

Kent and Medway Metastatic Spinal Cord Compression (MSCC) Guidelines and Referral Pathways

Pathway One

This pathway relates to patients who present with symptoms suggestive of spinal metastases **with neurological symptoms or signs** suggestive of MSCC.

These patients must undergo an MRI scan within 24 hours and have a fully documented neurological assessment

If an urgent MRI is not available locally, access to 24 hours MRI is available at Kings College Hospital via the Kings MSCC coordinator. Patients will only be transferred for an out of hours MRI scan if out of hours surgery is clinically indicated and the referral has been agreed by the neurosurgical consultant on call. Consider local CT Spine if MRI unavailable.

Contact must be made with the Neurosurgical network MSCC Coordinator within 24 hours or less of presentation or via the on-call Neuro-surgical team if out of hours. Consider consultant to consultant discussion.

Contact the local Acute Oncology Team or oncall oncology team as soon as diagnosis suspected. Contact the KOC radiotherapy MSCC co-ordinator within 24 hours of presentation during normal working hours.

Patients with mechanical pain suggestive of spinal instability and/or those with rapidly deteriorating neurological symptoms should be urgently discussed with the Neuro-surgical consultant on call. Calculating a SINS score (attached) may help assess spinal stability.

Patients should be allowed to mobilise as they feel able to unless they have a high SINS score when they should follow spinal precautions until a treatment decision has been made. These patients should not get out of bed to mobilise but can sit up and move in bed as pain allows. Prophylactic LMWH should be prescribed unless contra-indicated. Early referral to the neuro-physiotherapy team advised for assessment.

A decision on the suitability for surgery can only be made if adequate information is provided on performance status, extent of disease, previous treatment and neurology.

A response from the Neuro-surgical team should be available within 24 hours of referral but all cases will subsequently be discussed in the Kings Neuro-oncology MDM (Friday morning)

Pathway Two

This pathway relates to patients who present with symptoms suggestive of spinal metastases **without new neurological symptoms**. Including MSCC identified on routine imaging. *Please phone local Acute Oncology Team/ on-call oncology team or patients Oncologist for advice.*

These patients must undergo an MRI scan within 7 days.

Contact must be made with the MSCC Coordinators within 24 hours of the MRI scan if MSCC confirmed.

Pathway Three

This pathway relates to patients who present **with non specific lower back pain**. These patients should be managed locally through standard back care protocols.

If an Oncologist feels that surgery would not be appropriate then radiotherapy can be delivered in order to avoid delays but patients should still be referred via the MSCC co-ordinator/on-line portal for subsequent Neuro-oncology MDM review.

Suspected MSCC symptoms

- Severe intractable progressive pain- especially in thoracic region
- New spinal nerve root pain (burning, shooting, causing numbness)
- Altered sensation and/or reduced power in limbs
- Bladder and/or bowel disturbance (i.e. new onset of incontinence)

Pathway 1

Symptoms suggestive of spinal metastasis or MSCC **WITH** Neurological symptoms

Urgent MRI within 24 hours

Contact MSCC coordinators and local Acute Oncology team immediately.

Transfer MRI/CT images to MSCC centre for urgent review with clinical history.

Consider spinal precautions until treatment decision made.

Pathway 2

Symptoms suggestive of spinal metastasis or MSCC **WITHOUT** new neurological symptoms eg incidental finding on routine imaging

MRI within 7 days

Contact local Acute Oncology team or patient's oncologist for advice

Contact MSCC co-ordinator and AOS team within 24 hrs of MRI scan showing MSCC.

Mobilise as pain allows

Contact Network Metastatic Spinal Cord Compression Team at Kings College Hospital
Telephone: 07528 977590

e-mail referral form to kch-tr.neuro-mscc@nhs.net

Or on call neuro-surgical team if out of hours via Kings switchboard

Contact the Kent Oncology Centre Radiotherapy MSCC Co-ordinator telephone: 07874852241

mtw-tr.koc-mscc-pathway@nhs.net

Patient discussed with the on-call Consultant Surgeon and Oncologist

Early referral to physiotherapy team

Network MSCC coordinator feeds back to referrer who initiates treatment plan

MSCC diagnosed

Surgery

Radiotherapy
Document MSCC on KOMS

Retrospective discussion at the Neuro-oncology MDT

Bone metastasis without pending MSCC

Prospective discussion at Neuro-oncology MDT

Oncological management

Surgery

Also consider: -
Need for histology if unknown primary
Tumour staging – recent CT CAP
Patient assessment and preferences
Pain relief
High dose Dexamethasone 8 mg bd

Liaise with local Acute Oncology team or On-call Oncology team

Spinal Instability Neoplastic Score (SINS)

	0	1	2	3	4	Score
Location of malignant disease	Rigid S2-5	Semi-rigid T3-10	Mobile Spine C3-6, L2-4	Junctional <i>Occiput/C1, C7-T2, T11-L1, L5-S1</i>		
Pain	None	Occasional		Mechanical <i>Improves with lying flat</i> <i>Pain on movement of spinal loading</i>		
Bone lesion	Blastic	Mixed	Lytic			
Radiographical spinal alignment	normal	De novo deformity Kyphosis/scoliosis			Subluxation	
Vertebral Body Collapse	none	No collapse but > 50% body involved	< 50% collapse	50% collapse		
Posterior spinal element involvement	none	unilateral		bilateral		
Total score						

- score 0-6 stable
- score 7-12 potentially unstable
- score 13-18 unstable

A SINS of 7-18 warrants surgical consultation (if appropriate) to assess for instability prior to proceeding with any planned radiation treatment.