



Financial Year Report 2024/25

Bone and Soft Tissue Sarcoma Program

Sydney Local Health District

2nd Edition



Acknowledgement of Country

Sydney Local Health District acknowledges that we are living and working on Aboriginal land. We recognise the strength, resilience and capacity of Aboriginal people on this land. We would like to acknowledge all of the traditional owners of the land and pay respect to Aboriginal Elders past and present.

Our District acknowledges Gadigal, Wangal and Badjalag as the three clans within the boundaries of the Sydney Local Health District. There are about 29 clan groups within the Sydney metropolitan area, referred to collectively as the great Eora Nation. Always was and always will be Aboriginal Land.

We want to build strong systems to have the healthiest Aboriginal community in Australia.

Together under the Sydney Metropolitan Partnership Agreement, including the Aboriginal Medical Service Redfern and in collaboration with the Metropolitan Local Aboriginal Land Council, Sydney Local Health District is committed to achieving equality to improve self-determination and lifestyle choices for our Aboriginal community.

Ngurang Dali Mana Burudi — A Place to Get Better

Ngurang Dali Mana Burudi — a place to get better, is a view of our whole community including health services, Aboriginal communities, families, individuals and organisations working in partnership.

Our story

Sydney Local Health District's Aboriginal Health story was created by the District's Aboriginal Health staff.

The map in the centre represents the boundaries of Sydney Local Health District. The blue lines on the map are the Parramatta River to the north and the Cooks River to the south which are two of the traditional boundaries.

The Gadigal, Wangal and Badjalag are the three clans within the boundaries of Sydney Local Health District. They are three of the twenty-nine clans of the great Eora Nation. The centre circle represents a pathway from the meeting place for Aboriginal people to gain better access to healthcare.

The Goanna or Wirriga

One of Australia's largest lizards, the goanna is found in the bush surrounding Sydney.

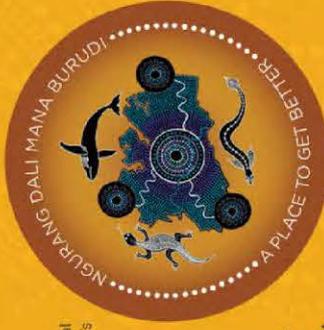
The Whale or Ganurra

From June to October pods of humpback whales migrate along the eastern coastline of Australia to warmer northern waters, stopping off at Watsons Bay the traditional home of the Gadigal people.

The Eel or Burra

Short-finned freshwater eels and grey Moray eels were once plentiful in the Parramatta River inland fresh water lagoons.

Source: Sydney Language Dictionary



Artwork Ngurang Dali Mana Burudi — a place to get better

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.



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1. Executive Summary

The purpose of this report is to provide a summary of the provision of surgical services by the Bone and Soft Tissue Sarcoma Program at Royal Prince Alfred Hospital (RPA), Sydney Local Health District (SLHD) for the 2024/25 financial year.

The RPA Bone and Soft Tissue Sarcoma Program, established for more than 40 years, is recognised as a world leader in the diagnosis, treatment and follow-up of patients with known or suspected sarcoma. The Program is comprised of nationally and internationally renowned specialists across the key areas of sarcoma diagnosis and treatment. The Program offers individualised care for patients, based on current, evidenced-based practice. As one of a few sarcoma services in Australia, the RPA Bone and Soft Tissue Sarcoma Program receives referrals from across NSW, Australia and overseas.

During the 2024/25 financial year, the RPA Bone and Soft Tissue Sarcoma Program reviewed details of 1,755 patients referred to the multidisciplinary team (MDT) meeting for potential treatment, including 1,581 new patients. Overall, 308 patients underwent surgical management of bone and soft tissue tumours within the RPA Bone and Soft Tissue Sarcoma Program in the 2024/25 financial year.

The RPA Bone and Soft Tissue Sarcoma Program is recognised as a Statewide Highly Specialised Service (HSS) for Bone Tumours by the NSW Ministry of Health. During the 2024/25 financial year, 78 patients underwent surgical management of bone sarcoma or metastatic bone cancer within the Highly Specialised Service admission criteria at The Royal Prince Alfred Hospital.

The Program has a strong focus on research, including comprehensive data collection and access to the latest clinical trials. This approach ensures patients have access to innovative new treatments before they become widely available. Currently, the program is leading a total of 16 research projects. These studies incorporate surgical outcomes, oncological outcomes, survival rates, quality of life, surgical techniques, health service utilisation and cost effectiveness. The team have published 8 peer-reviewed research publications in the last financial year. Patient outcomes and evidence regarding quality of life, along with data on the effectiveness and cost-effectiveness of bone and soft tissue tumour surgery, continue to be a focus of this critical surgical oncological service.

The Program is dedicated to education initiatives and has supported training opportunities for clinicians offering two internationally recognised specialised surgical fellowships. Sydney Local Health District held the inaugural Sarcoma Summit and subsequent Symposium, providing an opportunity for patients and their carers to have a voice in ongoing sarcoma initiatives. This annual event seeks to build a stronger understanding between patients, families, clinicians and researchers to enhance partnerships to improve

patient care. The RPA Bone and Soft Tissue Sarcoma Program has developed multiple collaborations and contributions with the wider sarcoma community including the Australia and New Zealand Sarcoma Association (ANZSA), Australian Orthopaedic Association (AOA) and International Society of Limb Salvage (ISOLS) as well as consumer groups and foundations including the Cooper Rice-Brading Foundation, Sock it to Sarcoma! and Bricks and Smiles amongst others.

Significant enhancements have been made to the service throughout the 2024/25 financial year to streamline processes including governance, resources and workflows and ultimately to improve patient care and outcomes. Enhancement of the Program is a tribute to the vision and support of NSW Health, SLHD and RPA senior management and the skill of clinical and research teams.



Dr Richard Boyle

Program Director, Bone & Soft Tissue Sarcoma Program, RPA

1.1. Lay summary

Royal Prince Alfred Hospital in Sydney has provided specialised surgical treatments for patients with bone and soft tissue tumours over the last 40 years. Patients, presenting with tumours arising from the bone, cartilage or soft tissues such as fat, muscle, connective tissue or blood vessels, including rare and complex cancers known as sarcoma, from around NSW, Australia and overseas are referred for treatment within the specialised unit, due to their complex diagnostic and clinical needs.

This report provides an overview of the patients referred for treatment within the specialised unit from 1 July 2024 to 30 June 2025. The clinical team reviewed 1,755 patients at the multidisciplinary team meeting this financial year, an average of over 132 new patients discussed per month, including patients referred for expert second opinion. A total of 308 patients with bone and soft tissue tumours received surgical management this financial year.

Research is an important part of the program with a strong focus on patient reported experience and outcomes, including quality of life outcomes. There are currently 16 ongoing research projects, and 8 scientific publications produced this year.

Education and training within the Program are encouraged, including the Sarcoma Summit and symposiums designed to unite patients, clinicians and researchers, specialised surgical fellowship program and education initiatives with national and international collaborations.

The report credits the success to support from NSW Health, hospital management, and the skilled clinical and research teams involved. It portrays a thriving specialised surgical service that not only provides crucial care for patients with complex cancers but also contributes significantly to research and education in this field.

1.2. Translation of findings into practice

As an international centre for excellence, RPA is a major provider of expert and specialised clinical care to patients requiring highly complex medical and surgical interventions. It is therefore crucial that the knowledge attained during the care of these patients is evaluated and translated into clinical practice to improve overall service provision.

The RPA Bone and Soft Tissue Sarcoma Program proactively seeks to improve the care of patients through consistent reflection on clinical practice in the context of short- and long-term patient-reported outcomes following surgery. This is achieved through various means, including collecting and analysing patient feedback to understand the patient experience and identify areas for improvement. The program also engages consumers in research planning and design, holding regular meetings with past patients and community representatives to receive input regarding research priorities and study designs.

A comprehensive patient-reported outcomes database has recently been established (RPA Outcomes in Bone and Soft Tissue Tumours (ROBUST) Database), including quality of life measures collected at 15 time points from pre-surgery to 10 years post-surgery. This will allow for tracking of patient outcomes over time to inform best clinical practice. Implementation science studies will be conducted to identify barriers and facilitators to adopting evidence-based practices and to develop strategies to improve uptake in routine clinical care.

Regular multidisciplinary team meetings are held to review cases and discuss how to integrate new evidence into practice. Ongoing education and training are provided to clinical staff on latest evidence and best practices through workshops and seminars.

Dissemination of knowledge and research findings is a key focus of the program. The Sarcoma Summit and symposiums are held, along with other education events, as a platform to share insights and updates with staff across multiple specialties within RPA and externally. Team members regularly present at national and international conferences, such as the Australia and New Zealand Sarcoma Association (ANZSA) Annual Scientific Meeting and International Society of Limb Salvage Conference, to share their experiences and research findings with the global sarcoma community. In-service presentations are conducted to ensure that ward staff and junior doctors are kept up to date with the latest developments in patient care.

The program has a strong track record of publishing high-impact scientific manuscripts. These publications cover a wide range of topics including surgical and oncological outcomes, and implementation of evidence-based practices, ensuring that the knowledge gained from the program reaches a broad audience of clinicians and researchers worldwide. This has been strengthened by the integration of the research program within

the Surgical Outcomes Research Centre (SOuRCe) at RPA and their development of the comprehensive RPA Outcomes in Bone and Soft Tissue Tumours (ROBUST) Database.

This focus on academic surgery and translation of research findings has led to continuous quality improvement and ensured patients receive evidence-based care aligned with the latest research. The program's comprehensive data collection through the ROBUST database facilitates ongoing audit, reporting and research to drive improvements in clinical practice and patient outcomes.



2. Introduction

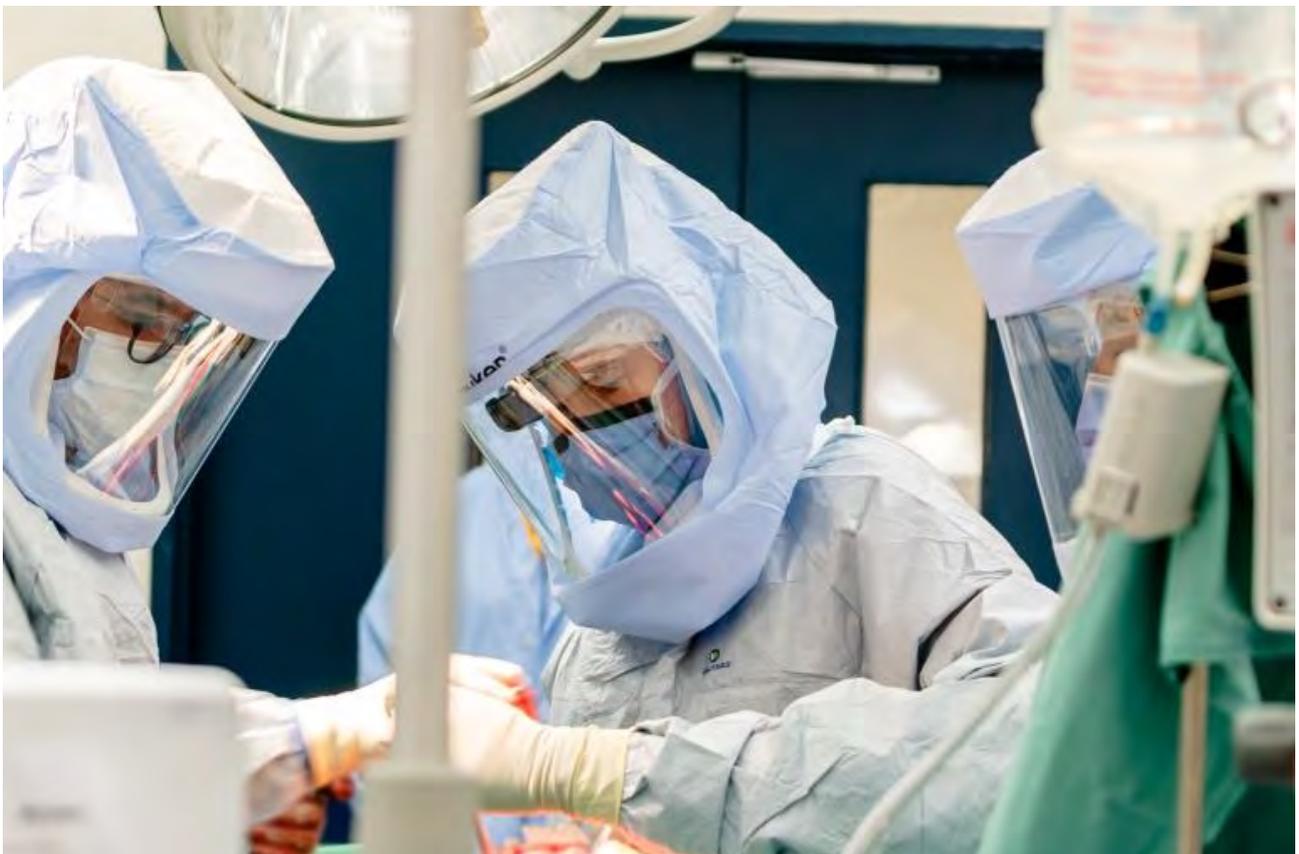
2.1. Purpose of this report

The purpose of this report is to provide an overview of the Bone and Soft Tissue Sarcoma Program and a summary of the provision of services by the program within SLHD for the 2024/25 financial year.

2.2. Funding arrangements

NSW Health has strongly supported the program and provides funding for the Program through activity-based funding (ABF), allocated through National Weighted Activity Units (NWAU) per case for the entire patient cohort, as well as additional enhancement funding for bone sarcoma and metastatic bone cancer cases in recognition of their complexity and highly specialised service categorisation.

The specialised program funding for the management of bone sarcoma and metastatic bone cancer is overseen by the Highly Specialised Services Committee of NSW Health with funding provided to support the highly specialised services provided to patients under this service. In the 2024/25 financial year revised diagnostic criteria (initially established in the 2022/23 financial year) were approved by the Highly Specialised Services Committee of NSW Health to define the Bone Tumour Highly Specialised Service, as detailed in **Appendix 1**.



3. Governance

3.1. RPA Bone and Soft Tissue Sarcoma Program

The RPA Institute of Academic Surgery (IAS) has overseen governance of the Bone and Soft Tissue Sarcoma Program since November 2023, as the newest addition to its key programs within the Innovation, Value and Thought portfolio (Figure 1).

Figure 1. RPA Institute of Academic Surgery, Innovation, Value & Thought Governance Structure



The overarching committee responsible for this program is the ‘RPA Bone and Soft Tissue Sarcoma Operational Management Committee’ which was established by the Institute of Academic Surgery in February 2024 to provide strategic and operational oversight over the program. The committee is co-chaired by Mr Kiel Harvey, General Manager RPA, and Dr Richard Boyle, Program Director of RPA Bone and Soft Tissue Sarcoma Program. The committee meets monthly and has representation from the Executive Unit, Heads of Department, Clinical Managers and key staff across all clinical departments and all areas involved in the RPA Bone and Soft Tissue Sarcoma Program. The overview of services involved in the program are outlined in Figure 2.

Figure 2. Services involved in the RPA Bone and Soft Tissue Sarcoma Program

DIAGNOSIS			RESEARCH
Clinical Assessment	Imaging		
Pathology	Staging of the Tumour		
TREATMENT			
Surgery	Medical Oncology	Radiation Oncology	
Targeted Therapy	Plastic & Reconstructive Surgery	Specialist Nursing	
Clinical Trials	Intensive Care	Pain Services	
HOLISTIC CARE			
Psychology	Social Work	Physiotherapy	
Fertility Preservation	Palliative Care	Dietetics	
Exercise Physiology	Occupational Therapy	Speech Pathology	

The Bone and Soft Tissue Tumour Surgical Research Program is coordinated by the Surgical Outcomes Research Centre (SOuRCe) in partnership with the IAS. SOuRCe is responsible for the collection of clinical data of all patients undergoing surgical management of Bone and Soft Tissue Tumour at RPA, including the consent of patients to a quality-of-life prospective cohort study and collecting patient reported outcomes at 15 distinct time points from the preoperative period to 10 years postoperatively. Bone and soft tissue tumour surgical research projects, new ideas and research collaborations are discussed during the Bone and Soft Tissue Tumour Research Meeting. These collaborative meetings include several multidisciplinary clinical and academic personnel and are held monthly.

3.2. Staffing

The delivery of RPA Bone and Soft Tissue Sarcoma Program would not be possible without the ongoing commitment and dedication of the many clinical teams and individual staff involved. Their contribution to ensuring the highest level of care is provided to our patients is greatly appreciated. With the support of the SLHD Executive, enhancement of the Clinical Nurse Consultant and program coordination workforce developed further capacity within the Program to deliver the highest standards of care. The list of key staff involved in the program across RPA and COBLH campuses are outlined in **Appendix 2**.

3.3. Patient support and feedback

The RPA Bone and Soft Tissue Sarcoma Program continues to provide comprehensive care to patients from our local community, across NSW, Australia, and internationally. In line with our commitment to patient-centred care, we have maintained and enhanced our focus on addressing the specific cultural and religious needs of our diverse patient population. The program offers a range of support services to ensure holistic care throughout the patient journey. These include Aboriginal liaison, youth support, drug and alcohol counselling, interpreter services, volunteer assistance, spiritual care, occupational therapy, palliative care, pharmacy services, speech therapy, and private patient liaison. These services seamlessly integrate into our model of care, from initial consultation through treatment and follow-up.

Our multidisciplinary team works collaboratively to develop personalised care plans that respect each patient's values, preferences, cultural backgrounds and unique circumstances. By bridging cutting-edge research with individualised care, we strive to provide the best possible outcomes for our patients. Patient feedback consistently highlights the value of these support services in enhancing overall treatment experience and outcomes. We aim to further refine and expand these services based on ongoing patient needs assessments and feedback.

4. Patient Care Pathway

4.1. Statewide service

The RPA Bone and Soft Tissue Sarcoma Program is a statewide service, and as one of only six sarcoma services in Australia receives referrals from across NSW, Australia and overseas. The Program is led by clinicians at RPA, who coordinate the service across multiple sites in Sydney, including RPA, Chris O'Brien Lifehouse, Sydney Children's Hospital Network at Randwick and Westmead and North Shore Private Hospital.

Patients referred to the RPA Bone and Soft Tissue Sarcoma Program are reviewed in the outpatient clinic and at the multidisciplinary team meeting before undergoing treatment including surgery at RPA and other hospitals within the NSW sarcoma network as required. Patients then return to the RPA outpatient clinic for post-operative care and ongoing follow-up and surveillance for a further seven years. The RPA Clinical Nurse Consultants (CNCs) coordinate care of these patients and provide ongoing clinical management.

4.2. Multidisciplinary team meeting

The RPA Bone and Soft Tissue Sarcoma Program holds a weekly multidisciplinary team (MDT) meeting at RPA, a critical step in the patient care pathway. The MDT consists of surgeons, medical oncologists, radiation oncologists, pain medicine specialists, pathologists, radiologists and imaging specialists, anaesthetists, researchers, CNCs, and palliative care. The MDT facility at RPA, dedicated to the memory of Dr Annabelle Mahar, a highly respected and world-renowned member of RPA's Tissue Pathology Department is equipped with specialised technology to enhance patient care and enhance the coordination of this critical component of optimal patient care for this service.

The meeting is chaired by Dr Richard Boyle and coordinated by the team of sarcoma CNCs and administrative support staff. This team brings together health care professionals from different specialties to discuss a patient's cancer diagnosis and staging, and their treatment options. It also enhances communication and care coordination between the specialists involved in a patient's care.

Referrals are received from specialists across NSW, interstate and overseas. Information is collated and prioritised by the and team of CNCs, program coordinator and administrative officers. Cases are presented with a range of clinical information including clinical presentation and history, radiology (XR, MRI, PET & CT scanning) and histopathology presentation and reports. Following a biopsy, a diagnosis is made with radiology and histopathology correlation. Patient management plans are then made. Patients do not attend the multidisciplinary team meeting, but they are notified of the outcomes of their case discussion during the next consultation with their treating health professional.

During the 2024/25 financial year, 1,755 unique patients were referred to the specialised MDT meeting for the RPA Bone and Soft Tissue Sarcoma Program, including 1,581 new patients (**Figure 3**). On average, 132 new patients were referred each month, an increase of 15% compared to the previous financial year. Patients were discussed a median of 2.0 times (range: 1 – 14) and had a median age at referral of 48.6 years (IQR: 29.2 – 64.8) (**Table 1**).

Table 1. Characteristics of Bone and Soft Tissue Tumour MDT Discussions

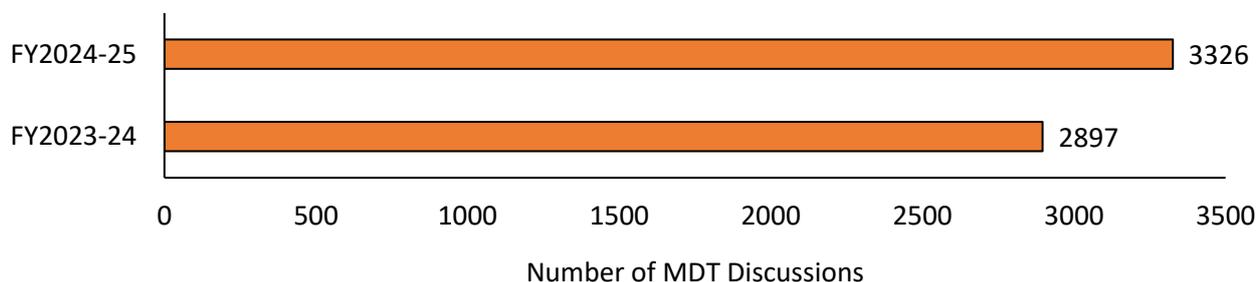
Characteristics	Entire Program (n=6,223) ^a	FY 2024/25 (n=3,326)
Discussion Type		
Histopathology Review	4,159 (67%)	2,257 (68%)
Radiology Only Review	2,059 (33%)	1,064 (32%)
Number of Unique Patients	3,203 (51%)	1,755 (53%)
Number of New Patients	3,203 (51%)	1,581 (48%)
Age at Presentation	48.8 (28.9 – 65.3)	48.5 (29.2 – 64.8)

Data presented as frequency (percentage) or median (IQR).

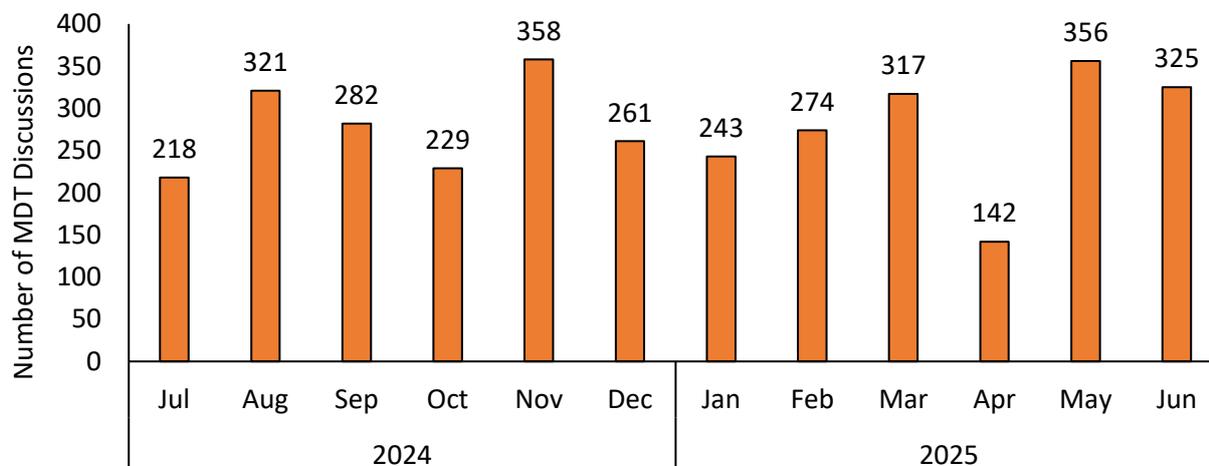
^aSince inception of reporting in 2023/24 financial year.

Figure 5. Cases discussed at the RPA Bone and Soft Tissue Tumour Multidisciplinary Team Meeting

a) Annual discussions by Financial year (n=6,223)



b) Monthly discussions from July 2024 to June 2025 (n=3,326)



4.3. RPA Bone and Soft Tissue Sarcoma Clinic

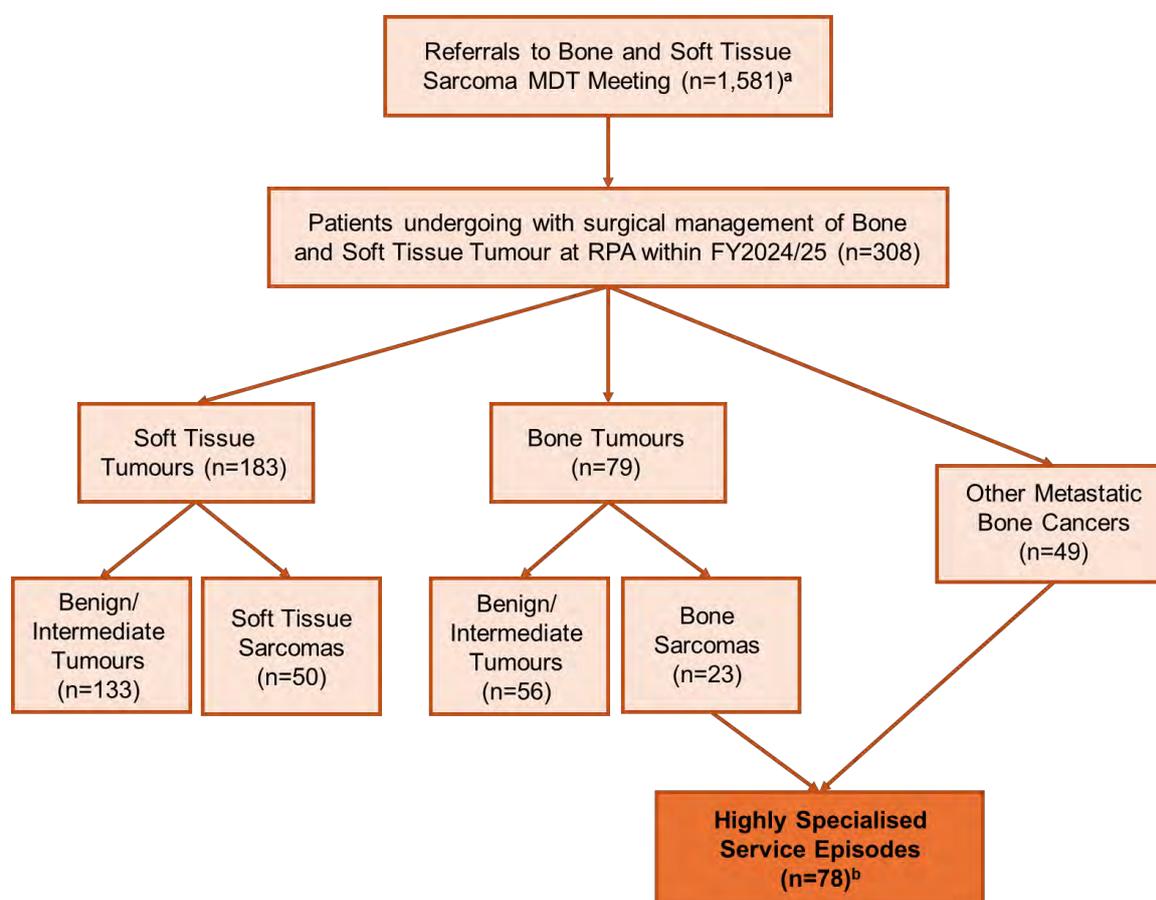
The RPA Bone and Soft Tissue Sarcoma Clinic is also a key part of the service and patient care pathway. The multidisciplinary outpatient clinic is held weekly on Friday mornings, within the Scott Skirving Specialist clinic space on Level 8, King George V Building, RPA. This newly refurbished clinic space allows co-location of a range of clinicians including orthopaedic surgeons, medical oncologists, radiation oncologists, palliative care consultants and clinical nurse consultants.

5. Program Activity and Patient Outcomes

5.1. Program activity

From July 2024 to June 2025, a total of 308 individual patients underwent surgical management of bone and soft tissue tumours at RPA. Overall, 183 patients underwent a surgical procedure for the treatment of soft tissue tumour, and 79 patients underwent surgery for bone tumour. A total of 46 patients underwent surgery for other cancer classification including metastatic bone cancer. This averaged approximately 26 patients per month for the 2024/25 financial year (**Figure 4**).

Figure 4. Overview of program activity from July 2024 to June 2025



^aNew patients reviewed in FY24/25 since commencement of reporting in FY23/24.

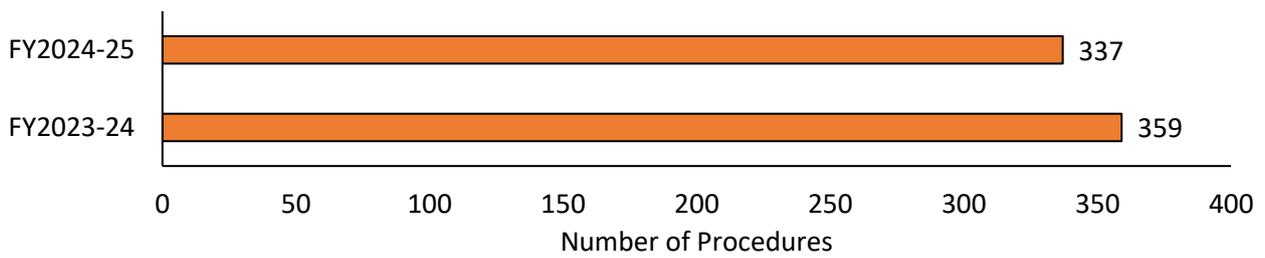
^bHighly specialised service episodes per Ministry of Health Criteria for Bone Tumour HSS (Appendix 1)

5.2. Surgical activity

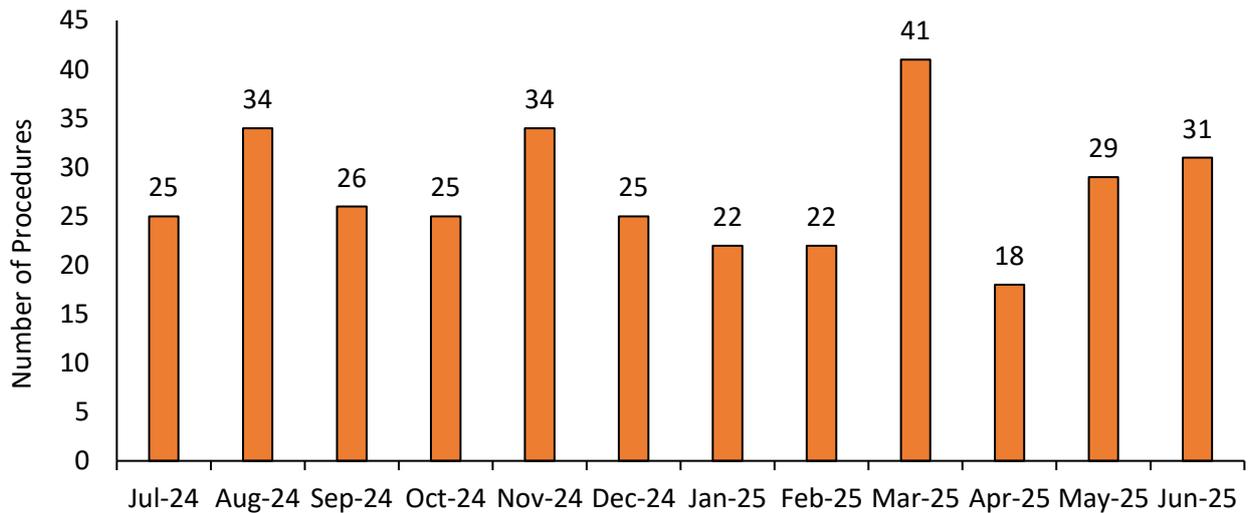
During the 2024/25 financial year, the RPA Bone and Soft Tissue Sarcoma Program performed 337 procedures, averaging a monthly case load of 28 procedures per month, a slight decrease from the 2023/24 financial year (**Figure 5a**). Of the 308 patients treated surgically for management of bone and soft tissue tumours, 26 required multiple procedures within the 2024/25 financial year (**Figure 5b**).

Figure 5. Surgical caseload of procedures performed by the Bone and Soft Tissue Tumour Program at RPA

a) Annual caseload by Financial Year (n=696)



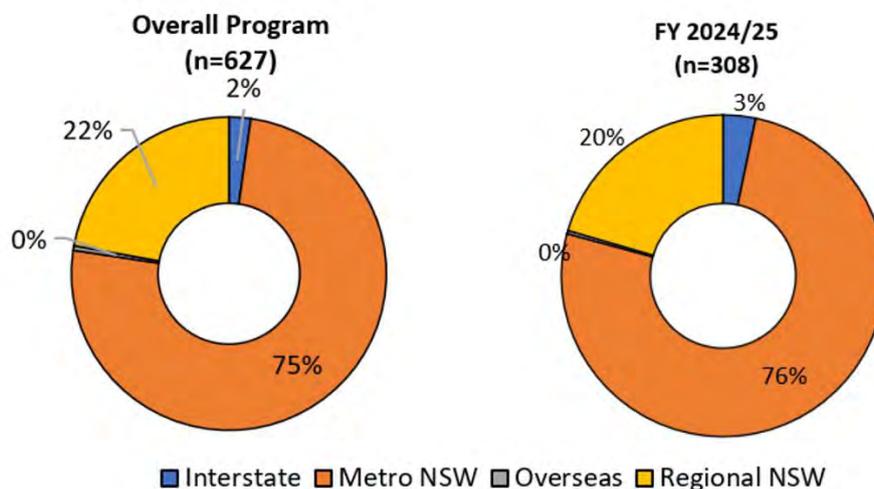
b) Monthly caseload during the 2024/25 financial year (n=337)



5.2.1. Patient geographic location

During the 2024/25 financial year, most of the patients undergoing surgery for management of bone and soft tissue tumour at RPA were based in metropolitan NSW (76%), with 20% living in regional NSW, 3% living interstate and <1% living overseas (Figure 6).

Figure 6. Residential location of patients who underwent surgery within the RPA Bone and Soft Tissue Sarcoma Program



5.2.2. Patient demographics

The demographics of patients who underwent surgical management of bone and soft tissue tumours are detailed in **Table 2**. Median age was lower in patients presenting with bone tumours (28.5 years), followed by soft tissue tumours (58.2) and other metastatic bone cancer (68.1).

Table 2a. Characteristics of patients undergoing surgery for management of Bone Tumours

Characteristics	Entire Program (n=146) ^a	FY 2024/25 (n=79)
Age, years	27.1 (19.6 – 44.0)	28.5 (19.2 – 43.5)
Sex, male	80 (55%)	45 (57%)
Insurance, public	119 (82%)	66 (84%)
Country of birth, Australia	115 (79%)	62 (78%)
Diagnosis, malignant	43 (29%)	23 (29%)
Residential location		
Metro NSW	108 (74%)	60 (76%)
Regional NSW	35 (24%)	17 (22%)
Interstate	3 (2%)	2 (3%)
Overseas	0 (0%)	0 (0%)

Table 2b. Characteristics of patients undergoing surgery for management of Soft Tissue Tumours

Characteristics	Entire Program (n=388) ^a	FY 2024/25 (n=183)
Age, years	55.0 (35.8 – 68.2)	58.2 (36.2 – 70.2)
Sex, male	190 (49%)	96 (52%)
Insurance, public	305 (78%)	147 (80%)
Country of birth, Australia	249 (64%)	118 (64%)
Diagnosis, malignant	95 (24%)	50 (27%)
Residential location		
Metro NSW	297 (76%)	141 (77%)
Regional NSW	81 (21%)	35 (19%)
Interstate	10 (3%)	7 (4%)
Overseas	1 (<1%)	1 (1%)

Table 2c. Characteristics of patients undergoing surgery for management of Other Cancers

Characteristics	Entire Program (n=93) ^a	FY 2024/25 (n=46)
Age, years	68.1 (59.0 – 74.9)	68.1 (57.4 – 74.1)
Sex, male	43 (46%)	23 (50%)
Insurance, public	64 (69%)	32 (50%)
Country of birth, Australia	61 (66%)	28 (61%)
Residential location		
Metro NSW	67 (72%)	34 (74%)
Regional NSW	23 (25%)	11 (24%)
Interstate	1 (1%)	1 (2%)
Overseas	2 (2%)	0 (0%)

Data presented as frequency (percentage) or median (IQR).

^aSince commencement of reporting in FY23/24.

5.2.3. Surgical outcomes

Of the total 337 procedures performed for management of bone and soft tissue tumour in the 2024/25 financial year. The surgical outcomes of patients undergoing surgical management of bone and soft tissue tumour within the 2024/25 financial year are presented in **Table 3**.

Table 3a. Surgical Outcomes of procedures performed for management of Bone Tumours by the Bone and Soft Tissue Tumour Unit at RPA

Characteristics	Entire Program (n=167) ^a	FY 2024/25 (n=88)
Admission, emergency	24 (14%)	16 (18%)
Emergency Intrahospital Transfer, yes	11 (46%)	4 (25%)
Surgical management		
Amputation	9 (5%)	6 (5%)
Bone resection with reconstruction	50 (30%)	18 (20%)
Bone resection with complex reconstruction (megaprotheses)	25 (15%)	13 (15%)
Bone resection without reconstruction	77 (46%)	46 (52%)
Extracorporeal irradiation	3 (2%)	2 (2%)
Soft tissue resection	3 (2%)	3 (3%)
Surgery time, hours	1.4 (0.9 – 2.5)	1.4 (0.8 – 2.3)
Admissions to ICU	6 (4%)	2 (2%)
Length of hospital stay, days	1.4 (1.2 – 7.6)	1.4 (1.2 – 8.6)
Discharge destination, home	151 (90%)	82 (93%)
In-hospital complication	16 (10%)	12 (14%)
In-hospital mortality	0 (0%)	0 (0%)

Table 3b. Surgical Outcomes of procedures performed for management of Soft Tissue Tumours by the Bone and Soft Tissue Tumour Unit at RPA

Characteristics	Entire Program (n=432) ^a	FY 2024/25 (n=200)
Admission, emergency	15 (3%)	2 (1%)
Emergency Intrahospital Transfer, yes	4 (27%)	1 (50%)
Surgical management		
Amputation	12 (3%)	5 (3%)
Bone resection with reconstruction	11 (3%)	5 (3%)
Bone resection with complex reconstruction (megaprotheses)	6 (1%)	4 (2%)
Soft tissue resection	403 (93%)	186 (93%)
Surgery time, hours	0.8 (0.5 – 1.4)	0.8 (0.5 – 1.4)
Admissions to ICU	11 (3%)	3 (2%)
Length of hospital stay, days	0.8 (0.5 – 1.4)	0.8 (0.5 – 1.4)
Discharge destination, home	401 (93%)	189 (95%)
In-hospital complication	34 (8%)	21 (11%)
In-hospital mortality	0 (0%)	0 (0%)

Table 3c. Surgical Outcomes of procedures performed for management of Other Cancers by the Bone and Soft Tissue Tumour Unit at RPA

Characteristics	Entire Program (n=97) ^a	FY 2024/25 (n=49)
Admission, emergency	64 (66%)	34 (69%)
Emergency Intrahospital Transfer, yes	37 (58%)	14 (41%)
Surgical management		
Amputation	3 (3%)	1 (2%)
Bone resection with reconstruction	51 (53%)	26 (53%)
Bone resection with complex reconstruction (megaprotheses)	36 (37%)	21 (43%)
Bone resection without reconstruction	6 (6%)	0 (0%)
Extracorporeal irradiation	1 (1%)	1 (1%)
Surgery time, hours	2.3 (1.3 – 3.0)	2.3 (1.4 – 3.3)
Admissions to ICU	14 (14%)	8 (16%)
Length of hospital stay, days	10.9 (6.8 – 18.8)	10.5 (6.9 – 17.3)
Discharge destination, home	52 (54%)	28 (57%)
In-hospital complication	21 (22%)	17 (35%)
In-hospital mortality	1 (1%)	1 (2%)

Data presented as frequency (percentage) or median (IQR).

^aSince commencement of reporting in FY23/24.

5.3. Bone Tumour Highly Specialised Service

The RPA Bone and Soft Tissue Sarcoma Program is recognised as a Statewide Highly Specialised Service (HSS) for Bone Tumours by the NSW Ministry of Health. The criteria for admissions under the Bone Tumour Highly Specialised Service include admissions for surgical management of bone tumour diagnoses detailed in **Appendix 1**. During the 2024/25 financial year, 78 patients were managed for a Highly Specialised Service admission with the RPA Bone and Soft Tissue Sarcoma Program.

5.3.1. Patient demographics

In the 2024/25 financial year, 51% of patients were male with a median age of 57.4 years. Median age was lower in patients presenting with primary bone tumour than other metastatic bone cancer (**Table 4**).

Table 4. Characteristics of patients treated within the Bone Tumour Highly Specialised Service

Characteristics	Entire Program (n=129) ^a	FY 2024/25 (n=78)
Age, years	57.4 (39.3 – 70.3)	57.4 (40.8 – 70.4)
Sex, male	66 (51%)	40 (51%)
Insurance, public	90 (70%)	56 (72%)
Country of birth, Australia	88 (68%)	50 (64%)
Residential location		
Metro NSW	94 (73%)	58 (74%)
Regional NSW	33 (26%)	18 (23%)
Interstate	2 (2%)	2 (3%)
Overseas	0 (0%)	0 (0%)

Data presented as frequency (percentage) or median (IQR).

^aSince commencement of reporting in FY23/24.

5.3.2. Surgical outcomes

The surgical outcomes for procedures performed within the Bone Tumour Highly Specialised Service is presented in **Table 5**. In the 2024/25 financial year, there were 85 total procedures performed, with most for bone resection with reconstruction or complex reconstruction (75%).

Table 5. Surgical Outcomes of procedures performed within the Bone Tumour Highly Specialised Service

Characteristics	Entire Program (n=147) ^a	FY 2024/25 (n=85)
Admission, emergency	70 (48%)	40 (47%)
Emergency Intrahospital Transfer, yes	40 (57%)	15 (38%)
Surgical management		

Amputation	10 (7%)	5 (6%)
Bone resection with reconstruction	54 (37%)	30 (35%)
Bone resection with complex reconstruction (megaprotheses)	56 (38%)	34 (40%)
Bone resection without reconstruction	20 (14%)	11 (13%)
Extracorporeal irradiation	4 (3%)	3 (4%)
Soft tissue resection	3 (2%)	2 (2%)
Surgery time, hours	2.3 (1.4 – 3.3)	10.0 (5.2 0 – 18.8)
Admissions to ICU	19 (13%)	10 (12%)
Length of hospital stay, days	10.0 (5.2 – 18.8)	9.2 (4.1 – 16.8)
Discharge destination, home	94 (64%)	61 (72%)
In-hospital complication	32 (22%)	24 (28%)
In-hospital mortality	1 (1%)	1 (1%)

Data presented as frequency (percentage) or median (IQR).

^aSince commencement of reporting in FY23/24.

6. Research

6.1. Current research studies

The Bone and Soft Tissue Tumour Surgical Research Program has been running since commencement of the service and is well recognised nationally and internationally for its high scientific output. The Research Program is co-ordinated by staff within the Surgical Outcomes Research Centre (SOuRCe) at the Royal Prince Alfred Hospital. Several research studies are currently being conducted in a wide range of areas including surgical outcomes, oncological outcomes, survival rates, quality of life, surgical techniques, health service utilisation and cost effectiveness. Currently the program has 16 projects being pursued that are either recruiting participants or in analysis phases, and another four in a conceptual stage.

Highlights of the studies being conducted are:

- **RPA Outcomes in Bone and Soft Tissue Tumour (ROBUST) Database:** The Surgical Outcomes Research Centre (SOuRCe) recently developed a new multidisciplinary database to enhance local data collection and maintain an ongoing comprehensive clinical and outcomes database for all patients undergoing surgical and adjunctive procedures for bone and soft tissue tumours. The database aims to support quality improvement activities, identify areas where further or new research is needed and provide data for research projects and collaborations. The database consists of three key components:
 - **Multidisciplinary Team Outcomes Database (ROBUST-MDT):** Audit of patient details and discussion outcomes for all patients who have been reviewed and discussed at the weekly RPA Bone and Soft Tissue Sarcoma Program Multidisciplinary Team (MDT) Meeting.
 - **Clinical Audit Database (ROBUST-Clinical):** Retrospective and prospective collection of patient details and clinical data for all patients undergoing surgical and adjunctive procedures for bone and soft tissue tumours by the RPA Bone and Soft Tissue Sarcoma Program at Royal Prince Alfred Hospital and Chris O'Brien Lifehouse.
 - **Quality of Life Database (ROBUST-QoL):** Prospective collection of patient-reported outcome measures and quality of life assessments up to 10 years postoperatively, using the quality of life, functional and pain assessment tools, patient experience and satisfaction questionnaires.
- **NSW BST Tumour Database (ACCORD):** The RPA Bone and Soft Tissue Sarcoma Program have contributed to the Bone and Soft Tissue Tumour module of ACCORD (the Australian Comprehensive Cancer Outcomes and Research Database) since its establishment in 2008. ACCORD, supported by ANZSA serves as a national data registry collecting clinical and outcomes data on patients diagnosed with bone and soft tissue tumour from six major sarcoma referral centres around Australia. The RPA Bone and Soft Tissue Sarcoma Program has contributed over 4,000 patients to the ACCORD registry since its inception.

- **Novel Classification System in Pelvic Tumour Reconstruction:** The RPA Bone and Soft Tissue Sarcoma Program has one of largest international case series of complex orthopaedic reconstruction with custom 3D printed pelvic implants, having completed over 110 cases. Ongoing challenges in pelvic reconstruction surgery include the complex anatomy of the region, osteectomies required to achieve resection, bone defects associated with each resection and the lack of reconstruction guidelines. This ongoing research involves developing a novel classification system for pelvic reconstruction that incorporates both osteectomy and the fixation of the prosthesis as part of its categorisation. A classification system that incorporates all resections and all reconstruction designs could be used to compare outcomes between different groups and inform future surgical decisions.
- **Referral Factors Contributing to Unplanned Sarcoma Resections:** This project examines the factors contributing to unplanned excisions of soft tissue sarcomas by analysing diagnostic pathways, referral patterns, and surgical decision-making among general practitioners and non-specialist surgeons. It will explore why suspected sarcomas are often misdiagnosed or excised without appropriate imaging or biopsy and identify system-level barriers such as limited specialist access, guideline awareness, and workflow pressures. The findings will directly inform strengthened referral guidelines, targeted education strategies, and streamlined pathways to ensure earlier specialist involvement and reduce avoidable reoperations.

6.2. Publications

The Bone and Soft Tissue Tumour Surgical Research Program has published 8 articles in peer-reviewed publications in the 2024/25 financial year.

- Murphy GT, Shatz J, Bonar SF, Mahar A, Boyle R. Rate of evolution on imaging of a benign primary bone tumour - giant cell tumour. ANZ J Surg. 2024 Jul-Aug;94(7-8):1409-1411. doi: 10.1111/ans.19029.
- Dowsett G, Murphy G, Le M, Chopra S, Sivaji S, Franks D, Boyle R, Guzman M. Combined intra and extraosseous schwannoma of the calcaneus. ANZ J Surg. 2024 Sep;94(9):1657-1659. doi: 10.1111/ans.19139.
- Favaloro J, Bryant CE, Abadir E, Gardiner S, Yang S, King T, Nassif N, O'Brien BA, Sedger LM, Boyle R, Joshua DE, Ho PJ. Single-cell analysis of the T-cell receptor repertoire in untreated myeloma patients suggests potential myelomareactive CD8+ T cells are shared between blood and marrow. Haematologica. 2025 Feb 1;110(2):507-513. doi: 10.3324/haematol.2024.285952. PMID: 39363853; PMCID: PMC11788622.
- Jeys LM, Morris GV, Kurisunkal VJ, Botello E, Boyle RA, Ebeid W, Houdek MT, Puri A, Ruggieri P, Brennan B; BOOM Consensus Meeting Participants; Identifying consensus and areas for future research in chondrosarcoma : a report from the Birmingham Orthopaedic Oncology Meeting. Bone Joint J. 2025 Feb 1;107-B(2):246-252. doi: 10.1302/0301-620X.107B2.BJJ-2024-0643.R1.

- Coker DJ, Brown KGM, Boyle R. Specialist sarcoma centres in Australia and New Zealand - addressing equity of access and ensuring best practice through centralization. *ANZ J Surg.* 2025 Mar;95(3):271-272. doi: 10.1111/ans.70003.
- Giani C, Salawu A, Ljevar S, Denu RA, Napolitano A, Palmerini E, Connolly EA, Ogura K, Wong DD, Scanferla R, Rosenbaum E, Bajpai J, Li ZC, Bae S, D'Ambrosio L, Bialick S, Wagner AJ, Lee ATJ, Koseła-Paterczyk H, Baldi GG, Brunello A, Lee YC, Loong HH, Boikos S, Campos F, Cicala CM, Maki RG, Hindi N, Figura C, Almohsen SS, Patel S, Jones RL, Ibrahim T, Karim R, Kawai A, Carey-Smith R, Boyle R, Taverna SM, Lazar AJ, Demicco EG, Bovee JVMG, Dei Tos AP, Fletcher C, Baumhoer D, Sbaraglia M, Schaefer IM, Miceli R, Gronchi A, Stacchiotti S. International Multicenter Retrospective Study From the Ultra-rare Sarcoma Working Group on Low-grade Fibromyxoid Sarcoma, Sclerosing Epithelioid Fibrosarcoma, and Hybrid Forms: Outcome of Primary Localized Disease. *Am J Surg Pathol.* 2025 Jan 1;49(1):27-34. doi: 10.1097/PAS.0000000000002330. Epub 2024 Oct 28.
- Crebert M, Le M, Murphy G, Frangos Young A, Molnar R, Franks D, Symes M, Guzman M. Outcomes of non-operatively managed Vancouver Type B1 periprosthetic femur fractures: a multi-center retrospective cohort study. *BMC Musculoskelet Disord.* 2025 Apr 8;26(1):348. doi: 10.1186/s12891-025-08535-w.
- Boyle R, Scholes C, Franks D, Lodhia A, Harrison-Brown M, Ebrahimi M, Guzman M, Stalley P. High retention rates of custom 3D printed titanium implants in complex pelvic reconstruction, a report on 106 consecutive cases over 10 years. *Arch Orthop Trauma Surg.* 2025 Aug 28;145(1):431. doi: 10.1007/s00402-025-06008-2.

6.3. Presentations

The Bone and Soft Tissue Tumour Surgical Research Program has contributed to 7 conference presentations in the 2024/25 financial year.

- Boyle R. 3-D Printing in Pelvic Reconstruction, International Society of Limb Salvage. International Society of Limb Salvage (ISOLS) 2024. 8-11 October 2024.
- Boyle R. Chondroid Tumours - BOOM Consensus Findings, International Society of Limb Salvage. International Society of Limb Salvage (ISOLS) 2024. 8-11 October 2024.
- Alexander K, Guzman M, Franks D, Byrne A, Blyth H, Myers H, Coker D, Grimison P, Hong A, Bhadri V, Strach M, Karim R, Luk P, Potter A, Colebatch A, Schatz J, Davidson E, Brown W, Watts A, Kramer K, Hogan S, Steffens D, Boyle R. RPA Outcomes in Bone and Soft Tissue Tumours (ROBUST) Database: An Update on the Royal Prince Alfred Hospital and Chris O'Brien Lifehouse Experience. Australia New Zealand Sarcoma Association ASM 2024. 10-11 October 2025.
- Boyle R. Surgery & reconstruction techniques for ewings. 10-11 October 2025.

- Collins W, Boyle R , Guzman M, Franks D, Hay P, Alexander K, Sidhu V, Zadro J, Harris I. Video Abstract: A Novel Classification System for Pelvic Reconstruction, International Society of Limb Salvage. International Society of Limb Salvage (ISOLS) 2024. 8-11 October 2024.
- Collins W, Boyle R , Guzman M, Franks D, Hay P, Alexander K, Sidhu V, Zadro J, Harris I. A Novel Classification System for Pelvic Reconstruction. AOA ASM 2024. 13-17 October 2024.
- McNamara W, Boyle R. A ten year review of an antibiotic protocol for tumour megaprosthesis. AOA ASM 2024. 13-17 October 2024.

6.4. Higher degree research students

The Bone and Soft Tissue Tumour Surgical Research Program has supervised one higher degree by research student in the 2024/25 financial year.

- **Master of Philosophy Candidate - Dr William Collins:** 'A Novel Classification System in Pelvic Tumour Reconstruction' under the supervision of Prof Ian Harris, Dr Joshua Zadro and Dr Richard Boyle.

7. Education and Training

7.1. Sarcoma Symposium

In November 2024, Sydney Local Health District hosted the Sarcoma Symposium at RPA Hospital, building on the foundations established at the inaugural 2023 event. The 2024 program featured updates on progress made since the 2023 Summit, keynote presentations on genomics and tumour-agnostic therapies, and sessions focused on supportive care, culturally safe care for Aboriginal and Torres Strait Islander patients, and the expanding role of specialist sarcoma nurses. Patients and families shared lived-experience insights, reinforcing the importance of person-centred and equitable models of care. Research presentations highlighted major national initiatives including emerging immunotherapies, as well as local work from SOuRCe on data collection processes. The Symposium concluded with a collaborative panel and networking session, strengthening partnerships across clinical, research and community sectors. Key outputs included reaffirmed national priorities, updated action items, and a shared commitment to improving early diagnosis, access to clinical trials, supportive care, and long-term outcomes for people affected by sarcoma.

7.2. Orthopaedic Tumour Fellowships

The RPA Bone and Soft Tissue Tumour Program offers two Australian Orthopaedic Association (AOA) accredited fellowships specialising in orthopaedic tumour surgery and including complex primary and revision arthroplasty under the chief supervision of Dr Richard Boyle. The fellowships, initiated in July 2000, involve the management of patients presenting to the musculoskeletal tumour service through all phases of investigation and treatment. These fellowships seek to train surgeons within a multi-disciplinary facility involving surgical oncology, orthopaedic surgery, cancer medicine, radiotherapy and anatomical pathology. Duties of the fellows entail monitoring and supervision of individual patients' progress through treatment of primary soft tissue and bone tumours, and metastatic bone disease and development of surgical techniques within complex primary and revision arthroplasty.

7.3. Royal Prince Alfred Hospital Orthopaedic Bone School

The Royal Prince Alfred Hospital Orthopaedic Bone School is an education initiative in collaboration with the Australian Orthopaedic Association that was initiated by the RPA Bone and Soft Tissue Tumour Program in the early 1980s. The Orthopaedic Bone School hosts specialist bone tumour lectures via the Australian Orthopaedic Association at Royal Prince Alfred Hospital for Orthopaedic Consultants, Trainees and Registrars. The lectures consist of presentations by the RPA Bone and Soft Tissue Tumour Unit's expert pathologists and radiologists on case series of histopathological presentations of bone tumours.

8. Service Development and Future Plans

8.1. RPA Bone and Soft Tissue Sarcoma Clinic

In the 2024/25 financial year, the RPA Bone and Soft Tissue Sarcoma Program has undergone significant changes to improve the continuity of patient care including further transitioning of the weekly RPA Bone and Soft Tissue Sarcoma Clinic to the Scott Skirving Specialist Clinics on Level 8, King George V Building, RPA after its relocation in 2024. The clinic is an outcome of the inaugural Sarcoma Summit in late 2023, which was an opportunity for District executive members and clinical staff to hear from patients and families about how best to improve service delivery. The clinic has become a central point for the statewide service to provide continuity of care, with patients able to access consultations in the clinic, transition to RPA or other hospitals for surgery or other treatment and then return to the clinic to continue follow up appointments.



8.2. Sydney Virtual Sarcoma Model of Care

Sydney Local Health District Virtual Hospital, known as Sydney Virtual, is the first virtual hospital in Australia, with a team of doctors, nurses, and allied health professionals designed to support patients 24 hours a day 7 days a week. Sydney Virtual services are delivered through the Virtual Care Centre, Sydney District Nursing and Integrated Chronic Care, to provide patients with care when and where they need it. The Sarcoma &

Tumour Advice and Support Service to provide patients with 24/7 access to advice and support for symptom management, pain management, chemotherapy, radiotherapy, any concerns before or after surgery.

8.3. Sarcoma Summit and Symposiums

In 2025, Sydney Local Health District, will build on the momentum of the 2023 Summit and 2024 Symposium by advancing national priorities in sarcoma care, research and supportive services with an event to be held in November 2025. Engagement with young people, Aboriginal and Torres Strait Islander communities, and rural and regional populations will remain central to ensuring equitable access to care. Collaboration with consumer organisations, advocacy groups and national partners will continue to drive awareness, policy advocacy and sustainable investment in sarcoma research.

8.4. ANZSA National Sarcoma Registry

The RPA Bone and Soft Tissue Tumour Program has contributed to the National Sarcoma Database supported by the Australia and New Zealand Sarcoma Association (ANZSA) since its commencement in 2008. During the 2024–25 financial year, clinicians and researchers from the RPA Bone and Soft Tissue Tumour program have been key contributors to the redevelopment of the ANZSA National Sarcoma Registry throughout the 2024-25 financial year through the registry working group. Their input has shaped the updated structure, minimum datasets and a new opt-in surgical module to facilitate national collaborative research initiatives. This redesign modernises and streamlines data collection across Australia and New Zealand, enabling more robust benchmarking and research. The registry is expected to commence in late 2025 to early 2026.

9. Conclusion

The strength and success of the RPA Bone and Soft Tissue Sarcoma Program over more than 40 years is a testament to the support of NSW Health, SLHD and RPA senior management and to all the many highly talented and dedicated medical, nursing, allied health and research teams who contribute to the program.

RPA has continued to maintain a high standard of care by actively engaging in and fostering multidisciplinary models of care for bone and soft tissue tumour patients, having close collaborative ties with other departments who are an integral part of the Program. These include medical and radiation oncology, radiology, pathology, plastic surgery, intensive care, anaesthetics, pain services, psychiatry, fertility preservation, palliative care and allied health (nursing, physiotherapy, dietetics, psychology, social work, exercise physiology, occupational therapy). Regular MDT meetings, service meetings, quality assurance activities (e.g. morbidity and mortality meetings, case discussions, and education seminars) have all provided the platforms where such models of care can be discussed.

The RPA Bone and Soft Tissue Sarcoma Program offers high-quality and safe individualised care to a complex and unique group of rare cancer patients and is a credit to support from NSW Health, hospital management, and the dedication of skilled clinical and research teams involved. Continued growth and expansion of the service can be attributed to the ongoing support by NSW Health, SLHD and RPA senior management.

10. Appendices

10.1. Bone Tumour Highly Specialised Service

Appendix 1. Diagnostic Criteria for Bone Tumour Statewide Highly Specialised Service

DRG-10 Code	Description
M90.70	Fracture of bone in neoplastic disease Multiple sites
M90.71	Fracture of bone in neoplastic disease Shoulder region
M90.72	Fracture of bone in neoplastic disease Upper arm
M90.73	Fracture of bone in neoplastic disease Forearm
M90.74	Fracture of bone in neoplastic disease Hand
M90.75	Fracture of bone in neoplastic disease Pelvic region and thigh
M90.76	Fracture of bone in neoplastic disease Lower leg
M90.77	Fracture of bone in neoplastic disease Ankle and foot
M90.78	Fracture of bone in neoplastic disease Other
M90.79	Fracture of bone in neoplastic disease Site unspecified
C43.6	Malignant melanoma of upper limb, including shoulder
C44.6	Malignant neoplasm of skin upper limb, including shoulder
C43.7	Malignant melanoma of lower limb, including hip
C44.7	Malignant neoplasm of skin of lower limb, including hip
C40.0	Malignant neoplasm of scapula and long bones of upper limb
C40.1	Malignant neoplasm of short bones of upper limb
C40.2	Malignant neoplasm long bones lower limb
C40.3	Malignant neoplasm of short bones of lower limb
C40.4	Malignant neoplasm of bone of limb, unspecified
C41.2	Malignant neoplasm of vertebral column
C41.4	Malignant neoplasm of pelvic bones sacrum coccyx
C79.5	Secondary malignant neoplasm of bone and bone marrow
M9181/2	Chondroblastic osteosarcoma, in situ
M9181/6	Chondroblastic osteosarcoma, metastatic
M9181/9	Chondroblastic osteosarcoma, uncertain whether primary or metastatic
M9243/2	Dedifferentiated chondrosarcoma, in situ
M9243/3	Dedifferentiated chondrosarcoma
M9243/6	Dedifferentiated chondrosarcoma, metastatic
M9243/9	Dedifferentiated chondrosarcoma, uncertain whether primary or metastatic
M9364/2	Ewing sarcoma, in situ
M9364/3	Ewing sarcoma
M9364/6	Ewing sarcoma, metastatic
M9364/9	Ewing sarcoma, uncertain whether primary or metastatic
M9250/1	Giant cell tumour of bone NOS
M9250/2	Giant cell tumour of bone, in situ
M9250/3	Giant cell tumour of bone, malignant
M9250/6	Giant cell tumour of bone, malignant, metastatic

M9250/9	Giant cell tumour of bone, malignant, uncertain whether primary or metastatic
M9180/2	Osteosarcoma NOS, in situ
M9180/3	Osteosarcoma NOS
M9180/6	Osteosarcoma NOS, metastatic
M9180/9	Osteosarcoma NOS, uncertain whether primary or metastatic
M9181/3	Chondroblastic osteosarcoma
M9192/2	Parosteal osteosarcoma, in situ
M9192/3	Parosteal osteosarcoma
M9192/6	Parosteal osteosarcoma, metastatic
M9192/9	Parosteal osteosarcoma, uncertain whether primary or metastatic
M9181/2	Chondroblastic osteosarcoma, in situ
M9181/6	Chondroblastic osteosarcoma, metastatic
M9181/9	Chondroblastic osteosarcoma, uncertain whether primary or metastatic
M9243/2	Dedifferentiated chondrosarcoma, in situ
M9243/3	Dedifferentiated chondrosarcoma
M9243/6	Dedifferentiated chondrosarcoma, metastatic
M9243/9	Dedifferentiated chondrosarcoma, uncertain whether primary or metastatic

10.2. RPA Bone and Soft Tissue Sarcoma Program Staffing

Appendix 2. Staff involved in the RPA Bone and Soft Tissue Sarcoma Program

Management

Mr Kiel Harvey	General Manager, RPA
Dr Richard Boyle	Program Director, Bone and Soft Tissue Sarcoma Program, RPA
Prof Michael Hensley	Director of Medical Services, RPA
Ms Hayley Sciuriaga	Director of Nursing and Midwifery Services, RPA
Prof Michael Solomon	Co-Chair, IAS, RPA
Dr Sophie Hogan	Director, IAS, RPA
Dr Jeffrey Petchell	Head of Department, Orthopaedics, RPA
A/Prof Mark Horsley	Deputy Director of Neurosciences, Bone, Joint & Connective Tissue and Plastic Reconstructive Surgery, RPA
Mr Jeremiah O'Sullivan	Clinical Manager, Neurosciences, Bone, Joint & Connective Tissue and Plastic Reconstructive Surgery, RPA
Ms Anja Sauer	A/Operational Support Manager, Neurosciences, Bone, Joint & Connective Tissue and Plastic Reconstructive Surgery
Ms Adriana Katris	Operations Manager, ACBU
Dr Riona Pais	Palliative Care Staff Specialist
Dr Owen Hutchings	Clinical Director, RPA Virtual
Ms Tracey Foster	Director, Clinical Governance and Risk Patient Safety and Quality Unit, RPA
Ms Karla Fedel	A/Director, Surgical Program & Academia, SLHD
Dr Kate McBride	Director, Surgical Program & Academia, SLHD
Ms Sarah Whitney	Director, Allied Health, SLHD
A/Prof Daniel Steffens	Director, SOuRcE, RPA

Consultant Surgeons

Dr Richard Boyle	Orthopaedic Surgeon, RPA
Dr Maurice Guzman	Orthopaedic Surgeon, RPA
Dr Daniel Franks	Orthopaedic Surgeon, RPA
Dr Matthew Broadhead	Orthopaedic Surgeon, RPA
Dr David Stewart	Plastic Surgeon, RPA
Dr David Coker	Surgical Oncologist, RPA and COBLH
Dr David Wilson	Neurosurgeon, RPA and COBLH

Surgical Fellows

Dr Shiraz Sabah	Orthopaedic Tumour Fellow, RPA
Dr Dinnish Baskaran	Orthopaedic Tumour Fellow, RPA

Anaesthetics

Dr Andrew Watts	Senior Anaesthetist, RPA
Dr Nayana Vootakuru	Anaesthetist, RPA
Dr Michael Stone	Anaesthetist and Pain Specialist, RPA
Dr Ryan Downey	Anaesthetist, RPA
Dr Lucy Kelly	Anaesthetist, RPA
Dr Natalie Purcell	Anaesthetist, RPA
Dr Shanthy Pathirana	Anaesthetist, RPA

Dr Dae Soo Kim	Anaesthetist, RPA
Dr Emma Culverston	Anaesthetist, RPA
A/Prof Timothy Brake	Anaesthetist and Pain Specialist, RPA
Dr Mary Fung	Anaesthetist, RPA
Medical Oncology	
A/Prof Peter Grimison	Medical Oncologist, COBLH
Dr Vivek Bhadri	Medical Oncologist, COBLH
Dr Madeleine Strach	Medical Oncologist, COBLH
Dr Elizabeth Connolly	Medical Oncology Fellow, COBLH
Dr Karan Gupta	Medical Oncology Fellow, COBLH
Radiation Oncology	
Prof Angela Hong	Radiation Oncologist, COBLH
Dr Jerome Leow	Radiation Oncology Fellow, COBLH
Radiology	
Dr Richard Waugh	Radiologist, RPA
Dr Wendy Brown	Radiologist, RPA
Dr Julie Schatz	Radiologist, RPA
Dr Emily Davidson	Radiologist, RPA
Pathology	
A/Prof Rooshdiya Karim	Pathologist, RPA
Dr Peter Luk	Pathologist, RPA
Dr Andrew Colebatch	Pathologist, RPA
Dr Alison Potter	Pathologist, RPA
Prof Fiona Bonar	Pathologist, DHM
Dr Alison Cheah	Pathologist, DHM
Dr Martin Jones	Pathologist, DHM
A/Prof Fiona Maclean	Pathologist, DHM
A/Prof Cristina Vargas	Pathologist, DHM
Dr Alireza Khani	Pathologist, DHM
Nursing	
Ms Aisling Byrne	Sarcoma Clinical Nurse Consultant, RPA
Ms Hannah Blyth	Sarcoma Clinical Nurse Consultant, RPA
Ms Hilary Myers	Sarcoma Clinical Nurse Consultant, RPA
Ms Kaylene Pring	Sarcoma Clinical Nurse Consultant, RPA
Ms Katie Thomson	Sarcoma Clinical Nurse Specialist, COBLH
Administrative Team	
Ms Julia Gullotto	Program Coordinator, RPA
Ms Isabella Wilson	Administration Officer, RPA
Ms Jordan Weedon	Administration Officer, RPA
Research Team	
A/Prof Daniel Steffens	Director, SOuRCe, RPA
Ms Kate Alexander	Manager, SOuRCe, RPA

10.3. RPA Bone and Soft Tissue Sarcoma Program Timeline

