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Saturday, August 13, 2016

(Room 5)

16:30 - 17:30 WS #131: Adolescent and Young Adult Cancer Service Provision - Can We Do It Better?

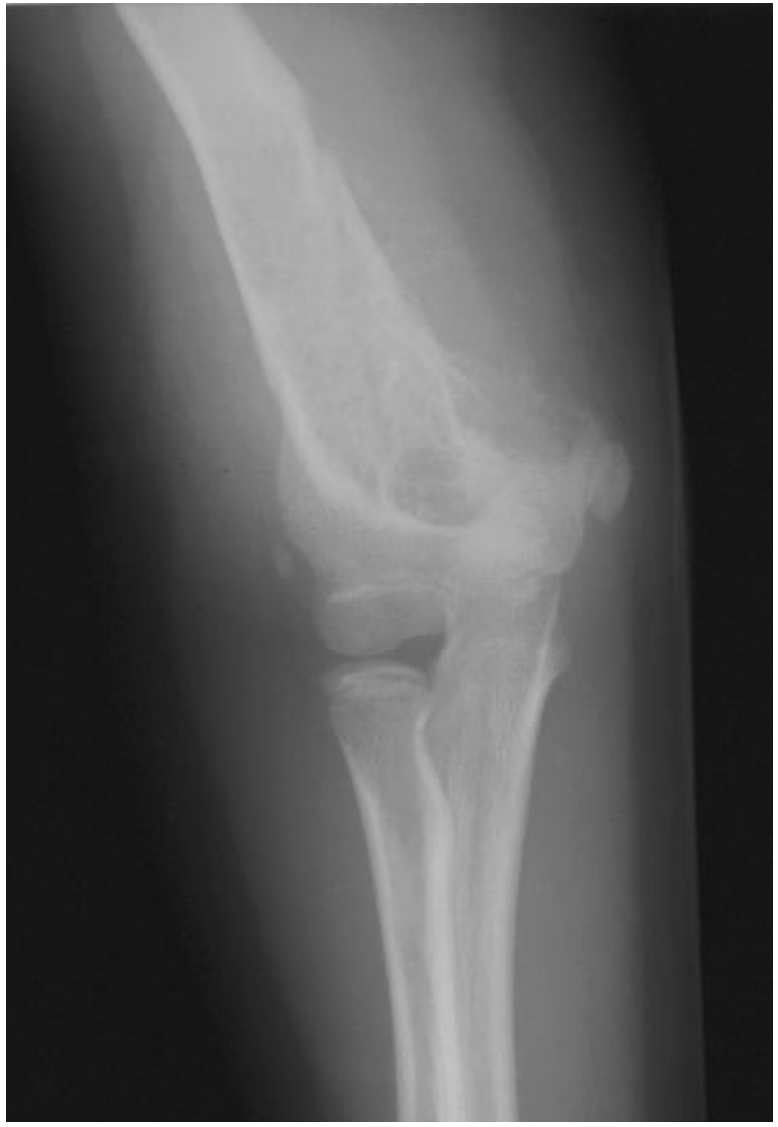
Earlier diagnosis of Sarcoma
A rare bone and soft tissue tumour
Can we achieve it?

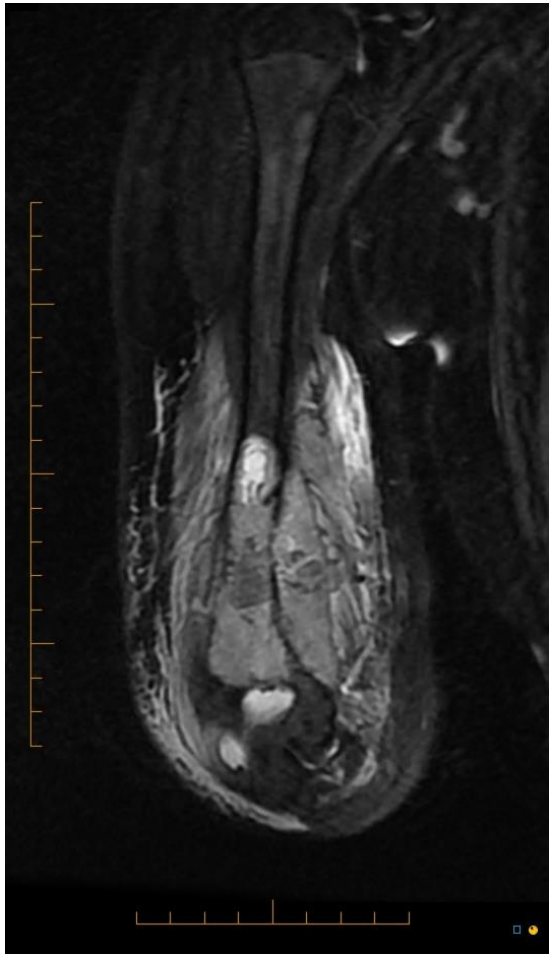
Adolescents and Young Adults

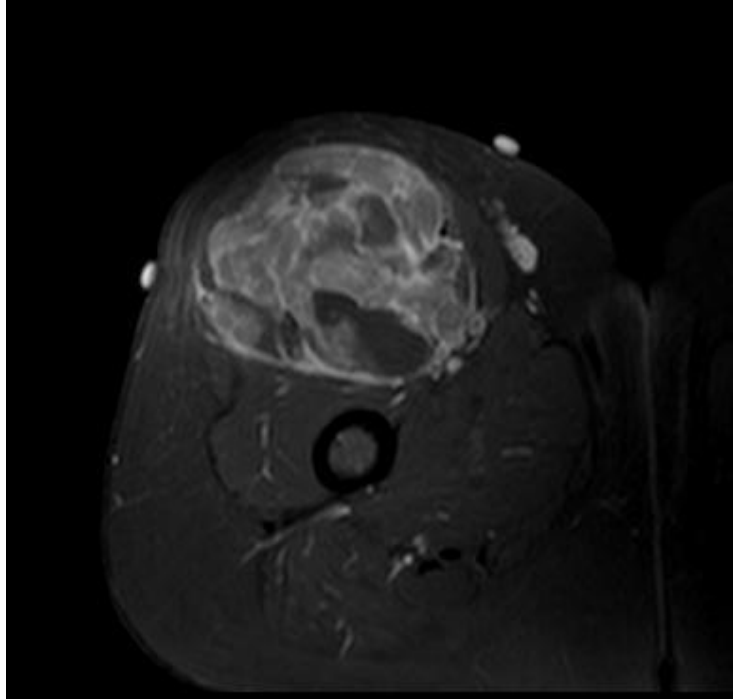
Earlier diagnosis - does it matter?

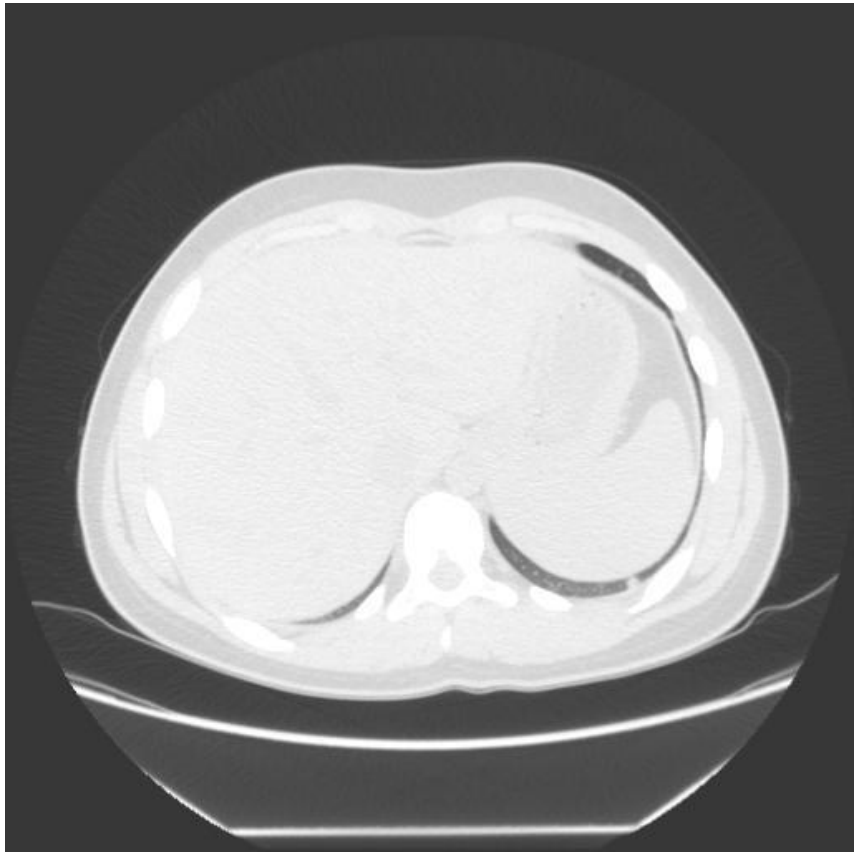
- Delay leads to a bigger tumour
- Bigger tumour is a bigger problem
  - Greater risk of detectable metastatic disease
    - Poorer prognosis
  - Greater risk of fracture
    - Poorer prognosis
  - Larger surgical resection and reconstruction
    - Poorer functional outcome

Anecdotally these tumours often present late









Delay to diagnosis occurs at all stages

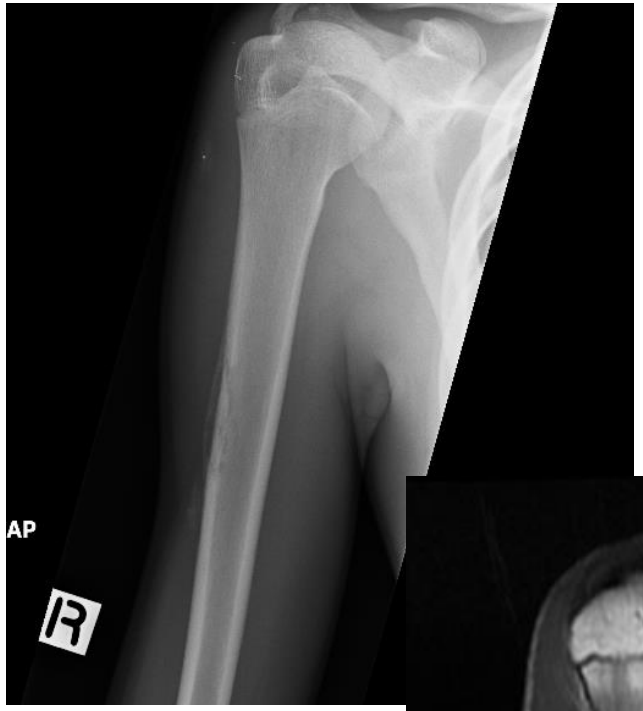
- Time to presentation
- Suspecting sarcoma diagnosis
- Initiating investigation and/or specialist referral
- Further investigation, biopsy and staging
- Commencing treatment

Why

- Delay to presentation
  - Patient denial
  - Lack of awareness of problem
    - most soft tissue sarcomas painless
      - Unless invading nerves or bone – rare
    - don’t always grow rapidly
  - Poor social support
  - Poor financial support
    - Difficulty accessing doctor and x/ray, ultrasound etc

Why?

- Difficult diagnosis
  - Rare
    - “Needle in a haystack”
      - Hidden amongst
        - » ganglions, Bakers cysts, lipomas
        - » “growing pains”, Sever’s and Osgood Schlatter disease
        - » injuries – soft tissue, joint, haematomas
        - » Infections – abscesses, osteomyelitis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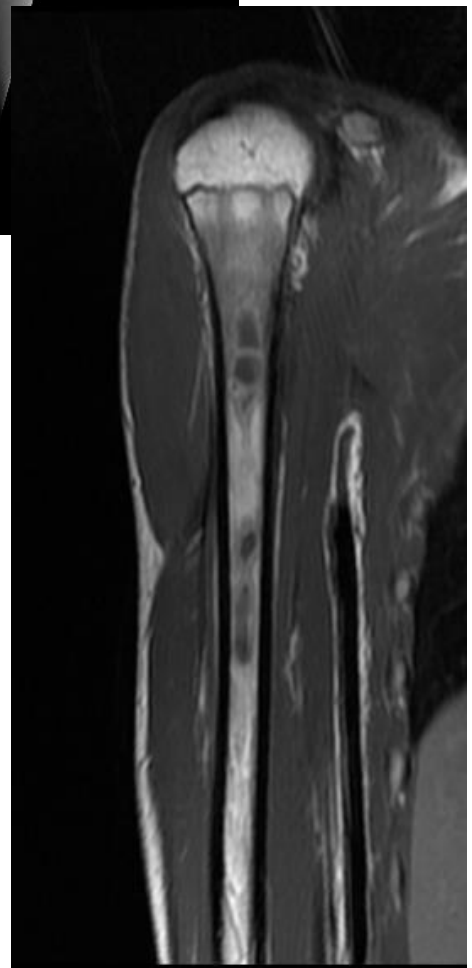
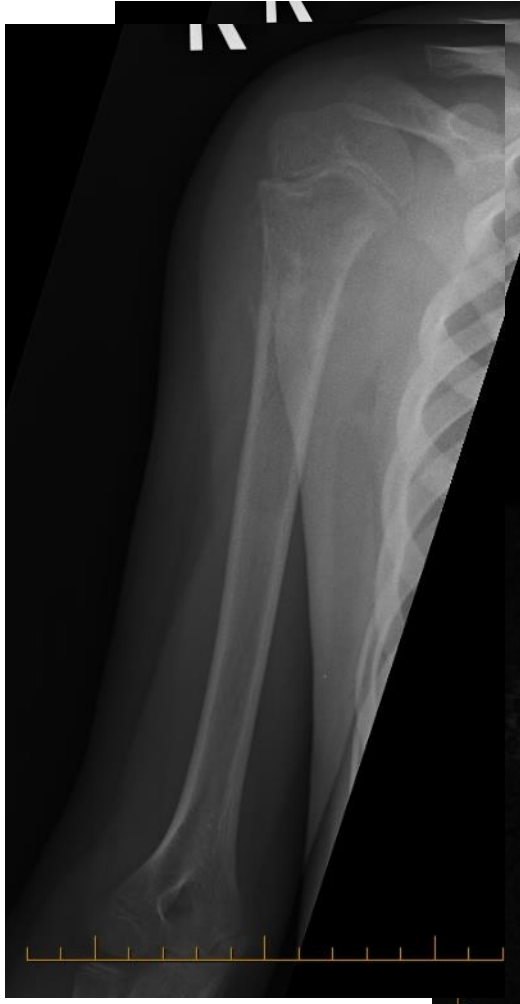
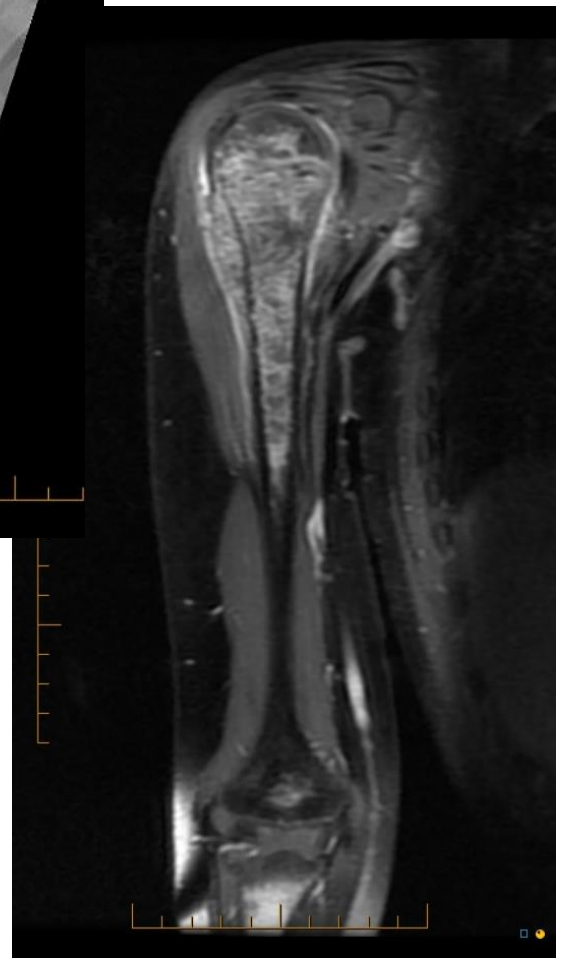






- Symptoms often put down to an injury
  - Real or not
    - Patient often thinks due to injury
    - Doctors may relate to injury-often not straightforward
    - In NZ this helps access funding for physiotherapy etc
    - Once diagnosed as an injury it is difficult to change direction and reinvestigate and rediagnose

- False negative results
  - Initial x/ray is normal or reported as normal
    - Difficult areas – pelvis, spine
  - FNA notoriously unreliable for soft tissue sarcomas
    - Good for nodes
    - Bad for masses
  - Gold standard
    - Axial imaging
    - Open or core biopsy
      - Often image guided

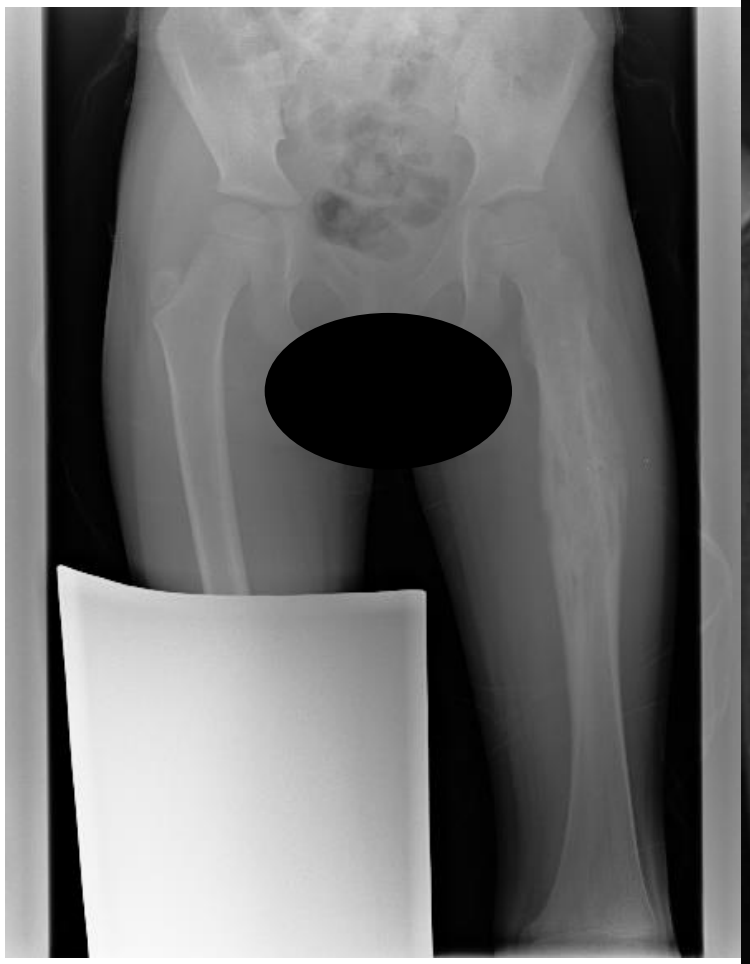
Which to investigate / refer?

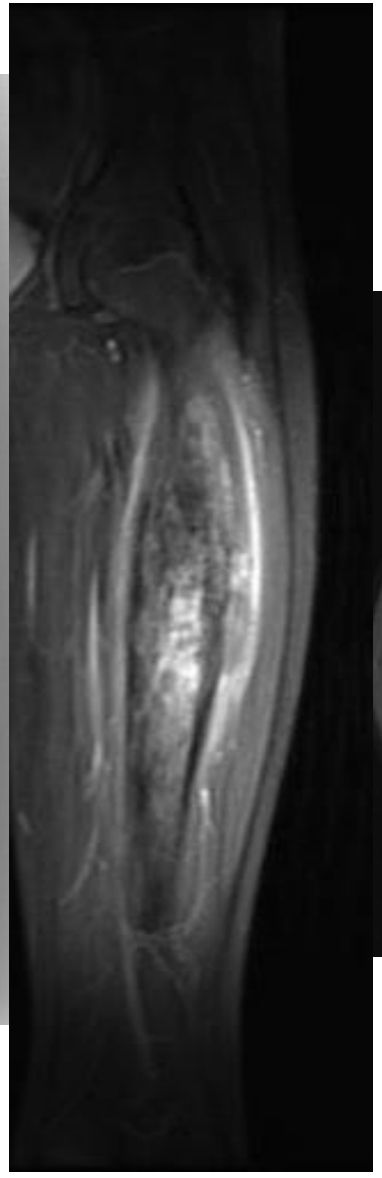
- Soft tissue sarcomas
  - Enlarging soft tissue mass
  - Firm and nodular
  - Usually painless and non tender
    - Unless invading nerves or bone
  - May be fixed to underlying bone or muscle
  - Any lump larger than a golf ball

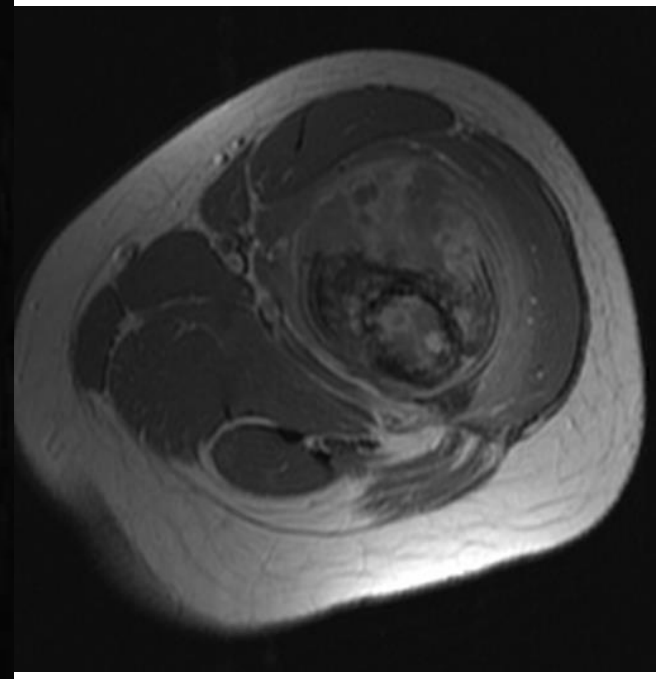
- Bone sarcomas
  - Pain
  - Bony tenderness
  - Swelling and soft tissue mass attached to bone
  - Unilateral

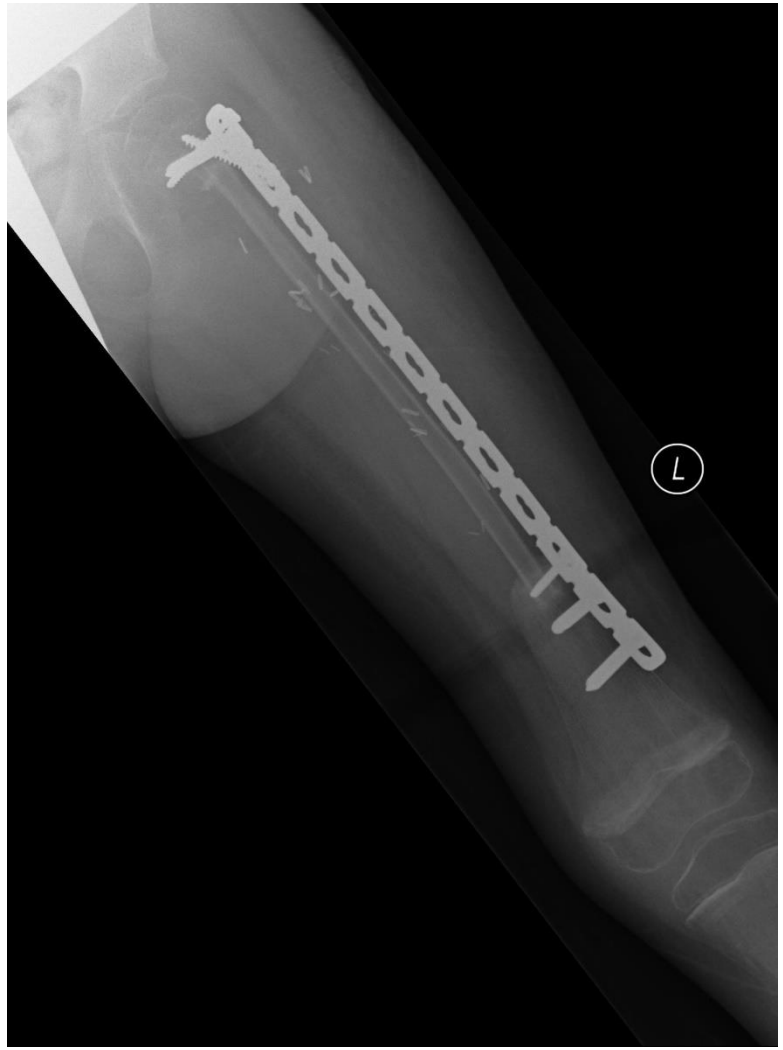
- Any patient where unexplained symptoms persist or deteriorate

Can we restore function – Yes!





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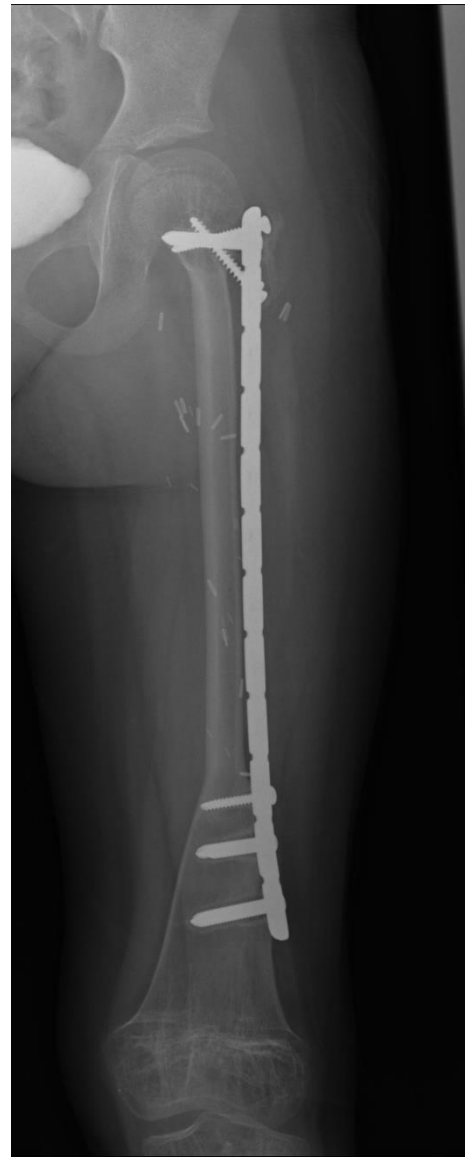

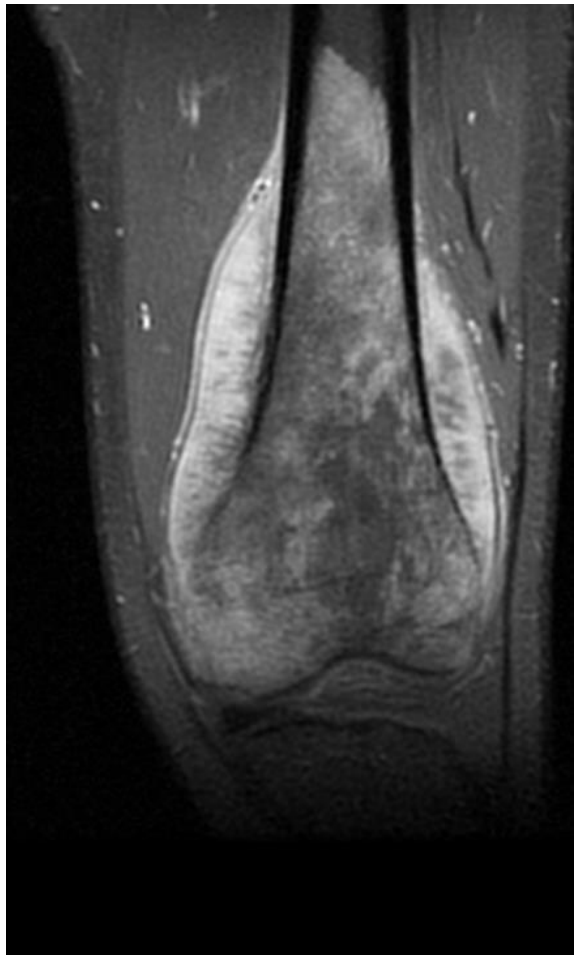

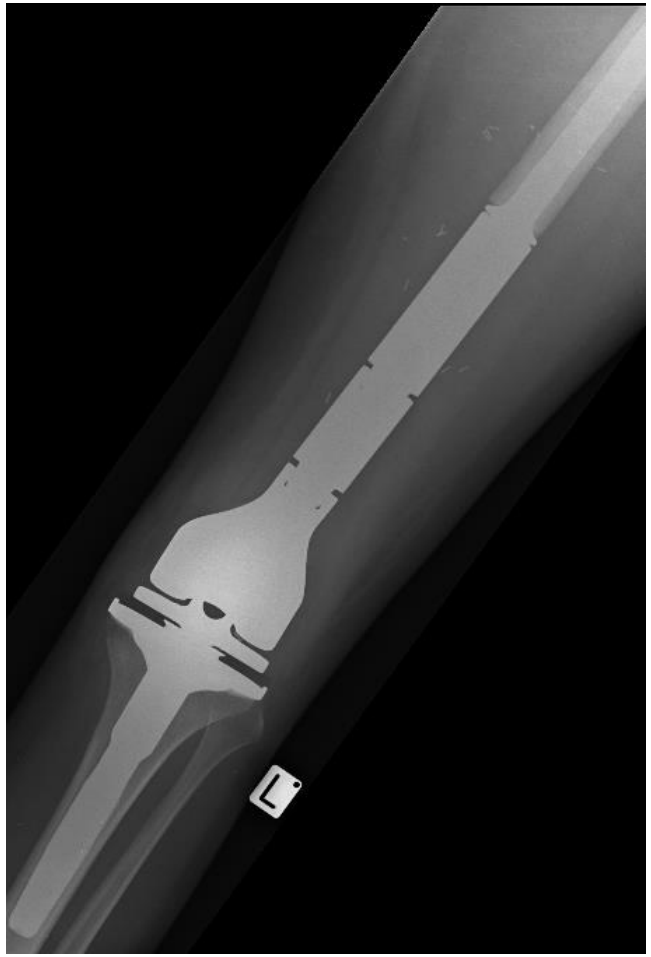
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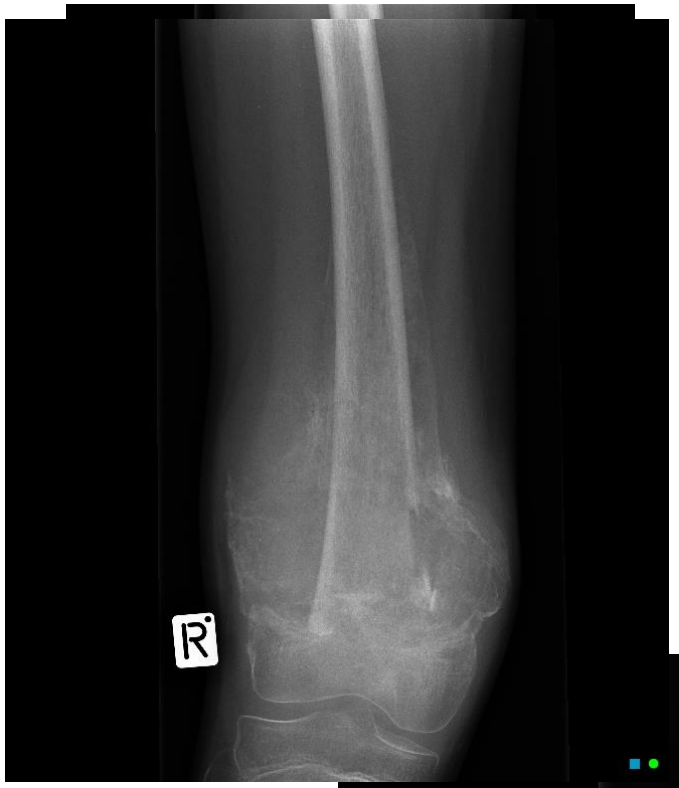
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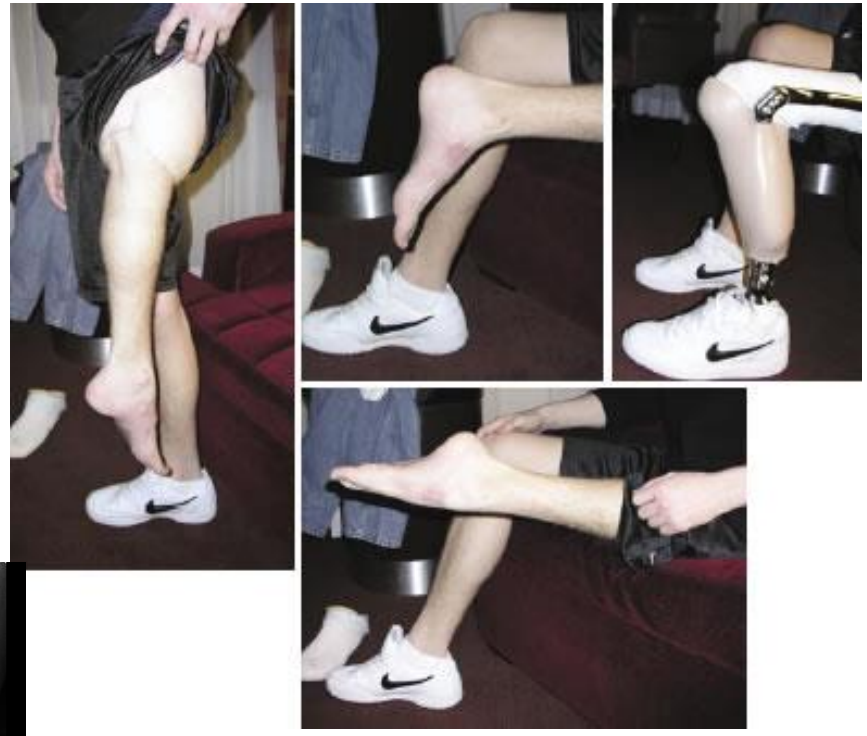

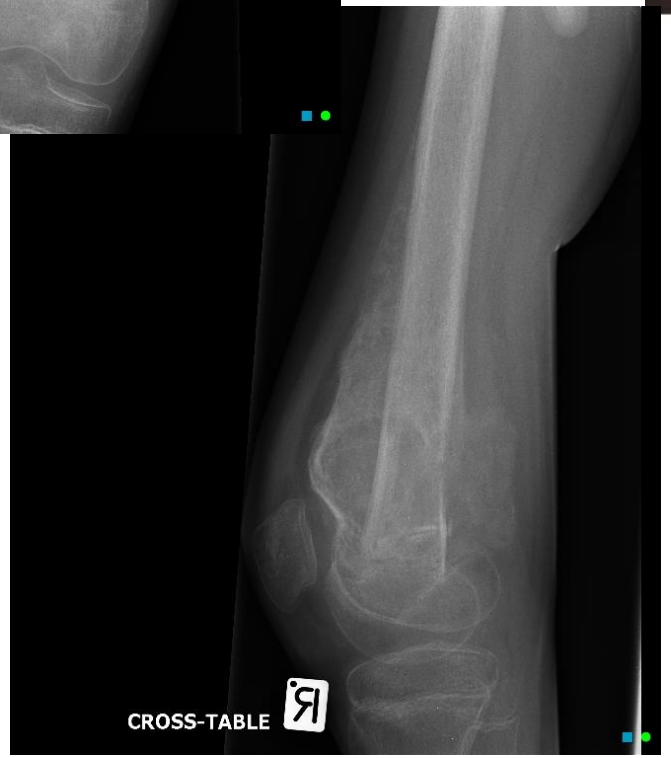
CROSS-TABLE
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In conclusion

- Rare tumours
- Do not assume a lump is benign
  - Onus is on us to prove
- Image appropriately
  - surgeons see virtually no patients without imaging
- Do not FNA unless nodes
- Do not link symptoms to an injury if an injury did not occur
- Investigate/refer ongoing symptoms

Thank you