

National Bone Sarcoma Service

National Specialised Commissioning



Bone Sarcoma (surgical service)

Service Overview

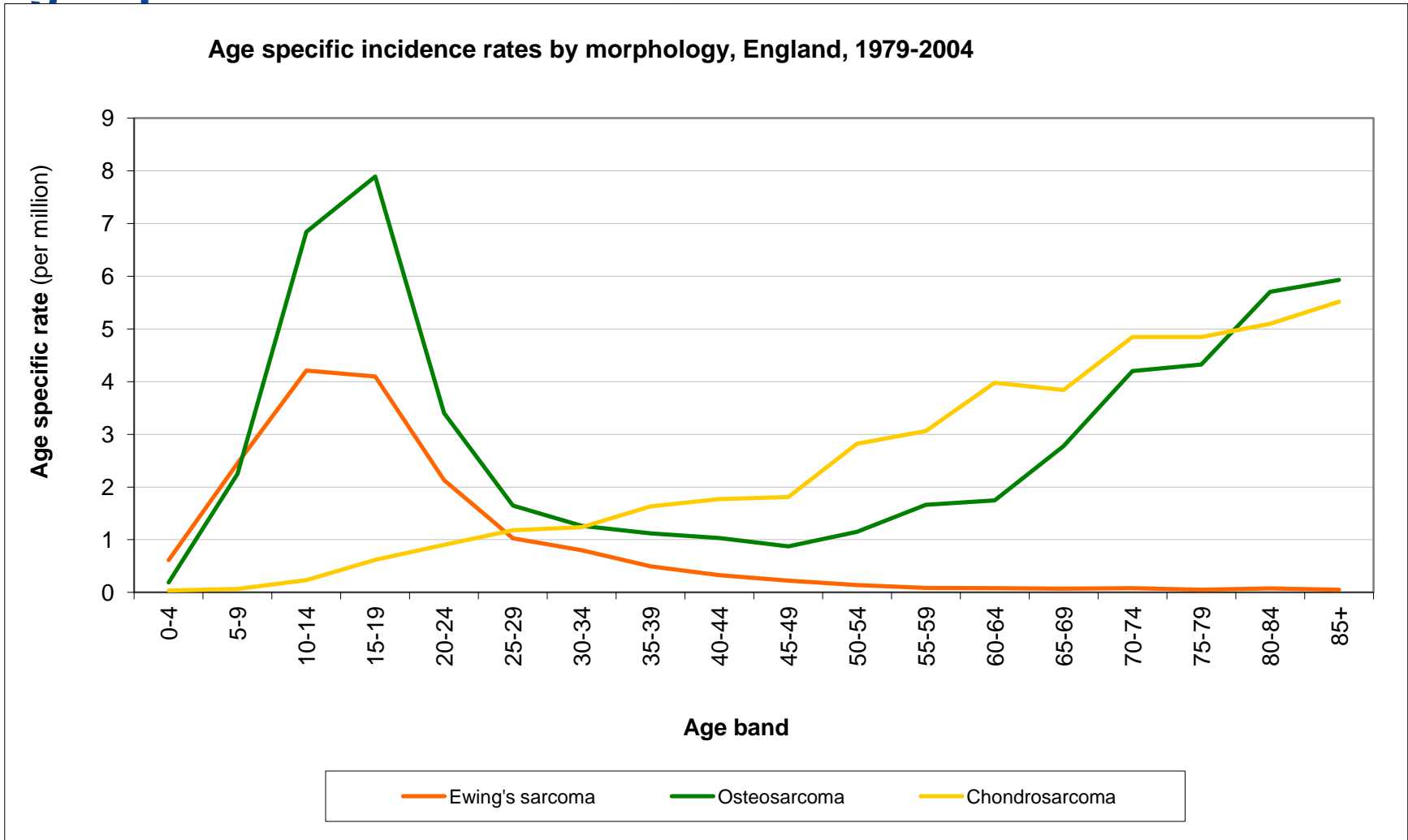
- Assessment, work up and surgical management of bone sarcoma (including endoprosthetic replacement, biological and composite reconstruction)
- Radiotherapy and chemotherapy are provided by lead oncology service (not covered in designation)
- Bone sarcoma tumour covered include:
 - Osteosarcoma
 - Ewing's sarcoma
 - Chondrosarcoma
 - Giant Cell Tumour
 - Chordoma
 - Osteofibrous dysplasia and adamantinoma

Designated Centres

- Royal National Orthopaedic Hospital, Stanmore (RNOH)
- Nuffield Orthopaedic Centre, Oxford (now Oxford University Hospitals FT)
- Royal Orthopaedic Hospital, Birmingham (ROH)
- Robert Jones Agnes Hunt Hospital, Oswestry
- Freeman Hospital, Newcastle

Age Specific Incidence – NCIN

Specialised Services



In England, 123 OS/yr, 113 CS/yr, 56 EWS/yr, 20 chordoma/yr

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Specialised Services

Clinical Outcomes

Surgical outcomes

- Local recurrence rate of around 5-10%
- Amputation rate of around 10-15%
- ‘Best’ results for endoprosthetic replacements, seen as ‘gold standard’ for other to compare
- 5 yr survival comparable with Europe - overall survival between 60 and 90% for different tumours

Confirmed cases 2011/12

Designated Centre (England Only)	Confirmed cases
Freeman Hospital, Newcastle	48
Robert Jones Agnes Hunt, Oswestry	38
Royal Orthopaedic Hospital, Birmingham	118
Royal National Orthopaedic Hospital, Stanmore	146
Nuffield Orthopaedic Hospital, Oxford	75

Bone Sarcoma - Best practice

Specialised Services

Best practice	Outcome
Peer review	<ul style="list-style-type: none"> Compliance with IOG measures (89% to 100%) through self assessment and internal validation in Q3 2011/12 – share care pathway for signed off
Centralised care	<ul style="list-style-type: none"> Centralised care in the South West for bone sarcoma
National Ewing's MDT (QIDIS)	<ul style="list-style-type: none"> It was considered that the UK had worst survival rates for Ewings compare with Europe, however latest study show outcomes are the identical as same chemo regimes are used National MDT model for Ewings was to agree rapid clinical management plans, achieve national consensus, share best practice and review outcomes to inform future interventions. 15 meetings held to date, with 56 patients discussed. Clinical consensus secured in all cases and experience has been pooled.
Computer aided surgery for complex pelvis reconstruction (QIDIS)	<ul style="list-style-type: none"> Complex pelvis surgery is fraught with complications due to the close proximity of blood vessels, nerves and organs mean that achieving wide margins is difficult (typically inadequate margins in 29%). The rate of locally recurrent disease was significantly higher in our series of pelvic cases (27%). Computer navigated surgery has reduce the risk of intralesional margins in Pelvic surgery, with clear margins achieved in all resections with no cases of locally recurrent disease. 8 cases allowed multiplanar resections an enable custom made implant allowing better implant surface contact and biomechanics (difference between the anatomical and computer models was <1mm). 3 cases would have been unresectable without amputation.
Patient information (QIDIS)	<ul style="list-style-type: none"> National survey showed deficiencies in written information received by sarcoma patients in terms of inconsistent and incompleteness of information.

Possible future centralised funding ?

Previous consideration of **Retroperitoneal sarcomas**

Best guess around 150 /yr

No consensus about minimum number needed for good results

MUST be treated as part of a Sarcoma MDT

Other conditions – generally discuss at Sarcoma MDT but involve site specific teams e.g. breast, gynae, cardiac, cranio-facial etc.