BAPRAS COVID-19 Webinar - Sarcoma
25 June 2020

Summary

Sarcoma care is a complex multidisciplinary process, often in patients with co-morbidity. All body sites are affected. Given this, and the aggressive nature of most sarcomas, oncological care, excisional surgery, and reconstructive microsurgery has continued during the Covid pandemic. There are key crosscutting lessons to be learnt when restarting microsurgical reconstruction for other indications while COVID remains prevalent. We hear from subspecialty experts around the country, including Orthopedics and Oncology.

Faculty

Mark Henley (BAPRAS President)
Ioanna Nixon (Consultant Clinical oncologist & Clinical Lead for the National Scottish Sarcoma Service),
Ashish Mahendra (Orthopaedic Oncologist, West of Scotland Sarcoma Service & National Endoprosthetic Service)
Maniram Ragbir (Consultant Plastic Surgeon, Newcastle; Plastic Surgery SAC Chair; Head & Neck SIG Chair; North East Sarcoma Network surgical lead)
John Scott (Head of the FRCS(Plast) Exam Board, Consultant Plastic Surgeon - Canniesburn Unit)
Stephen Lo (Consultant Plastic Surgeon, Canniesburn Unit)
Tom Bragg (Consultant Plastic Surgeon, Morriston Hospital)
Paul Critchley (Consultant Plastic Surgeon, Oxford)
Dean Boyce (Chair of the BAPRAS Education Committee)
Andy Hart (JPRAS Editor)

Speaker Presentations

Dean Boyce – introduction

Link to introduction

Ioanna Nixon - Sarcoma Oncology Care during COVID19

Link to presentation

- Oncological Therapy in Sarcomas
  - Radiation Treatment: as local therapy in combination with surgery or definitive. Palliative or Curative
  - Systemic Therapy: chemotherapy, targeted therapy
- Lessons to be learned from medical professionals
- What did you find most challenging during this time?
- Think about what a positive change is

Ashish Mahendra – Surgical Aspect of Sarcoma Care during COVID

Link to presentation

- Overview;
  - Sarcoma service based in Glasgow Royal, beginning of March surgeons were informed there will be no surgery services
  - Started to communicate with sarcoma networks sites in Edinburgh and Aberdeen, comfortable with their capacity and there was not much of a plan in place just like Glasgow
  - Local options were thought about such as local hospitals to help
  - Policy was put in place to reorganise the service
- Difficulties faced from all perspectives
  - Evolving guidelines to COVID testing and PPE and from the GA timelines, weekly meetings to keep briefed and updated to minimise patient harm
  - Getting things organised new setup for procedures was a challenge
  - Patients were unable to have visitors which was difficult for them on an emotional point of view
- Key lessons learned
  - Being strong enough to make decisions and thinking out of the box and being confident in skills

Paul Critchley – Sarcoma Care in Oxford

Link to presentation

- During lockdown, the unit has been only been able to treat cancer and trauma patients
- A high degree of uncertainty and anxiety amongst all
- Able to 120 sarcoma cases throughout the whole sites during the period
- Patient pathway streamlining from the MDT, able to see patient via online technology and got to see patient through one single face to face visit to minimise patient contact
- Only one hospital remains a clean site; important to keep a stable staff base and stable aesthetic recourse. Moving around causes instability
- A need to evolve with virus and learn collaborate data

Andy Hart – Moving Offsite – Sarcoma Reconstruction in a New Facility

Link to presentation

- Overall a positive experience
- Great support and engagement
- Plastic surgery nurses help with transferable information and/or processes for other plastic surgery care paths
- Expected complications and some issues with information flow
- More transferable information for other major care paths

Stephen Lo - Scottish Sarcoma Network Regional Guidelines on Surgery for Breast Sarcoma

Link to presentation

- Centralisation of Sarcoma care in conjunction with referring breast surgeon
- Sarcoma is not a carcinoma and therefore should not be treated as such way
- Angiosarcoma should be treated urgently as it is not a hopeless condition
- It can help guide surgical versus palliative care discussions

John Scott – Cutaneous Sarcoma Management

Link to presentation

- Diagnostic and sensitivity poor
- Lesion history important
- Skin oncology telemedicine in the elderly challenging
- Low threshold for investigation/tissue biopsy
- Multi-disciplinary management

Thomas Bragg - Welsh Experience of Sarcoma Care COVID-19 Pandemic

Link to presentation

- The MDT in South Wales adapted to new ways of working during the pandemic
- The use of technology was embraced; using mediums such as Zoom, Teams, Polycom and Cisco Webex. Teams being more favorable due to Microsoft desktop features and the ability for individuals to dial in as guests.
- Pushed the limits using local anesthetic
- Delivery remained stable throughout the COVID period

Maniram Ragbir – Sarcoma Reconstruction - Head and Neck/Chet Wall

Link to presentation

- There was a reduction in patients visiting and referrals to the clinic
- Telemedicine was a good transition to new adaptions
- Pathology has continued as normal, remains the same
- Two hospitals – one was used as COVID hospital and one as a ‘clean’
- Microsurgery was a challenge due to PPE

Q&A

Link to questions and answers