The Christie NHS
NHS Foundation Trust

PATHWAY MANAGEMENT OF METASTATIC SPINAL CORD COMPRESSION (MSCC)

THE CHRISTIE, GREATER MANCHESTER & CHESHIRE

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Objectives

1. To ensure that all patients 'at risk' of MSCC receive Patient Information leaflet – Spinal Cord Compression 'What you need to know', by a doctor or a nurse with a verbal explanation
2. To ensure that the patient has the most appropriate treatment (surgery and post-operative radiotherapy, or radiotherapy alone) by a combined triage process
3. To minimise the time to reach both a definitive treatment decision (aim within 24 hours of confirmed diagnosis) and to start treatment itself
4. To simplify the referral process and ensure good communication at all times by use of a single point of access – Network MSCC Co-ordinating Service (0161 446 3658)
5. To incorporate a process for audit and quality assurance
6. To ensure plan for rehabilitation and discharge is timely and appropriate.

See The Christie, Greater Manchester & Cheshire guidelines and Pathway flow diagram *for management of an MSCC patient from clinical suspicion, to diagnosis, through to treatment and rehabilitation. This document accompanies the flowchart and provides explanatory notes of the treatment pathway (see link at the end of document).*
On suspicion of MSCC, it is expected that patients would be admitted to their local district general hospital (DGH) and have the necessary investigations carried out at this location to diagnose MSCC. If the patient requires a period of admission for specialised treatment at another hospital site, it is expected that the original DGH will accept the patient on completion of treatment for any continuing support and care needs. This transfer must be co-ordinated to ensure the rehabilitation needs of the patient are continually met. ***The Named AHP Rehabilitation Link Person**** *may be contacted for advice.*

Treating centres

Surgery: Patients who have been triaged by the MSCC Co-ordinating Service and considered to be suitable for surgical opinion following discussion with the Clinical Oncologist.

Salford Royal Foundation Trust (SRFT) Spinal / Neuro surgery unit: patients accepted for transfer from the referring hospital, returning there after surgery.

Radiotherapy: Christie at Withington, (central/south sector), Christie at Salford Royal (NW sector) or Christie at Royal Oldham Hospital (NE sector).

Treatment pathway (refer to MSCC flowchart)

STEP 1: CONFIRM DIAGNOSIS OF MSCC BY MR SCAN

Actions for referring clinician:

- Admission to local hospital via A&E – for urgent clinical assessment
- Start dexamethasone 16mg daily with PPI cover
- Immobilise patient (as per The Christie, Greater Manchester & Cheshire MSCC guidelines)
- If there is uncertainty regarding MSCC signs, contact Network MSCC Co-ordinator for advice
- Request urgent MRI of the WHOLE SPINE on same day or within 24 hours of clinical suspicion and ensure timely reporting
- Refer to local physiotherapy & OT / **MSCC Named Rehabilitation AHP Link person***
- **NB:** On confirmation of MSCC, SPINAL STABILITY should be assessed and documented. Input from the radiologist and AHP teams is vital in assessing stability.
- If no MSCC found on MRI scan, inform GP and oncology team to ensure continued monitoring of signs and symptoms. If symptoms persist or worsen review patient urgently.

STEP 2: CLINICIAN CONTACTS THE NETWORK MSCC CO-ORDINATOR ON 0161 446 3658

The following details are required for clinical triage:

1. **Demographics**
   a) Name
   b) DOB
   c) Address
   d) Current location of patient
   e) Referring clinician

2. **Details of Underlying Malignancy**
   a) Known cancer?
   b) Unknown Cancer: Is a biopsy planned?
   c) Known Oncologist
   d) Current treatment for cancer or not on active treatment

   For patients known to the Christie, this information may be available to the On-Call team via the Christie notes

3. **Details of MSCC**
   a) Duration of symptoms
   b) Details of pain/motor/sensory/autonomic symptoms (including sphincter function)
   c) Current worst MRC grade motor power
   d) When did the patient last walk (aided or unaided)?
   e) Previous MSCC/XRT in the same area? How long ago?
   f) Previous Spinal Surgery? When and where?
   g) Performance Status (PS) prior to onset of MSCC (ECOG/WHO/Zubrod score)

4. **Radiology**
   a) MRI: Date/Findings

b) CT (if appropriate) Date/Findings: for good prognosis patients a CT within the last 3-months is essential for triage. Patients with an unknown primary must have staging CT chest, abdo and pelvis before a surgical opinion can be given.

STEP 3: TRIAGING BY NETWORK CO-ORDINATOR AND CLINICAL ONCOLOGY TEAM

Triage performed and documented on the Christie Clinical Web Portal MSCC Triage Form

Referring team will be informed of the triage decision with 4 hours (between 9 am and 6 pm). This is dependent upon all essential information (including scan results) being made available to the MSCC Co-ordinating service prior to triage. After 6 pm, the decision will be deferred to the following morning

The following 3 outcomes are possible [see accompanying flow diagram]

A. **Clinical status and cancer prognosis require urgent surgical opinion**
B. **Clinical status and cancer prognosis indicate immediate radiotherapy**
C. **Clinical status and cancer prognosis indicate best supportive care only**

STEP 4: ARRANGEMENT OF TREATMENT BY TRIAGE OUTCOME

A. Surgical Pathway

a. Referring team contact the Network MSCC Co-ordinator who will liaise with the spinal / neuro-surgical team at SRFT. If this is 'out of hours', and following discussion with the Clinical Oncology ST on-call, the referring hospital contact SRFT directly.
b. Surgical team to arrange for assessment of patient for suitability of surgery, ideally within 24 hours.
c. If patient is suitable for surgery then the referring hospital and the surgical team will liaise and co-ordinate transfer and organise further clinical review with a view to surgery.
d. MSCC Co-ordinator maintains contact with surgical team to ensure timeliness of pathway.
e. Post-op, surgical team to refer to the oncology team [letter or fax] for post-op radiotherapy. This is recommended once the wounds have healed, usually at least 2 weeks after surgery. Contact the MSCC Co-ordinator who will liaise with The Christie to ensure timely radiotherapy.
f. If patient is not suitable for surgery, then surgical team to contact the MSCC Co-ordinator to arrange for URGENT radiotherapy.
g. Patients admitted to SRFT should be referred to the rehabilitation team in the spinal / neuro-surgical unit.
h. Referring team to be kept informed of patients location and condition by MSCC Co-ordinator.

B. Radiotherapy Pathway

a. MSCC Co-ordinator liaises with On-call Clinical Oncology team to arrange booking for radiotherapy.
b. Patient receiving fractionated treatment at Christie at Withington should preferably be admitted with agreement to transfer back to referring hospital for continuing rehabilitation once treatment has been completed.
c. If a bed is not available then arrangements should be made for daily transfer from the local hospital with patient being accompanied by a healthcare escort until a bed becomes available.
d. Patients who are admitted to the Christie will be referred to the Christie rehabilitation team. If patients are attending the Radiotherapy department from another care environment (hospital / hospice), they should be referred to the local rehabilitation services. The MSCC co-ordinating service will ensure that these referrals are received by the rehab teams.
e. Patients who receive a single fraction will be transported between their care environment and the Christie for their treatment, accompanied by an escort; they will then return to this location.
f. Patients may be eligible for treatment at either the Christie at Salford Royal or the Christie at Royal Oldham Hospital. The Christie at Salford does not currently accept inpatients from hospitals / hospices outside SRFT for treatment of MSCC; but is available for ambulatory patients following surgery.
g. Referring team to be kept informed of patient's location and condition by MSCC Co-ordinator.

C. Best Supportive Care pathway: Patients not suitable for surgery or radiotherapy due to advanced disease and not able to tolerate treatment.

a. Local team refers to the palliative care team
b. Consider referral to the local rehabilitation team if appropriate
c. Commence discharge planning

<u>STEP 5: POST TREATMENT TRANSFER / ON GOING CARE BY LOCAL ACUTE TRUST</u>

Actions for local team

- Accept for transfer back to appropriate ward or rehabilitation setting as soon as possible
- Involve **MSCC Named Rehabilitation AHP Link person*** in mobilisation and rehabilitation
- Monitor steroid reduction
- If patient has had spinal surgery, liaise with MSCC Co-ordinator and ensure patient aware to attend for post-operative radiotherapy appointment.

Notes

***Named AHP:** There is a named **MSCC Rehabilitation AHP Link person** within all hospital and community services who should be contacted for advice and to co-ordinate rehabilitation. All patients are entitled to rehabilitation in order to enable them to maximise function, independence and improve their quality of life. The directory is available under the Rehabilitation resources MSCC information on the Christie web site (see link below).

Triage forms: These forms ensure that all essential information is collected to support rapid clinical decision-making and enable audit. It is essential when referring a patient to have all necessary information available (see Step 2 above)

Special circumstances: Spinal cord compression may be the first presentation of a new cancer diagnosis; these patients may have a localised primary tumour or evidence of disseminated disease. **Where disease appears to be confined to the spine, it is essential to obtain a guided biopsy at the referring hospital prior to radiotherapy treatment although urgent treatment will be given without waiting for the results.** This can be discussed with the on-call oncology team.
Unknown Primary: Most patients to follow the pathway above. However: Patients **with rapidly deteriorating neurological deficit** need an urgent scan and referral to the spinal on-call team**.**
To access the Christie, Greater Manchester & Cheshire guidelines, Pathway flow diagram and other relevant MSCC information follow the link - **http://www.christie.nhs.uk/MSCC**

CONSULTATION, APPROVAL & RATIFICATION PROCESS

VERSION CONTROL SHEET

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