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## Identification of adult knee primary bone tumor symptom presentation: a qualitative study

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**Introduction:** Delays in diagnosis of primary bone tumours (PBTs) are common, contributing to poor patient outcomes. Professional delay is a key contributing factor and could be improved by recognising signs and symptoms earlier. NICE guidelines regarding malignant PBT symptoms frequently do not correlate with clinical presentation, possibly due to variety of skeletal location and methodologies. Investigating the symptom presentation of one PBT location, at onset through to Consultant diagnosis (Cd), may provide greater depth and consistency of information. The aim of this study was to identify the symptom presentation of adult knee PBTs from onset to Cd, from combined patient and Health Care Professional (HCP) perspectives.

**Methods:** Following ethical approval, a qualitative study using in-depth semi-structured interviews recruited a purposive sample. Following informed consent, interviews informed by a piloted topic guide developed from existing literature, explored participants' experiences of symptom presentation. Interviews were recorded and transcribed verbatim. A grounded theory approach was employed whereby data were coded, categorised and triangulated to produce key themes. Rigour and trustworthiness were enhanced through data verification and an audit trail. Recruitment continued until data saturation.

**Results:** Fourteen adult participants from a UK specialist centre (n=8 patients with a knee PBT; 6 HCPs with expertise in orthopaedic oncology) were recruited. Five key themes were established: 1] Symptoms started with intermittent pain of low-moderate severity which became worse, more constant and present at night; 2] Pain was mechanical in nature but became more difficult to ease; 3] The history of onset was unusual with a protracted symptom duration (mean 22 months), failing to improve with conservative treatment; 4] Swelling was common; 5] Systemic signs were unusual. More similarities between HCPs and patients perceptions were found at Cd compared to onset.

**Conclusion:** New insights of symptom presentation, particularly in the early stages have been provided. Although starting similarly to routine musculoskeletal presentations, a number of distinctive features may enable early diagnosis. Greater similarity in symptomology between patients and HCPs at Cd is consistent with NICE guidelines. Lack of awareness of early symptoms could be contributing to diagnostic delay, attuning HCPs to these findings could identify PBTs earlier.