

Metastatic Spinal Cord Compression Pathway (MSCC)

Symptoms

- Severe intractable back pain, especially thoracic (if pain alone, MRI can be done within 1 week).
- New spinal nerve root pain.
- New difficulty walking.
- Reduced power/altered limb sensation.
- Bowel or bladder disturbance.

SUSPECT CORD COMPRESSION

- Request **URGENT whole spine MRI** and start dexamethasone 16mg stat and 8mg bd asap unless contraindicated
- Organise admission to hospital

- **ALL cases of suspected MSCC must be notified at presentation to the MSCC Coordinator (Oncology SpR via bleep 124 (9am-5pm Monday to Friday) or via switchboard outside these hours, including weekends and bank holidays. Cases diagnosed overnight can be notified at 9am the following morning:**
- Ensure following information available:
 - Name and date of birth
 - Cancer history (type & stage)
 - Symptoms of MSCC and signs on examination
- In patients with a pre existing diagnosis of myeloma, discuss with on call haematologist.

- Treat patient as unstable spine especially if mechanical pain and/or neurological deficit
- Apply SINS score for accurate assessment of instability
- **Inform MSCC co-ordinator when MRI results available.**
- *Images and report must be transferred via image link to the treating centre*

MRI shows no cord compression:

Stop dexamethasone and d/w
Oncology/Haematology re further management especially gaining histology for new cancer diagnosis patients

If surgery recommended:

Transfer to care of spinal team

If radiotherapy recommended:

Transfer to care of clinical oncology.

Patients transferred to RBHFT for treatment will return to referring Trust when treatment complete.

MRI confirms cord compression:

- Team must inform MSCC co-ordinator who will decide with on call Clinical Oncology Consultant whether surgical opinion should be gained. MSCC co-ordinator will liaise with surgical team.
- For spinal surgical opinion, contact Orthopaedic SpR on call (bleep 777) who will liaise with the Consultant Spinal Surgeon.
- For new diagnoses of cancer, staging CT must be done urgently. These cases must all be discussed with Oncology.
- Management of cord compression must not be delayed for a histological diagnosis- discuss with Oncology team.
- If no obvious primary or isolated area of disease then surgical review **mandatory**.