



## Summary of NICE Guidelines

Title	Metastatic spinal cord compression in adults: risk assessment, diagnosis and management
NICE Reference	CG75
Date of Review:	October 2017
Date of Publication	November 2008
Summary of Guidance (Max 250 words)	<p>The guideline makes recommendations for the organisation of services to prevent delay in recognition and treatment of spinal metastases or metastatic spinal cord compression (MSCC). This includes appointment of an MSCC coordinator at each treatment centre.</p> <p>The MSCC coordinator should be contacted within 24 hours if a cancer patient develops symptoms of spinal metastases e.g. progressive lower spinal pain; or immediately if they also have neurological features e.g. limb weakness or sensory loss.</p> <p>Unless contraindicated whole spine MRI should be performed to identify metastases and detect spinal lesions and determine the degree of compression.</p> <p>Recommendations for treatment include:</p> <ul style="list-style-type: none"><li>• Conventional analgesia including NSAIDs, non-opiates and opiates for pain-relief.</li><li>• Bisphosphonates may be used in patients with vertebral involvement from myeloma, breast cancer or prostate cancer only.</li><li>• Patients with signs/symptoms suggestive of spinal instability or MSCC should be nursed flat with neutral spine alignment.</li><li>• Dexamethasone is recommended prior to and during definitive treatment, unless contraindicated.</li><li>• Glucose monitoring is recommended for patients receiving corticosteroids.</li><li>• Selection for definitive treatment should include assessment of general health and neurological ability, tumour staging and where possible, histology of spinal metastases.</li><li>• Suitability for surgery should be assessed by prognostic scoring systems such as the revised Tokuhashi scoring system or American Society of Anaesthetists grading system.</li><li>• Definitive surgical or radiotherapy treatment should be undertaken prior to further deterioration.</li></ul>
Impact on Lab (See below)	<input type="checkbox"/> Moderate
Lab professionals to be made aware	<input checked="" type="checkbox"/> Chemical Pathologist <input checked="" type="checkbox"/> Clinical Scientist <input checked="" type="checkbox"/> Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	<ul style="list-style-type: none"><li>• An awareness of the guidelines will be useful to understand the care pathway and short timescales required for treatment of MSCC, especially as laboratories are involved in the monitoring of cancer patients who may be at risk of spinal metastases e.g.</li></ul>

	<p>myeloma or prostate cancer patients.</p> <ul style="list-style-type: none"><li>• The laboratory is likely to be involved in glucose monitoring for patients on corticosteroids either directly or through oversight of point of care glucose meters.</li><li>• The workup for treatment decisions may include biochemical tests e.g. measurement of renal function as part of assessment of comorbidities.</li></ul>
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**Impact on Lab**

- None:** This NICE guideline has no impact on the provision of laboratory services
- Moderate:** This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

**Written by: George Allen**

**Reviewed by: Tim McDonald**