

SOFT TISSUE SARCOMA

Fast track Referral - 2 week wait

Please refer via e-Referral Service

Please use separate children's proforma for patients under 16.

Please note - suspected bone malignancy in patients 40 years and over should be referred via e-RS to the local orthopaedic 2 week wait service (utilising bone malignancy in >40 years specific form), who can assess, investigate further and decide if the patient needs to be referred onto a local cancer service or specialist bone tumour unit

Please note: suspicious bone lesions in patients under 40 years with no history of previous malignancy should be referred directly to the Royal Orthopaedic Hospital (ROH) in Birmingham via e-RS RAS system.

| Patient details | | | |
|----------------------------|--|---|--|
| Patient Name | | | |
| Address | | | |
| DOB | | NHS No. | |
| Home Tel. No. | | Gender | |
| Mobile Tel. No. | | Ethnicity | |
| Preferred Tel. No. | | Email Address | |
| Main Spoken Language | | Interpreter needed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Transport needed? | | Patient agrees to telephone message being left? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communication requirements | Hard of hearing: <input type="checkbox"/> Visually impaired: <input type="checkbox"/> Learning/mental difficulties: <input type="checkbox"/> Dementia: <input type="checkbox"/> Has the patient capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> Communication difficulties other: (please specify) | | |

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[Implementation Date: June 2021/Review Date: June 2022]

| | |
|---------------------------|--|
| Safeguarding concerns? | |
| Date of Decision to Refer | |

| Registered GP details | | | |
|-----------------------|--|-------------------------|--|
| Practice Name | | | |
| Registered GP | | Usual GP / Referring GP | |
| Registered GP Address | | | |
| Tel No. | | Fax No. | |
| Email | | Practice Code | |

| Patient engagement | |
|--|--|
| The patient has been informed that the reason for referral is to rule out or rule in Cancer. | <input type="checkbox"/> |
| Supporting information (2ww leaflet) provided | <input type="checkbox"/> |
| The patient has been informed of the likely next pathway steps and the time in which they should be contacted? | <input type="checkbox"/> |
| Please confirm the patient has been informed they may need to attend Sheffield Teaching Hospitals to undergo further imaging investigations and possibly biopsy prior to out-patient appointment (mandatory prior to referral) | <input type="checkbox"/> |
| Does the patient want a relative present at the appointment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient or Carer Concerns/ Support Needs at the point of referral: | |
| | |
| Has the patient had ultrasound/X-ray/MR imaging prior to referral (mandatory prior to referral)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Imaging will be reviewed in the sarcoma MDT and if we are satisfied the lesion shows no concerning features of malignancy, the patient may not need to attend an out-patient sarcoma clinic. You will receive a copy of the MDT outcome with advice about any further management that may be required. | |

| Covid status | |
|---|--|
| I can confirm the patient has been fully vaccinated | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Referral criteria

| | |
|---|--------------------------|
| Ultrasound scan findings are suggestive of soft tissue sarcoma | <input type="checkbox"/> |
| Ultrasound findings are uncertain and clinical concern persists | <input type="checkbox"/> |

Order urgent soft tissue ultrasound (within 2 weeks)

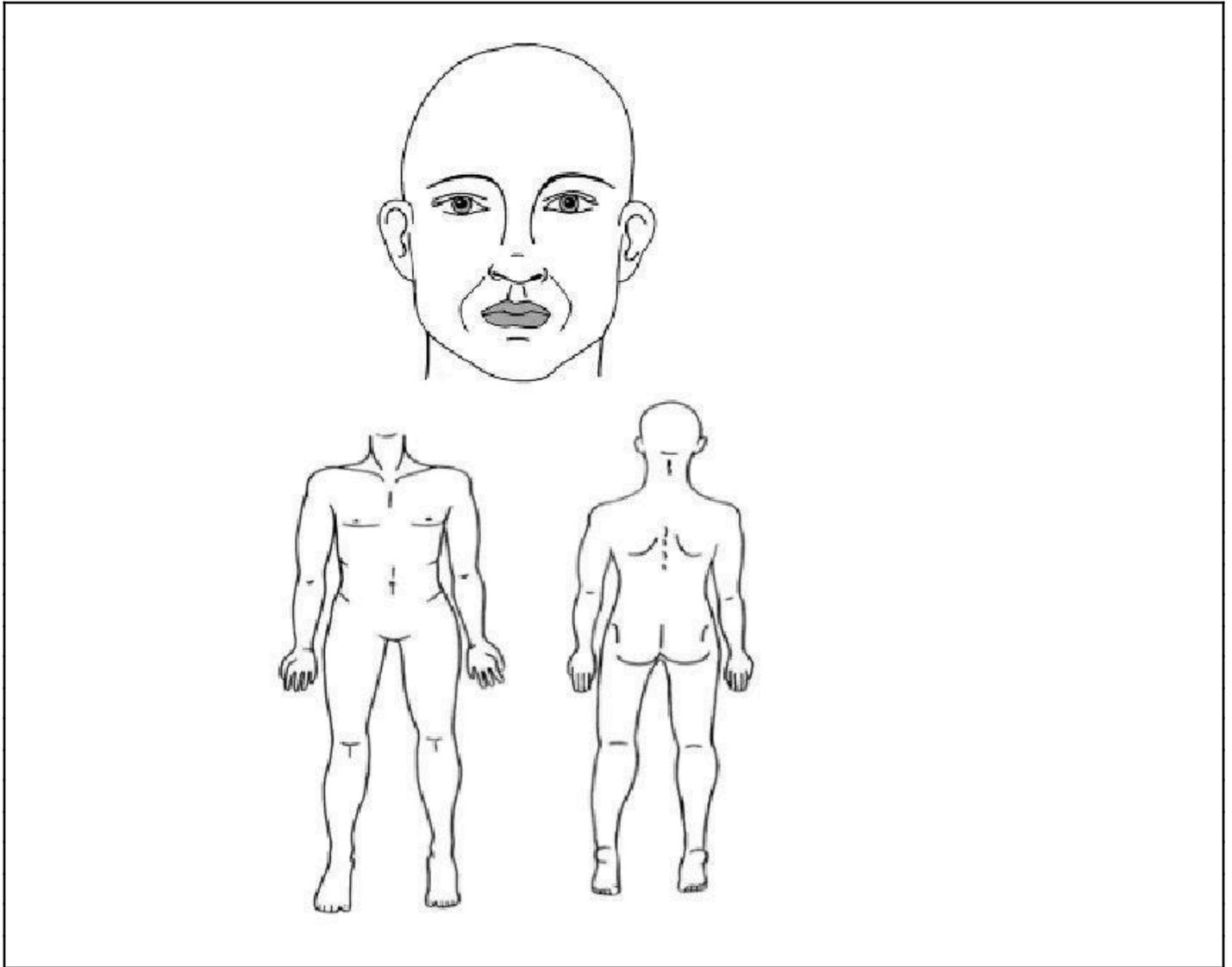
| | |
|--|--|
| Palpable lump with any of the following: (check if present) | |
| <ul style="list-style-type: none">● Size is greater than 5cm● Adherent to deep fascia; fixed immobile● Painful● Increasing in size● Recurrence after previous excision | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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Location of suspected bone lesion (please mark location)



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| Referral letter (please include any symptoms and examination findings) | |
|---|--|
| | |

| Anticoagulation status | | |
|---|--|--|
| Is the patient currently on any anticoagulants? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is the patient currently on any antiplatelet medications? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Relevant investigations (within last 3 months) | | |
|---|--|--------------------------|
| FBC | | <input type="checkbox"/> |
| U&E | | <input type="checkbox"/> |
| LFTs | | <input type="checkbox"/> |
| Clotting | | <input type="checkbox"/> |
| TFTs | | <input type="checkbox"/> |
| Ultrasound soft tissue | | <input type="checkbox"/> |
| Other | | |

| Performance status - WHO classification | |
|---|--------------------------|
| 0 - Able to carry out all normal activity without restriction | <input type="checkbox"/> |
| 1 - Restricted in physically strenuous activity, but able to walk and do light work | <input type="checkbox"/> |
| 2 - Able to walk and capable of all self-care, but unable to carry out any work. Up and about more than 50% of waking hours | <input type="checkbox"/> |
| 3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours | <input type="checkbox"/> |
| 4 - Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair | <input type="checkbox"/> |

Consultations

Past Medical History

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Family history

Current Medications

Allergies

| To be completed by the Hospital Data Team | |
|---|--|
| Date of decision to refer | |
| Date of appointment | |
| Date of earliest offered appointment (if different to above) | |
| Specify reason if not seen at earliest offered appointment | |
| Periods of unavailability | |
| Booking number (UBRN) | |
| Final diagnosis: Malignant <input type="checkbox"/> Benign <input type="checkbox"/> | |

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Summary of the NICE 2015 Suspected Cancer Guidelines

| Soft Tissue Sarcoma | |
|--|--|
| Consider an urgent direct access ultrasound scan | In adults with an unexplained lump that is increasing in size. |
| Consider cancer pathway referral | For adults if they have ultrasound scan findings that are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists. |

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