MSCC Pathway

Greater Manchester Cancer Services (part of Manchester Cancer)

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

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

Community Nurse suspects MSCC → Informs → GP/OOH GP suspects MSCC ← Informs ← 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 ← Agrees ← 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 possible imaging within 7 days (see Impending Pathway). Ensure adequate pain management

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MSCC likely

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)

Inform GP / responsible team. If symptoms persist or worsen review patient urgently

Christie patients with high suspicion of MSCC

Refer to local Rehab team / AHP lead

MR scan confirms MSCC

No → 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"**

Yes

Urgent clinical triage takes place by the Network MSCC Co-ordinator (9 - 5), Christie Hotline (out of hours) in discussion with the on-call Clinical Oncology Specialty Trainee (SpR)
Telephone number: 0161 446 3658 - (Bleep 12616 for internal Christie referrals)

Appropriate for surgical opinion

For Best Supportive Care (patient managed locally)

Refer to Christie Rehab team if In-patient

Suitable for primary XRT

Yes → Urgent XRT within 24hours of confirmed diagnosis

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

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

No → MSCC Co-ordinator maintains contact with Spinal team regarding timeliness of pathway

Yes → Transfer for surgery co-ordinated by referring hospital and surgical centre → Urgent surgery → Surgical team refer to The Christie for post-op XRT

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