelan J, Judson I. UK guidelines for the management of soft tissue sarcomas. Clin Sarcoma Res. 2016 Nov 15;6:20. doi: 10.1186/s13569-016-0060-4. PMID: 27891213; PMCID: PMC5109663.](https://sarcoma.org.uk/sites/default/files/uk_guidelines_for_the_management_0.pdf)
3. [Gerrand C, Athanasou N, Brennan B, Grimer R, Judson I, Morland B, Peake D, Seddon B, Whelan J; British Sarcoma Group. UK guidelines for the management of bone sarcomas. Clin Sarcoma Res. 2016 May 4;6:7. doi: 10.1186/s13569-016-0047-1. PMID: 27148438; PMCI](https://clinicalsarcomaresearch.biomedcentral.com/track/pdf/10.1186/s13569-016-0047-1.pdf)
4. [Yeung CA. Scottish referral guidelines for suspected cancer. Br Dent J. 2019 Apr;226(7):472-473. doi: 10.1038/s41415-019-0214-x. PMID: 30979980.](http://www.cancerreferral.scot.nhs.uk/sarcomas-and-bone-cancers/?alttemplate=guideline)

You should ask an appropriate senior clinician or manager to sign overleaf in support of your project, however you are advised to wait until the design of your project has been finalised, following discussion with the appropriate member of the clinical audit team

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| **Methods:**  **Data Collection Method:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Casenote review |  | Prospective data collection | x | Data from existing database(s) |  | Patient/  staff questionnaire |  |   Further details or other method:  Patients for inclusion will be identified from referrals through the sarcoma department. Patients will then be reviewed:   1. To confirm whether their diagnosis meets the inclusion criteria 2. To determine the date of the referral to, presentation to and MDT diagnosis at sarcoma centre 3. To determine date of direct access X-ray or ultrasound 4. To determine date of first, second, third etc presentation to a health care professional 5. What was the outcome of each presentation to a health care professional? 6. Where was the biopsy performed (i.e. sarcoma centre or elsewhere)? 7. Was any inadvertent surgery performed? 8. Was a tertiary referral made to another sarcoma centre?   **Please attach the data collection form to proposal paperwork before final submission for approval**  **Audit Sample:**  Sample selection criteria: All bone and soft-tissue sarcomas  Time period audited:Start date: 3 month period from 5Th September until 27Th November 2022 (inclusive)    Number/estimated number of cases to be audited: 10 cases per unit (estimate) |
| **Deadlines:**  Proposed start of data collection – 5th September 2022  Proposed date for presentation of results: British Sarcoma Group meeting, Cardiff, March 2023  Forum: National/Regional Meetings, local governance meeting |