SARCOMA INTELIGENT SPECIALSIT NETWORK
CHECKLIST/ACCREDITATION TOOL

This Checklist is designed as a simple tool which can be used independently as a self-appraisal mechanism. Each statement should be scored. A consensus view should be reached among those scoring. These should include clinicians, nurses, other support staff, and representatives of the patient group. Each group may wish to score separately from others, coming together to agree a consensus score.

Each Principle or Feature should be marked as one of:

Met	indicated by	✓	or by color	🟩
Unmet	indicated by	X	or by color	🟥
Work underway	indicated by	Q	or by color	🟨

CORE PRINCIPLES		
The treatment and care of all patients diagnosed with a sarcoma are under the supervision and management of a multidisciplinary team of experts which meets on a regular basis.		
Imaging modalities must be available with MRI as appropriate.		
An experienced sarcoma specialist pathologist should either be the primary reviewer of biopsy/tissue sample, or the provider of a second/confirmatory opinion.		

The Core Principles are the three standards which must be met to be recognized as a Sarcoma Intelligent Specialist Network. If on consensus each of the three Core Principles is marked by ✓ or by 🟩 then the Centre/Network can assume that it is accredited and may use the logo.

KEY FEATURES		
The Sarcoma Intelligent Specialist Network must maintain contact with providers of clinical services which are used relatively infrequently, regularly review such contacts and have clear methods for bringing in such expertise when required in a timely way		
The Specialist Network can identify suitable locum expertise and when a specialist member of the clinical team moves on to quickly fill the role and ensure that the level of expertise offered to patients does not diminish.		
Sarcoma specialist nurse(s) are in post and seen as key members of the team.		

Please see overleaf for scoring the other Features identified as important
for describing a Sarcoma Intelligent Specialist Network.

ADDITIONAL FEATURES OF THE NETWORK		
A Sarcoma Intelligent Specialist Network should have a caseload of 100+ sarcoma patients each year, with 50 newly diagnosed patients, to assume appropriate sarcoma expertise.		
The Network should have a clearly stated priority that it is a 'learning organization' committed to ensuring that all its staff have the initial training they need and that it supports all kinds of training opportunities so that they gain the knowledge needed to provide optimal sarcoma management.		
The Network should be a member of regional or national sarcoma specialist interest groups, attend meetings and share training opportunities.		
Clinicians should be members of international sarcoma organizations such as CTOS, specialty working groups such as TARPSWG, associated with research groups such as EORTC and oncology event organizations such as ESMO, and should attend meetings.		
A Sarcoma Intelligent Specialist Network should have access to new technology and imaging techniques as well as to specialized treatment options		

FEATURES OF THE PATIENT RELATIONSHIP		
A Sarcoma Intelligent Specialist Network should have access to a genomic analysis service and supporting counselling and psychological expertise.		
The Network ensures that all relevant clinical data is recorded and that national standards for data quality, data sharing, cancer registration and patient confidentiality are observed.		
The Sarcoma Intelligent Specialist Network assures a high quality and safe pathway for each individual Network patient observing the principles of 'shared decision-making'.		
A Sarcoma Intelligent Specialist Network should offer patients the opportunity to participate in research whether non-clinical or clinical.		
The Network should have access to clinical trials available in its national context and should seek to offer such studies to appropriate patients or refer patients to a center offering relevant studies.		
A Sarcoma Intelligent Specialist Network collects and analyses data on patient experience and uses it within its self-audit and improvement planning.		
The Network should facilitate patient support groups in the Network, while encouraging patient-leadership and management of such groups.		

In each of the above tables a similar consensus scoring approach should be taken. Keep the group membership consistent within each table above so that an overview of progress can be maintained. The tables can be reviewed at any time.

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