



METASTATIC SPINAL CORD COMPRESSION (MSCC) ALERT: A guide to early recognition and rapid response in patients with cancer

LOW LEVEL OF CLINICAL SUSPICION

- Cancer diagnosis*
- New and persistent, localised back pain
- Unilateral nerve root pain (radiates in dermatomal distribution)
- Pain on movement
- No abnormal neurological signs on examination

ACTION NOW:

- Keep possibility of evolving cord compression in mind
- Arrange investigations as appropriate to deal with pain
- Warn the patient to report any significant change in pain or neurology immediately to GP or nurse specialist
- Arrange early review of patient by yourself or another professional

**REASSESS IF SYMPTOMS
WORSEN/PROGRESS**

HIGH LEVEL OF CLINICAL SUSPICION

- Cancer diagnosis* with documented bone metastases or myeloma
- Bilateral nerve root pain, tingling, burning, shooting and band-like pain around chest
- Acute escalation of severe spinal pain
- Unsteadiness/heaviness in legs
- Pain aggravated by movement, coughing, sneezing, straining and lying flat
- Neurological signs may be equivocal

ACTION NOW:

- Urgent referral (same day) to local hospital for MRI scan (CT scan if MRI contra-indicated)
- Assume spine unstable until proven otherwise, advice flat bed rest and log roll
- Contact the Network MSCC Co-ordinator on 0161 446 3658 for urgent clinical triage and advice on treatment management
- Start dexamethasone 16 mg daily with PPI
- Refer to The Network and Christie guidelines (see link over)

DO NOT DELAY

DEFINITE CLINICAL DIAGNOSIS

Unequivocal neurological signs of spinal cord compression

- Weakness in limbs
- Altered sensation with a sensory level
- Urinary retention
- Upper motor neurone signs or sudden flaccid paralysis
- Saddle anaesthesia and sphincter disturbance (cauda equina lesions)

ACTION NOW:

- Urgent referral for MRI scan (CT scan if MRI contra-indicated): MRI scan via local hospital
- Contact the Network MSCC Co-ordinator on 0161 446 3658 and discuss with oncology team if already involved in this patient's care.
- If appropriate for surgery, MSCC Co-ordinator will liaise with spinal team, if not, urgent radiotherapy within 24 hours.
- Start dexamethasone 16 mg daily with PPI
- Refer to The Network and Christie guidelines: (<http://www.christie.nhs.uk/MSCC>)

DO NOT DELAY

***NOTE: UP TO 25% OF PATIENTS PRESENT WITH MSCC AND HAVE NO PREVIOUS DIAGNOSIS OF CANCER**