

predominantly involve the phalanges. 13 cases (7.9%) represented high grade chondrosarcomas. Chondrosarcoma of the hand is rare with the overall incidence likely to be far lower when numerous small enchondroma not requiring any intervention are also taken into account.

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#### **48. The Implementation of a Nurse Led SACT clinic to reduce waiting times for patients with soft tissue sarcoma's (STS) attending for systemic anti-cancer treatment (SACT). A service improvement project between the Beatson West of Scotland Cancer Centre (BWO)**

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**Introduction:** The principal aim of the project was to reduce the amount of time spent in hospital when attending for Day Case SACT treatment for soft tissue sarcoma. Additional aims included measuring patient satisfaction and assessing efficiency of the new service. **Methods:** The project was run following the Lean Six Sigma DMAIC framework; defining and measuring the problem of patients spending longer than necessary in hospital during day case appointments, with patient diaries and mapping current clinic flow. Points in the pathway were identified for improvement and optimum time was calculated. A new process map was then developed, and patient satisfaction questionnaires completed. One year review looked at reduction of time in clinic, efficiency of the nurse led service and patient satisfaction. **Results** Total time in hospital was reduced from 8 hours 31 minutes on average, to 3 hours 57 minutes. This is a reduction of 4 hours 34 minutes (53.6%). If treatment was authorized the day beforehand, time in hospital was reduced further, to 3 hours 18 minutes, reducing pre project time in hospital by 61.3% Patient questionnaires were completed by 12 patients and showed high rates of satisfaction. The majority of answers were scored (out of 5) 5 excellent, or 4 very good. **Conclusion:** The implementation of a nurse led SACT clinic led to a significant reduction in the amount of time patients spent in hospital on the day of their treatment. The nurse led service was successful in delivering SACT more efficiently and patients were highly satisfied.

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#### **49. Salvage radiotherapy for an unresectable aorta recurrence of an angiosarcoma.**

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**Background:** Primary tumors of the aorta are extremely rare and sarcoma remains the most common histology subtype. Due to the disease rarity, treatments are very different across the world. **Case report:** We report on a 50-year-old man with a grade III angiosarcoma of the thoracic aorta intima with a right thigh metastasis at presentation. An aorta resection (R0) was performed without adjuvant radiotherapy (RT) followed by three cycles of doxorubicine-ifosfamide. After thigh metastasectomy (R0), the same chemotherapy was pursued for three additional cycles. Three months later, a nodular recurrence on the right limb was treated by six cycles of taxol. Two years after the initial presentation, a first aorta recurrence was resected but for a second aortic relapse 6 months later surgery was not possible hence a definitive RT was proposed. **Discussion:** A total dose of 66 Gray was administered in 30 fractions using a rotational RT technique. The RT was well tolerated. Unfortunately, 18 months later the patient developed multiple retroperitoneal lymph nodes which progressed despite two different systemic therapies. The primary site remained controlled until his death in a palliative unit 23 months after RT. **Conclusion:** Angiosarcoma is a highly invasive tumor with a high rate of loco-regional and distant recurrences, hence with poor prognosis. RT is an effective treatment to prevent recurrence after surgery, but can also be used when surgery is not possible.

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#### **50. Tibial transfer following high femoral resection in paediatric sarcoma patients**

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**Introduction** Extensive malignant bone tumours of the femur with significant soft tissue involvement in children present a difficult problem in limb salvage surgery. High transfemoral amputation is associated with increased functional morbidity due to difficulty in prosthetic attachment. We present our early experience with augmenting high femoral resections with tibial transfer in 3 paediatric patients in order to maximise stump length **Results** The patients were aged 8, 13 and 17 at time of diagnosis. 2 patients presented with a pathological fracture. Diagnosis was Ewing's sarcoma in two patients and osteosarcoma in the other patient. All patients received pre and post-operative chemotherapy. All proximal osteotomies were intra-trochanteric. Clear resection margins were achieved in all cases. Two patients required free tibial transfer due to the tumour abutting or invading femoral vessels. The popliteal vessels were anastomoses to femoral vessels in both cases. Ischaemia time was less than two hours in both