

Orthopedic Cancer In Sabah: An Audit

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INTRODUCTION:

Sarcomas in Malaysia are usually diagnosed late, either due to the late presentation or late referral to the orthopedic oncology specialist, resulting in poor prognosis. Early diagnosis is therefore imperative. The identification of possible cancer usually happens in primary care. Therefore, we decided to assess the interval between first presentation to first consultation by an orthopedic oncology specialist, and compared this to the recommended 2 weeks referral pathway by NICE guidelines.

METHODS:

We performed a retrospective study by collecting data from 134 patients with suspected musculoskeletal tumors over a duration of 4 years (Jan'13 - Dec'16) from the Orthopedic department of Queen Elizabeth Hospital, Kota Kinabalu. The data was analyzed and the days taken from the first clinical encounter to the first visit to an orthopedic oncologist specialist were calculated. The data was then compared to the NICE suspected cancer referral guidelines (NG12), which was set as 14 days. The audit standard was set at 100%.

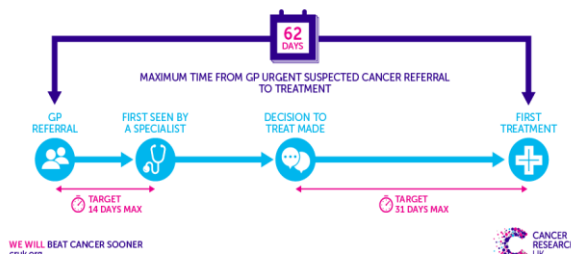
RESULTS:

Table 1 shows the percentage of patients with suspected cancer seen by specialist within 14 days from their first clinical presentation from year 2013 to 2016.

Year	Total patients	Percentage of patients seen within 14 days
2013	34	64.7%
2014	31	77.4%
2015	28	78.6%
2016	41	65.7%

DISCUSSION OF RESULTS:

THE CANCER REFERRAL TARGET



The above pathway portrays the ideal interval between first presentation to first consultation, however our results show that up to a third of patients did not meet the target every year. Challenges included logistics; vast land area, scarce public transportation in rural regions coupled with poor socioeconomic status contributes to the delay. Awareness, both among rural patients and primary care physicians resulted in late presentations and poor identification of tell-tale signs. The consequence of that, being first presentation with locally advanced or metastatic disease which greatly reduces the 5 year survival rate.^[2]
^[3]

CONCLUSION:

Implementation of various initiatives needs to be carried out. This audit needs to be performed again once new implementation is done to assess the outcome of this effort.

REFERENCES:

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