

## Patient pathway for Metastatic Spinal Cord Compression

### Patient identified with suspected spinal metastases/MSCC

#### **This is an Oncological Emergency**

- 1) Liaise with radiology & request an **urgent whole spine MRI (8am-8pm)** & request **urgent Reporting (8am- 5pm)** as treatment can be planned & Radiotherapy can be arranged & started within 24hrs.
- 2) Request urgent CT CAP (if no CT in past month) for disease staging & appropriateness of Surgical opinion.
- 3) If MSCC is confirmed, request PACS office (Ext 85659) to transfer images to OUH Radiotherapy on call for urgent review & advice by Clinical Oncology/Spinal Surgeon.

### **Admitting Team – If Confirmed MSCC (or impending MSCC)**

- 1) Prescribe stat dose of Dexamethasone 16mg po & then continue with 8mg po BD (+PPI cover & analgesia).
- 2) **In hours** - Contact the local Acute Oncology ANP/Team ASAP (Bleep 1090)
- 3) **Out of hours 24/7** - Contact the Regional Acute Oncology On Call Service (24/7) Churchill OUH. Tel 01865 741841 Bleep 5120 Radiotherapy SpR On call (MSCC Coordinator)

OUH Acute Oncology Service/MK Acute Oncology Team will contact the patient's own Oncology Consultant to discuss treatment.

#### **HAEMATOLOGY**

MK Haematology Consultants will liaise with Oxford Team for decision regards treatment

#### **ONCOLOGY**

**In hours:** Contact MK Acute Oncology Team Bleep 1090  
**Out of hours:** Tel 01865 741841  
Radiotherapy SpR on call Bleep 5120.

#### **ACUTE ONCOLOGY ANP**

Will confirm the patient is prescribed steroids & analgesia.  
Advise admitting team/Ward with arranging urgent transport for treatment.  
Review analgesia, serum calcium & need for Bisphosphonates.  
Refer to Palliative Care Team.  
Review continuation of steroids if MSCC is **not** diagnosed  
Check if the patient has had Radiotherapy previously which may affect treatment plans  
Support the patient & family

#### **TREATMENT PLAN AGREED**

Radiotherapy /Surgery is arranged by OUH/MSCC Coordinator in conjunction with patients own Consultant & admitting team/Ward

#### **SPINAL SURGERY - OXFORD RADIOTHERAPY - OXFORD**

(can be referred to NGH Oncologist for consideration of radiotherapy at NGH at patient request)

- Urgent out of hours stretcher transport to be arranged via "Site Manager" (Bleep 1222)
- Treat patient as potentially having an "unstable spine" until this is ruled out/confirmed by Orthopaedic Team (use SINS score)
- Radiotherapy is usually given as an outpatient & the patient returned to their admitting ward the same day. Retain MK bed.
- Patient usually required to lie flat during transportation/radiotherapy, ensure stretcher ambulance is booked & patient has adequate analgesia.
- Nurse escort is required to accompany patient. with notes, medication chart & analgesia (order packed lunches/refreshments)
- Patients without MSCC, but newly diagnosed with metastatic bone disease please inform the Acute Oncology ANP 1090
- Refer to Physiotherapy for rehabilitation once radiotherapy treatment completed or post surgery.