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# Clinical Practice Guidelines for Management of Sarcoma

## Dissemination Plan

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## Background

As the peak professional organisation in sarcoma in Australia and New Zealand, the Australia and New Zealand Sarcoma Association (ANZSA) is dedicated to improving the outcome for patients with sarcoma through awareness, education, and research. ANZSA fosters effective collaborations across medical and psychosocial multidisciplinary teams (MDT), comprising specialist health professionals (including pathologists, radiologists, surgeons, radiation oncologists, medical oncologists, paediatric oncologists, and allied health) working together to identify the best management and care of patients with sarcoma and related tumours. Pivotal to this goal is the development and dissemination of clinical practice guidelines based on systematic review to evaluate evidence for best management of adult and paediatric patients with sarcoma. The previous Australian clinical practice guidelines for the management of adult onset sarcoma were published in 2013. This current guideline development process was commenced at the end of 2020 with full support from the board and the scientific advisory committee of ANZSA. The intended end users are health professionals involved in the care of patients with sarcoma from time of initial presentation through diagnosis, staging, treatment and follow up.

In this dissemination plan we describe plans for dissemination of the guideline to the targeted end-users of the guideline as well as other key stakeholders and health care contexts in which the guideline is likely to be used.

## Target Audiences

The guidelines are created primarily for clinicians who are involved in the care of patients with sarcoma or suspected sarcoma. They include general practitioners, general surgeons, orthopaedic surgeons, oncologists (surgical, radiation oncology, medical oncology, paediatric, adolescent and young adults oncology) as well those who are already practicing within the framework of a specialised sarcoma centre.

## Dissemination Plan

The following approaches will be employed as the the most effective and cost-efficient way to raise awareness of the recommendations included in the guidelines:

- Series 1 of the Guidelines was officially launched in July 2022 during the sarcoma awareness month with the aim to maximise reach to the sarcoma community.
- Series 2 of the Guidelines will be launched in July 2023 during sarcoma awareness month again.
- Proactive dissemination to all ANZSA professional members and ANZSA endorsed sarcoma program via electronic mail
- Electronic mail to the following key stakeholder groups. We will also seek to promote the guidelines in their relevant newsletters.

- Royal Australia and New Zealand College of Radiologists, Faculty of Radiation Oncology (RANZCR)
  - Medical Oncology Group of Australia (MOGA)
  - Royal Australasian College of Surgeons (RACS)
  - Australian Orthopaedic Association (AOA)
  - Clinical Oncology Society of Australia (COSA)
  - Australia and New Zealand Children Haematology Oncology Group (ANZCHOG)
  - Royal Australian College of General Practitioners (RACGP)
  - The Royal College of Pathologists of Australasia
  - New Zealand Society for Oncology
- Conference presentation at the above key stakeholder scientific meetings
  - The full guidelines with the references will be freely available on the ANZSA website. The number of visitors to the webpage will be monitored by the ANZSA media team.
  - The evidence and recommendations for individual clinical questions will be published in peer-reviewed journals
  - The consumer members of the guidelines working party and the consumer advisory panel of ANZSA will help promote the guidelines through their network

## Measurement the impact of the Guidelines

One of the recommendations of this first series of the guidelines is on the optimal timing of surgery for patients with pelvic Ewing sarcoma.

The evidence-based recommendation is “Delays in surgery (alone or with postoperative radiation therapy) for localised pelvic Ewing sarcoma beyond the recommended timepoint by treatment protocol should be avoided”. The accompanying practice point is “Patients with pelvic Ewing sarcoma be managed within a multidisciplinary team who should work closely during the initial chemotherapy period to coordinate the optimal time for disease response evaluation, restaging imaging, and local therapy as per treatment protocol”.

We plan to measure on the impact of the guidelines by comparing the timing of local therapy and outcome pre-guidelines and post-guidelines using the ACCORD (the Australian Comprehensive Cancer Outcomes and Research Database, Bone and Soft Tissue Module). As of November 2021, the database contains de-identified clinical data on nearly 11,500 patients diagnosed with bone and soft tissue tumours. The details of pelvic Ewing sarcoma cases can be collected from ACCORD to review the timing of surgery from 2017-2021 (pre guideline) and again at the end of year 2024 (two years after release of this evidence-based recommendation).