

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, chest wall pain or other unexplained atypical 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 MR whole spine to rule out / confirm this within the 7 day OP pathway (NICE 2008)
- Warn the patient to report any significant change in pain or neurology (safety net red flags) immediately to GP, CNS, Hotline, etc, or attend A&E
- Arrange early review of patient by yourself or another professional

REASSESS IF SYMPTOMS WORSEN/PROGRESS

HIGH LEVEL OF CLINICAL SUSPICION

- Cancer diagnosis* with or without 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 service on 0161 446 3000 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 service on 0161 446 3000
- If appropriate for surgery, MSCC Co-ordinator will liaise with spinal team at SRFT. Out of hours, the referring team are responsible for contacting the spinal team after discussion with the clinical oncology registrar on call. If not for surgery, 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**

