

**FC-175****Service redesign for tertiary sarcoma referral service**

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Introduction: Primary bone and connective tissue malignancy is rare, and diagnosis requires a high index of suspicion. Appropriate investigation and its interpretation, as in all cancer services, should be done in the context of multidisciplinary, specialist services. However, the large volume of concerning lumps and swellings presenting in the limbs and spine make clinical review of all cases in a timely manner difficult. Here we present the results of the first 3 years (1480 patients) reviewed through the Scottish Sarcoma Tertiary Referral Virtual Clinic.

Methods: All suspected musculoskeletal sarcoma cases are discussed, along with available history and imaging, in a virtual clinic by a multidisciplinary team within a week of first referral. Clinic decisions allow either immediate discharge, or progress to further imaging or biopsy prior to the need for physical clinic appointment. Data from the initial 1480 patients referred was prospectively collected and evaluated as to waiting time, initial management decision, and final intervention.

Results: 26.2% of patients (388) were discharged back to referrer from the virtual clinic without need for physical appointment. A further 46.4% (687) of patients were sent for further investigation (imaging or biopsy) prior to first clinic appointment. Mean waiting time between referral and clinic was 5.1 days.

Conclusion: The virtual clinic model shows rapid specialist assessment in possible sarcoma cases, with the avoidance of at least one unnecessary clinic appointment in 72.6% of cases. This model reduces patient waiting time to investigation and diagnosis, reduces the number of unnecessary clinic appointments and reduces patient travel. This is beneficial to both patients and service providers, and also facilitates rapid and improved communication between the sarcoma service, referring clinicians and patients.