

METASTATIC SPINAL CORD COMPRESSION (MSCC)

Pathway for MSCC patients within the Buckinghamshire NHS Trust

Patient reports symptoms suggestive of MSCC:

Patient may have a history of cancer and one or more of the following:

- Severe intractable progressive pain especially thoracic
- New spinal nerve root pain (burning, numb, shooting)
- Any new difficulty walking
- Reduced power/altered sensations in limbs
- Bowel/bladder disturbance

A&E or admitting team ensures:

- Order **whole** spine MRI within 24 hours
- Oral steroids started (16mg dexamethasone stat and 8 mg bd with breakfast and lunch) as soon as possible after assessment (monitor random blood glucose levels)
- Bed rest pending MRI scan and SINS score

Clinically MSCC likely or evidence of spinal cord compression on MRI and patient fit enough for treatment

Radiology Impending MSCC but no neurology

No admission liaise with acute oncology who will arrange urgent review by primary oncologist and liaison with Radiotherapy or Spinal Team

Contact on-call Clinical Oncology SpR Churchill Hospital/
Oxford Bleep 5120 and Acute Oncology Bleep 582

- Treatment decision made in consultation
- Organise urgent CT if appropriate ie to assess stability of the spine if suspect instability SINS score

Contact Spinal Surgical Team when appropriate (not NSIC)
Consultant spinal surgeons in Bucks via switchboard 01296 315000
Out of hours Oxford spinal on-call Nuffield Orthopaedic Centre 01865 741155

Surgery

NOT OPTION

OPTION

- Clinical Oncology SpR proceeds with radiotherapy treatment planning
- Arrange patient transfer/transport as necessary (cut-off time for planning radiotherapy at Oxford is 2pm for same day radiotherapy)
- MRI images and report must be transferred with the patient

- Spinal Consultant proceeds with treatment planning
- Post-op: To inform Oncology if radiotherapy also required post-op

Aim to start definitive treatment within 24 hours of confirmation of MSCC