

(NICE CG 75: MSCC – Diagnosis and management of adults at risk of/with MSCC)

**Pathway for Management of Suspected Metastatic Spinal Cord Compression (MSCC) – for use in ED/AMU**

Patient with malignancy presents with:

* Severe intractable back pain, especially thoracic (if pain alone, MRI can be done within 1 week).
* New spinal nerve root pain.
* New difficulty walking.
* Reduce power/altered limb sensation.
* Bowel or bladder disturbance**.**

**All cases of suspected MSCC must be notified at presentation to the MSCC Coordinator   
(on-call Clinical Oncology SpR) at the Churchill Hospital, Oxford on: 01865 741 841**

**If known haematology malignancy** then also inform: weekdays 09.00-17.00 GWH AOS Bleep 1942.

Out of Hours (or if unable to contact GWH AOS team) contact on call Consultant Haematologist GWH

**If known oncology malignancy** then also inform: weekdays 09.00-17.00 GWH AOS Bleep 1942.

Out of Hours (or if unable to contact GWH AOS team) ensure GWH AOS team informed by leaving message.

**Oxford SpR will require**:  
Patient name and date of birth.  
Cancer history (type & stage)  
Symptoms of MSCC  
Signs on examination

**MSCC unlikely MSCC likely  
 or patient not fit for treatment and patient fit for treatment**

Discuss with oncology/haematology team for advice on management, further imaging and future care.

Notify MSCC Coordinator

**Admit to AMU**

In hours contact AMU consultant

Out of hours contact Med Reg bleep 3333

AMU team to

1. Advise bed rest and nurse flat on admission if neurological symptoms and/or mechanical back pain.
2. Ensure steroids + PPI started (16 mg Dexamethasone stat and 8 mg bd thereafter).
3. Ensure MRI whole spine (including STIR sequences) booked urgently (urgent slots at 8 am in mornings). Ensure results are chased.

**MRI shows no cord compression**

MRI reported to AMU team.

If unstable spine treat as such and transfer to Orthopaedics

**MRI shows cord compression**

Discuss case with MSCC Coordinator via Churchill Hospital on 01865 741841 (as per TVCN MSCC Case Discussion Policy) for advice on further management.

For confirmed MSCC, Radiology to link images automatically to Oxford.

If spine confirmed as unstable (by radiology/orthopaedic opinion) transfer to orthopaedic ward.

If patient accepted by Spinal Surgical Team and further advice needed contact Oxford Spinal Fellow at The John Radcliffe Hospital on 01865 741166 bleep 1283

MSCC CHECKLIST

**MSCC CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Time** |
| Full neurological exam completed and full history taken |  |  |  |
| MRI Booked |  |  |  |
| Steroids and PPI given |  |  |  |
| MSCC Coordinator contacted |  |  |  |
| MRI +/- CT images linked to Oxford |  |  |  |
| SINS score completed |  |  |  |
| MSCC Coordinator contacted |  |  |  |

**SPINAL INSTABILITY NEOPLASTIC SCORE (SINS)**

|  |  |
| --- | --- |
| **SINS Component** | **Score** |
| **Location** |  |
| Junctional (occiput-C2, C7-T2, T11-L1, L5-S1) | 3 |
| Mobile spine (C3-C6, L2-L4) | 2 |
| Semirigid (T3-T10) | 1 |
| Rigid (S2-S5) | 0 |
| **Pain** |  |
| Yes | 3 |
| Occasional pain but not mechanical | 1 |
| Pain-free lesion | 0 |
| **Bone lesion** |  |
| Lytic | 2 |
| Mixed (lytic/blastic) | 1 |
| Blastic | 0 |
| **Radiographic spinal alignment** |  |
| Subluxation/translation present | 4 |
| De novo deformity (kyphosis/scoliosis) | 2 |
| Normal alignment | 0 |
| **Vertebral body collapse** |  |
| > 50% collapse | 3 |
| < 50% collapse | 2 |
| No collapse with > 50% body involved | 1 |
| None of the above | 0 |
| **Posterolateral involvement of spinal elements†** |  |
| Bilateral | 3 |
| Unilateral | 1 |
| None of the above |  |

Scoring system: assesses risk of spinal instability.0 to 6 denotes stability, 7 to 12 denotes indeterminate (possibly impending) instability and 13 to 18 denotes instability.

A surgical consultation is recommended for patients with SINS scores greater than 7 depending on individual assessment and prognosis