Metastatic spinal cord compression: initial assessment and management

Person presenting with:

- Symptoms or signs of spinal cord compression (see box 1) and
- Past or current cancer diagnosis

Immediately contact the MSCC coordinator.
Treat this as an oncological emergency

Start immobilisation without delay if symptoms or signs suggest spinal instability

Consider immobilisation if moderate to severe pain is associated with movement

Offer 16 mg of oral dexamethasone (or equivalent parenteral dose) as soon as possible. After the initial dose, continue 16 mg daily while awaiting surgery or radiotherapy

Carry out a pain assessment and agree a pain management plan

Ensure adequate pain relief, including non-opioid or opioid analgesic medication, individually or in combination

Consider giving corticosteroids for people without neurological symptoms or signs if they have:

- · severe pain, or
- a haematological malignancy

Carry out MRI as soon as possible (always within 24 hours) at the local hospital or appropriate centre with direct access imaging facilities if MSCC is suspected

If MRI is contraindicated, carry out a CT scan

- Consider multiplanar viewing or 3-plane reconstruction of recent or new CT images to assess spinal stability and plan vertebroplasty, kyphoplasty or spinal surgery
- Consider using a validated scoring system for spinal stability and prognosis as part of a full clinical assessment
- If assessment, including imaging, suggests spinal stability is likely, start testing this by graded sitting followed by weight bearing

Box 1 Symptoms or signs of spinal cord compression:

- Bladder or bowel dysfunction
- Gait disturbance or difficulty walking
- Limb weakness
- Neurological signs of spinal cord or cauda equina compression
- Numbness, paraesthesia or sensory loss
- Radicular pain

From diagnosis onwards:

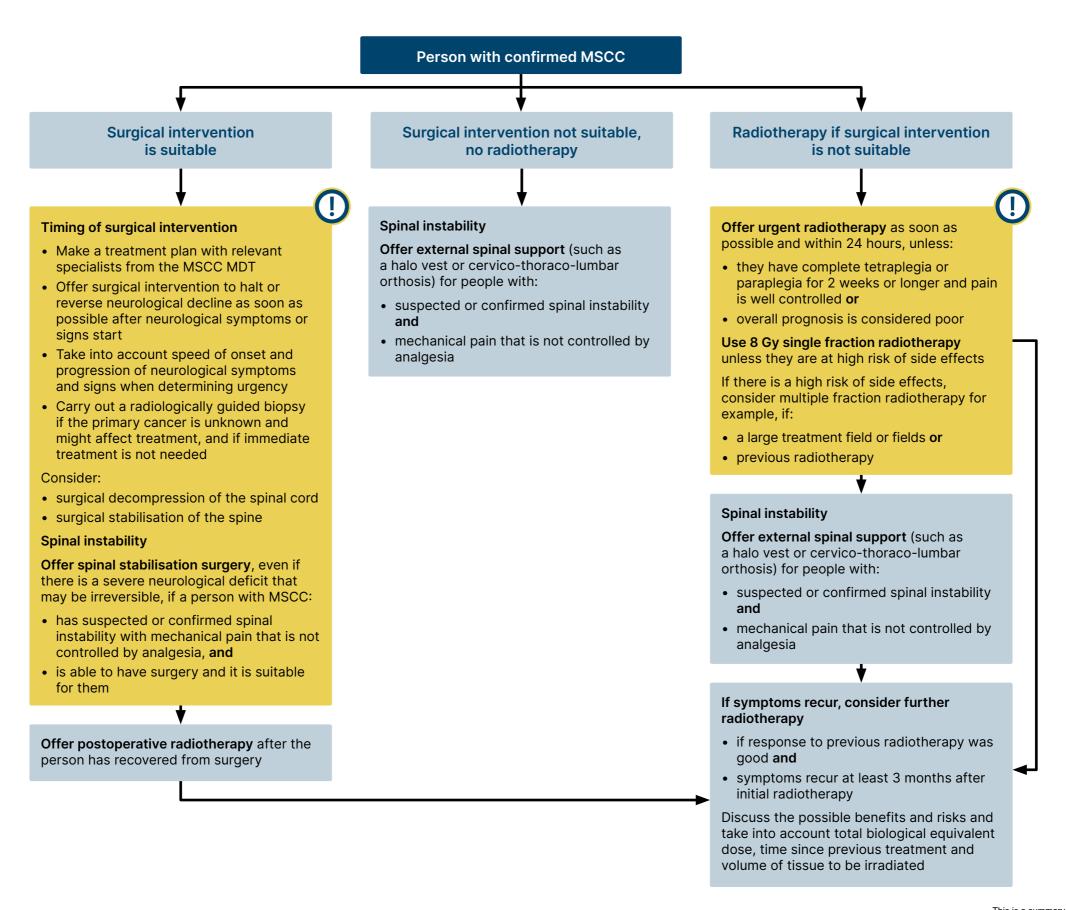
- Give opportunities to the person and their family or carers to discuss issues such as what their diagnosis means, and risks and benefits of treatment options
- Carry out a holistic needs assessment
- Offer opportunities to discuss advance care planning
- Give advice on how to access support to help with psychological, emotional, spiritual and financial needs
- Develop a personalised care plan with the person, taking advice from the MDT and other relevant clinicians
- Offer support and rehabilitation based on ongoing review of the management plan and holistic needs
- Start planning for discharge and ongoing care on admission to hospital
- Offer supportive care to prevent and manage complications

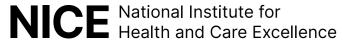
Ensure adequate pain relief, including:

- a bisphosphonate for spinal involvement from myeloma or breast cancer
- denosumab for bone metastases from breast cancer and solid tumours other than prostate

See the visual summary on MSCC: radiotherapy and invasive interventions

Metastatic spinal cord compression: radiotherapy and invasive interventions





Spinal metastases: initial assessment and management

Person presenting with:

- Pain characteristics suggesting spinal metastases (see box 1) and
- Past or current cancer diagnosis

Consider immobilisation if moderate to severe pain is associated with movement

Seek advice through the MSCC coordinator within 24 hours

Carry out a pain assessment and agree a pain management plan

Ensure adequate pain relief, including non-opioid or opioid analgesic medication, individually or in combination

Consider giving corticosteroids for people without neurological symptoms or signs if they have:

- · severe pain, or
- a haematological malignancy

Offer 16 mg of oral dexamethasone (or equivalent parenteral dose) for confirmed haematological malignancy as soon as possible

- Carry out MRI within 1 week at the local hospital if spinal metastases are suspected
- If MRI is contraindicated, carry out a CT scan
- Consider multiplanar viewing or 3-plane reconstruction of recent or new CT images to assess spinal stability and plan vertebroplasty, kyphoplasty or spinal surgery
- Consider using a validated scoring system for spinal stability and prognosis as part of a full clinical assessment
- If assessment, including imaging, suggests spinal stability is likely, start testing this by graded sitting followed by weight bearing

See the visual summary on spinal metastases: radiotherapy and invasive interventions

If the person has neurological symptoms or signs contact the MSCC coordinator immediately

See the visual summary on MSCC: initial assessment and management



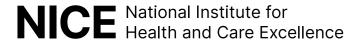
If a person without a past or current diagnosis of cancer has any of the pain characteristics listed in box 1 and cancer is suspected, refer for urgent oncology assessment and see the NICE guideline on suspected cancer

Box 1 Pain characteristics suggesting spinal metastases:

- Severe unremitting back pain
- · Progressive back pain
- Mechanical pain (aggravated by standing, sitting or moving)
- Back pain aggravated by straining (for example, coughing, sneezing or bowel movements)
- Night-time back pain disturbing sleep
- · Localised tenderness
- Claudication (muscle pain or cramping in the legs when walking or exercising)

From diagnosis onwards:

- Give opportunities to the person and their family or carers to discuss issues such as what their diagnosis means, and risks and benefits of treatment options
- · Carry out a holistic needs assessment
- Offer opportunities to discuss advance care planning
- Give advice on how to access support to help with psychological, emotional, spiritual and financial needs
- Develop a personalised care plan with the person, taking advice from the MDT and other relevant clinicians
- Offer support and rehabilitation based on ongoing review of the management plan and holistic needs
- Start planning for discharge and ongoing care on admission to hospital
- Offer supportive care to prevent and manage complications Ensure adequate pain relief, including:
- a bisphosphonate for spinal involvement from myeloma or breast cancer, or for prostate cancer if conventional analgesia does not control pain
- denosumab for bone metastases from breast cancer and solid tumours other than prostate



Spinal metastases: radiotherapy and invasive interventions

