

MSCC Pathway

Greater Manchester Cancer Services (part of Manchester Cancer)

Patient reports symptoms suggestive of MSCC:

Refer to Red Flag card (see MSCC webpage)
 History of cancer (or strongly suspected) +
 New severe nerve root pain (band like, unilateral or bilateral)
 New severe localised vertebral pain (especially thoracic)

NB - Loss of power / mobility / sphincter problems = late signs of MSCC

All 'at risk' patients
 Receive Patient Information leaflet:
Spinal Cord Compression 'What You need to know'

Community Nurse suspects MSCC

GP/OOH GP suspects MSCC

AHP / CNS suspect MSCC

A&E, hospice and secondary care (possibly patient with no previous cancer diagnosis)

Contact MSCC Co-ordinator (in hours) or Christie Hotline for advice

Definite MSCC signs
 Uncertain MSCC signs

Arrange urgent admission for assessment via A&E or MAU (local arrangements apply, transfer patient flat and log roll)

Low level of suspicion: GP to review. If symptoms persist, discuss with Oncology team for imaging within 7 days (see Impending Pathway). Ensure adequate pain management

MSCC likely

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Urgent MR scan within 24 hrs in patient's local hospital. Commence 16 mg Dxm + PPI + monitor blood glucose (see pathway document on MSCC webpage) Patient flat and log roll (Inform Acute Oncology team)

Christie patients with high suspicion of MSCC

Refer to local Rehab team / AHP lead

MR scan confirms MSCC

Referring clinician informs MSCC Co-ordinator. AO team liaise with GP, local Medical or Oncology team. If symptoms worsen review patient urgently (see Impending Pathway)

Patient Information given: Spinal Cord Compression: "What it means and how it can be treated"

Patients with confirmed MSCC - Urgent clinical triage by the Network MSCC Co-ordinator (bleep 12616) 9am to 4:30pm or Clinical Oncology SpR on-call out of hours
Contact the Christie switchboard on 0161 446 3000 and ask to be put through
Patients with suspicion of MSCC - Contact the Christie Hotline on 0161 446 3658

Appropriate for surgical opinion

For Best Supportive Care (patient managed locally)

Refer to Christie Rehab team if In-patient

Suitable for primary XRT

MSCC Co-ordinator contacts Spinal team (after 8pm Neuro-surgery) at Salford Royal FT (SRFT) (out of hours referring ST or Consultant contact SRFT)

Urgent XRT within 24 hours of confirmed diagnosis

MSCC Co-ordinator maintains contact with Spinal team regarding timeliness of pathway

Refer to Rehab team at Surgical centre

Patient assessed by Spinal team

Suitable for surgery

Transfer for surgery co-ordinated by referring hospital and surgical centre

Urgent surgery

Surgical team refer to The Christie for post-op XRT

Patient referred to local team for Rehab close to / or at home

Post-op XRT

Inform MSCC Coordinator

NB. Spinal stability discussed and documented throughout pathway