

Early Diagnosis of Sarcoma

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The National Sarcoma Survey 2015

Transforming patient experience



The bone & soft tissue cancer charity

Sarcoma patients report some of the poorest experiences of any cancer type, significantly lower than the experiences of people diagnosed with the most common cancers.

Our aim



- Understand patient experiences
- Identify key drivers for positive experiences
- Support change → improvements

Large survey
of sarcoma
patients

Independent
patient voice

64% response:
558 patients

Bone
sarcoma

Soft tissue
sarcoma

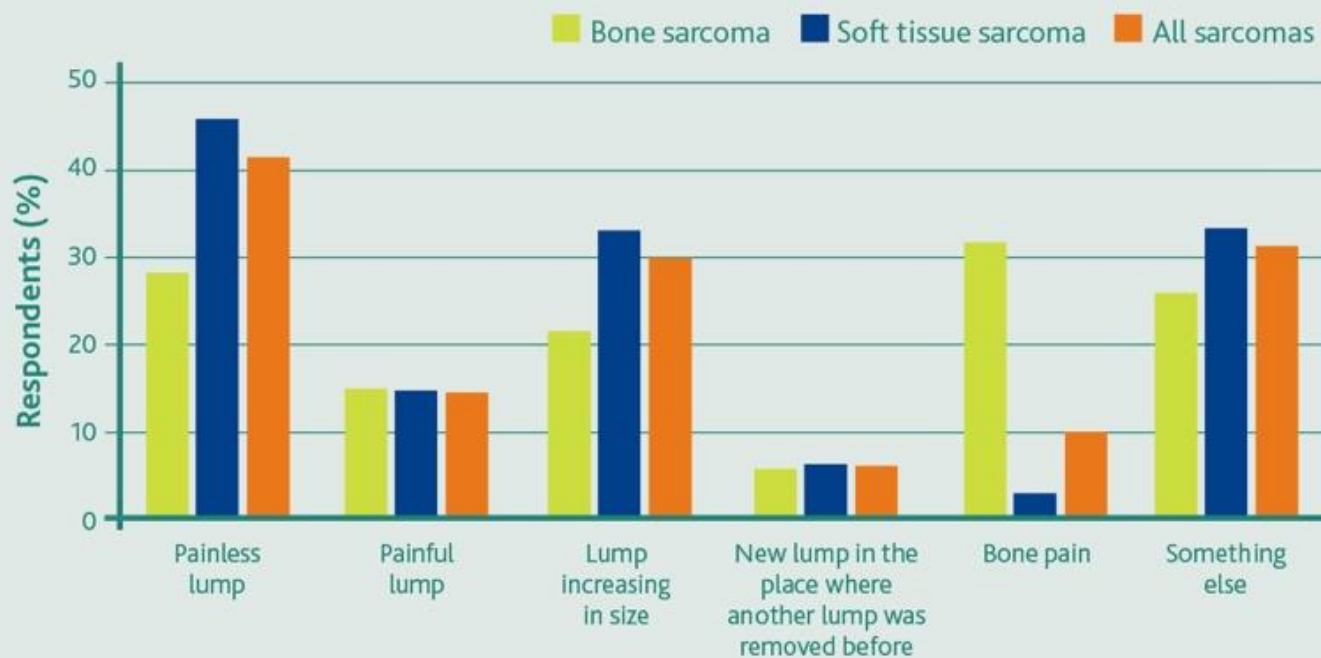


Patient experiences of Diagnostic Pathways in Sarcoma

1. What were the main symptoms that first made you think something was wrong?
2. How long was it from the time you noticed these symptoms and first seeing a GP?
3. If you went to see a GP about your symptoms, what did the GP do?



What were the main health problems or symptoms that first made you think something was wrong?



Symptoms

Bone sarcoma:

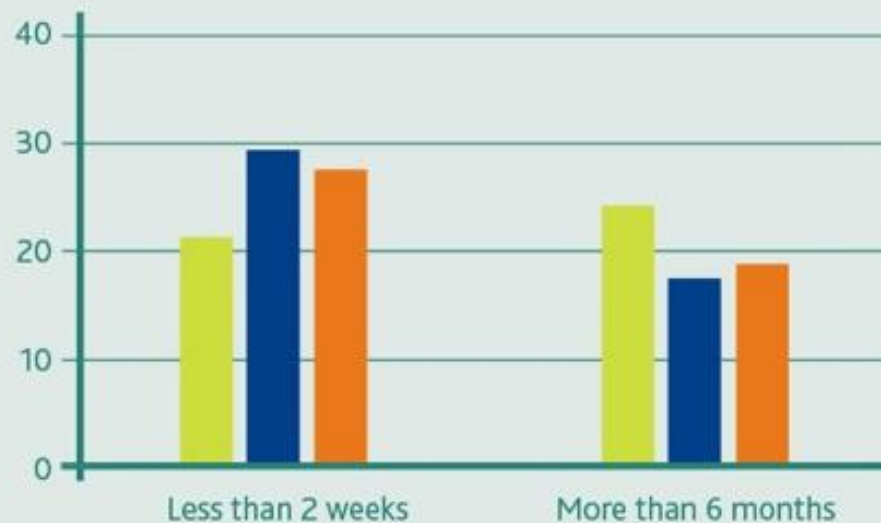
- **31%** bone pain
- **31%** painless lump
- **30%** lump increasing in size

Soft tissue sarcoma:

- **45%** painless lump
- **33%** lump increasing in size
- **33%** something else

How long was it from the time you noticed these problems or symptoms and first seeing a GP or going to A&E?

■ Bone sarcoma ■ Soft tissue sarcoma ■ All sarcomas



2. How long was it from the time you noticed these symptoms and first seeing a GP?

- 18% of **all** sarcoma patients presented 6 months or later.
- 24% of **bone** sarcoma patients presented 6 months or later (including 17% who waited more than a year).
- 16% of **soft tissue** sarcoma patients presented 6 months or later.



3. If you went to see a GP about your symptoms, what did the GP do?

- 34% were referred for tests/x-rays/scans
- 33% were referred to a specialist
- 5% were sent straight to hospital the same day

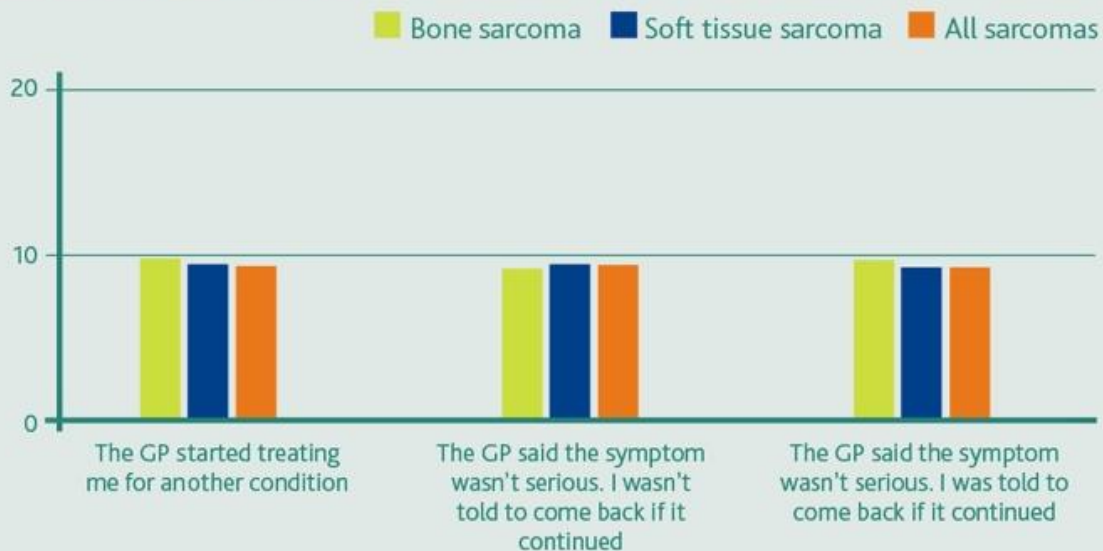
There was no difference between bone & soft tissue sarcoma patients.

= GP took action in 70% of cases



Overall, **a third** of patients were not referred or treated appropriately for sarcoma symptoms by their GP

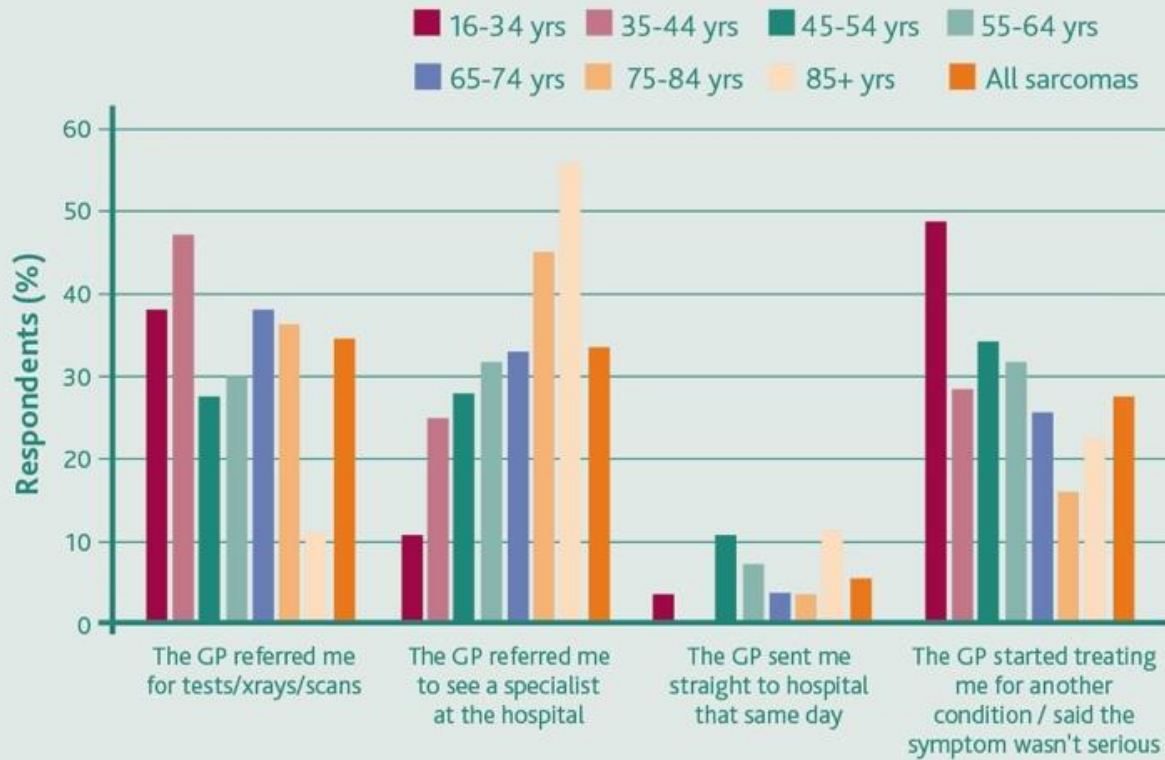
If you went to see a GP about these main health problems or symptoms, what did the GP do?



- 48% of the 16-34 age group said that the GP started treating them for another condition, or told them that the symptoms were not serious, compared to 23% of the 85+ age group.



If you went to see a GP about these main health problems or symptoms, what did the GP do?



Benign soft tissue lumps

Benign soft tissue lumps or bumps are far more common, outnumbering soft tissue sarcomas (STS) by a factor of at least 100. [6] Lipomas are the most common benign tumours, accounting for approximately one third. [7] Features that are reassuring of a benign lesion include:

- Soft
- Mobile
- Subcutaneous (superficial)
- Less than 5 cm [8]



Remember: A lump that is bigger than a golf ball could be a sarcoma, and this warrants urgent referral to a specialist sarcoma centre.

Where STS are concerned, the most important points to remember are the red flag features [1][5] [10]:

- >5 cm
- Painful
- Deep to the deep fascia
- Increasing in size
- Recurrent swelling after previous excision.

Any of the above red flag features warrants an urgent referral to a regional sarcoma centre, (and not a local hospital). Please also remember that despite pain being a red flag symptom, it is more common for a patient with a soft tissue sarcoma to present with a painless swelling. [1]





learning.bmj.com/sarcoma

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"This module stands out as an excellent one. Use of case scenarios and real photos and x-rays made learning interesting and easier"

"The golf ball rule is good to remember"

"Very helpful in dealing with lumps and also aiding appropriate referral routes for such lumps. Indeed I have dealt with two possible soft tissue sarcomas recently in primary care"

Learning outcomes

- Refresh your knowledge of the clinical presentation of sarcomas
- Understand the common differential diagnoses for soft tissue swellings and bone pain
- Be confident identifying the red flag features of sarcomas and know which patients should be referred urgently
- Gain an insight into the specialist investigations and management options available for patients in sarcoma specialist centres

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The bone & soft tissue cancer charity

sarcoma.org.uk

The module was written by orthopaedic surgeon, Mr Chandrasekar from Liverpool Sarcoma Service/ Royal Liverpool & Broadgreen University Hospitals Trust.

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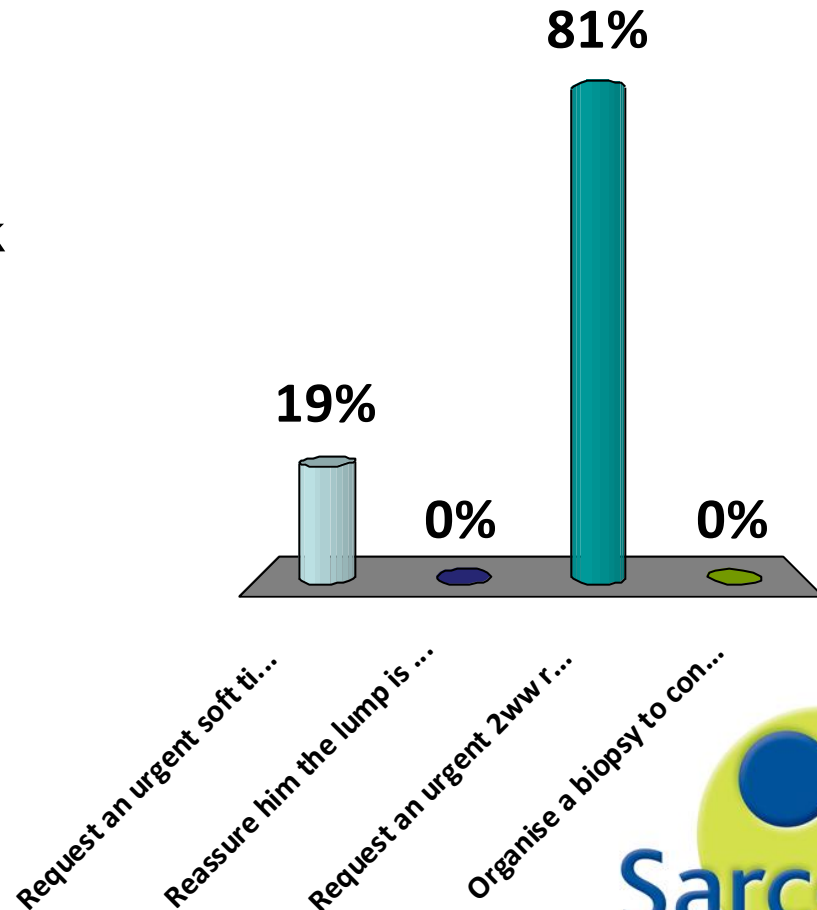
Free module: Lumps, bumps, and sarcomas: a guide

1. A 60 year old man comes to see you because he has noticed a swelling in his right buttock that is causing him discomfort at night. He first noticed the swelling three months ago and feels that it is increasing in size; he is otherwise systemically well and has no comorbidities. You examine him (see picture below) and confirm a firm, deep, 20 cm swelling.



What is the best course of action?

1. Request an urgent soft tissue US and prescribe analgesia
2. Reassure him the lump is likely to be benign but ask him to return if swelling has not improved in 4 weeks
3. Request an urgent 2ww referral
4. Organise a biopsy to confirm diagnosis prior to referral



What is the best course of action?

Your answer Correct answer

- a. Request an urgent soft tissue ultrasound of his right buttock and prescribe analgesia
- b. Reassure him that the lump is likely to be benign, but ask him to return if the swelling has not improved in four weeks' time
- c. Request an urgent two week referral to a regional sarcoma centre
- d. Organise a biopsy of the lump to confirm a diagnosis prior to referral

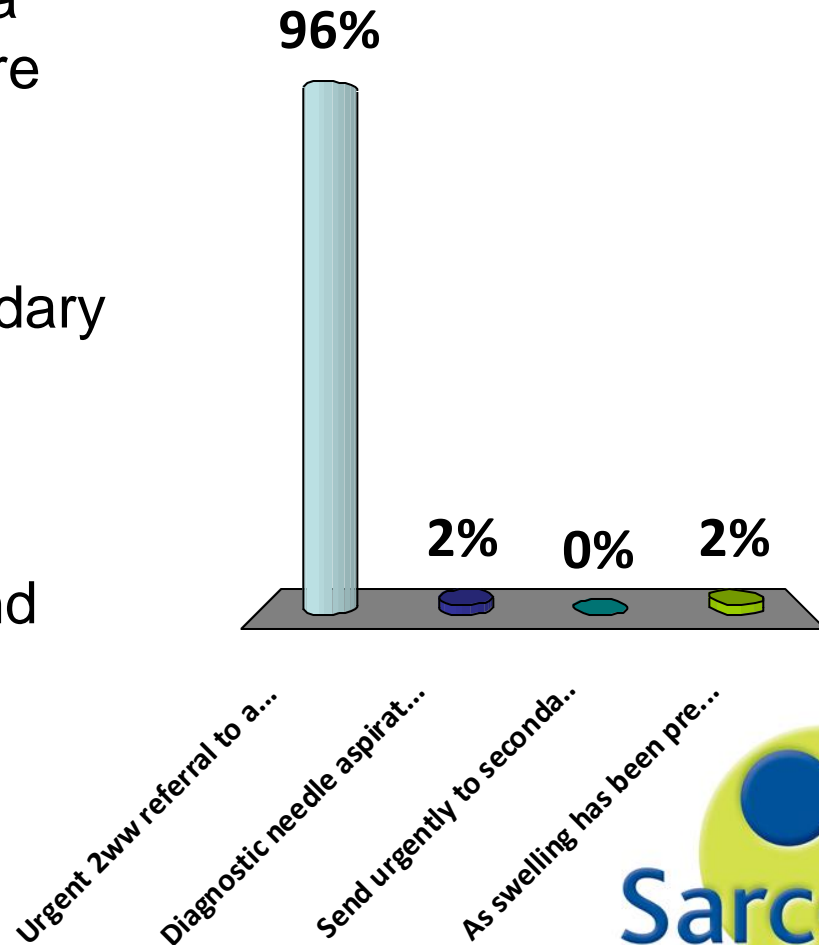


2. A 60 year old man comes to see you with a swelling in his left ankle, which he says has been present for more than 30 years. More recently it has increased in size and there is some associated skin ulceration, which is very painful. He is otherwise fit and well and has no previous history of malignancy. On examination, he is afebrile and can weight bear on the ankle. On palpation there is a hard, fixed, non-tender lump, as shown below.



What is the best course of action?

1. Urgent 2ww referral to a UK bone sarcoma centre
2. Diagnostic needle aspiration of the ankle
3. Send urgently to secondary care for IV antibiotics
4. As swelling has been present for 30 years, provide reassurance and analgesia



- a. Urgent two week wait referral to a UK bone sarcoma centre
- b. Diagnostic needle aspiration of the ankle
- c. Send the man urgently to secondary care for intravenous antibiotics
- d. As the swelling has been present for 30 years, provide reassurance and analgesia

a : Urgent two week wait referral to a UK bone sarcoma centre

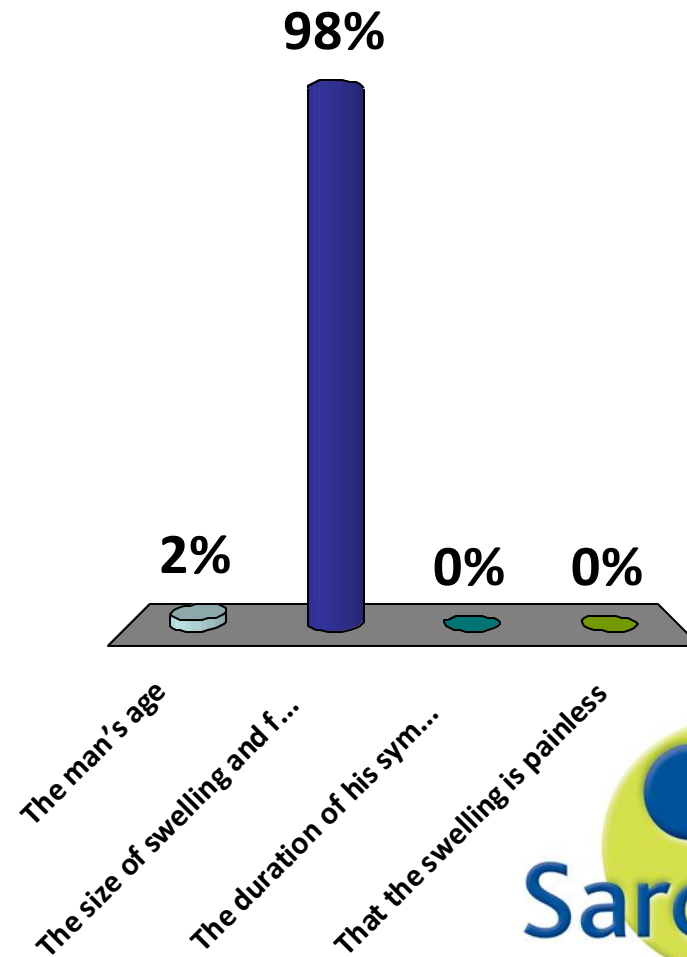
This man has two red flag features of primary bone sarcoma, ie bone pain and bony swelling. Although the swelling has been present for many years, the concerning aspects of his history are the recent increase in size, associated skin ulceration, and the fact that it has become very painful. The most common primary bone sarcoma in adults is chondrosarcoma, which rarely can arise within pre-existing lesions such as osteochondroma [18] (benign bone tumours which are considered to form from the growth plate).

1. A 50 year old man is referred to his local district general hospital with an eight month history of a 10 cm right sided chest wall swelling which is painless but increasing in size. This is thought to be a lipoma and he undergoes excision of the swelling without any prior imaging. Unfortunately, the histopathology report is consistent with a high grade leiomyosarcoma. The man is eventually referred to a regional sarcoma centre.



Which features of his presentation should have led to an urgent 2ww referral?

1. The man's age
2. The size of swelling and fact that it is increasing in size
3. The duration of his symptoms
4. That the swelling is painless



Which features of his initial presentation should have led to an urgent two week wait referral?

	Your answer	Correct answer
a. The man's age		
b. The size of the swelling and the fact that it is increasing in size	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c. The duration of his symptoms		
d. That the swelling is painless		

b : The size of the swelling and the fact that it is increasing in size

These two factors are red flag features for STS and should have prompted an urgent two week wait referral to a regional sarcoma centre. [1] [5] Unfortunately, as is often the case following unplanned excision, the tissue margins from this man's initial resection are likely to be inadequate, and it is highly likely that his original tumour will recur locally. The delay in definitive treatment (ie wide local excision) in this man's case may lead to an increased likelihood of local recurrence and metastases, as well as him requiring a more extensive surgery, which may lead to a poorer cosmetic result and greater morbidity. [5]



The bone & soft tissue cancer charity

Sarcoma UK
is the only cancer
charity in the UK
focus on
all types of
sarcoma



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training for
health
professionals**



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& support
for patients**

