

Surveillance proposal consultation document

2018 surveillance of Metastatic spinal cord compression in adults: risk assessment, diagnosis and management (NICE guideline CG75)

Proposed surveillance decision

We propose to not update the NICE guideline on metastatic spinal cord compression.

Reasons for the proposal

No new evidence was identified which suggested NICE guideline CG75 should be updated. We did not identify any new evidence that would change or invalidate the current recommendations. Also, no evidence was identified to indicate any significant change in clinical practice for this population or condition.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [metastatic spinal cord compression](#) (NICE guideline CG75) remain up to date. The 2018 surveillance followed the static list review process, consisting of:

- Feedback from topic experts via a questionnaire
- A search for new or updated Cochrane reviews
- A search for ongoing research
- Examining related NICE guidance and quality standards and NIHR signals
- Consulting on the decision with stakeholders (this document)

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to NICE guideline CG75.

There were 7 responses (out of 10 questionnaires sent) from topic experts of which 1 suggested an update and 6 suggested no update. The main reasons suggested for updating the guideline included the following:

- Recommendations in section 1.1 should be reworded to take into account the restructure of services – mainly to rename some of the services and references to ‘cancer networks’. However, we did not receive any suggestions for alternative terminology for references to cancer services. Also, topic experts suggested that some of the cancer networks have been reinstated so the wording in the recommendations remains accurate and does not need to change.
- Recommendations in section 1.5.2 on the role of steroids was questioned – suggesting that they should not be used in asymptomatic patients or in those without neurological deficit – but new evidence identified generally supports current recommendations in this area.
- Recommendations in section 1.5.3 on the role of scoring systems for estimates of likely prognosis and assessment of comorbidities was highlighted. The recommendations specify the Tokuhashi score but other scoring systems are now available. For example, the potential use of Spinal Instability Neoplastic Score (SINS) for imaging. However, further evidence on the accuracy/reliability of other scoring systems is required before consideration of inclusion in the recommendations.
- Feedback also suggested the need to review recommendations in section 1.5.4 regarding the technical factors of surgery. This includes reviewing minimal intervention surgical stabilisation techniques, role of embolisation, and use of salvaged blood transfusion. Although some studies have been provided by topic experts on some of these factors, the evidence remains sparse or inconclusive to change recommendations at this time.
- Longer survival times following treatments for the primary cancer may potentially lead to increased costs of further treatment. However, cost-effectiveness studies addressing this issue were not identified and we could not determine whether there would be an impact on recommendations.
- There is considerable national variation in the provision of interventions for metastatic spinal cord compression. However, no evidence provided to support this topic expert view.

- The use of denosumab should be added to the recommendations. In the previous surveillance review of this guideline, a cross reference to denosumab and the related NICE technology appraisal was added on the CG75 webpage and the interactive flowchart.

One of the topic experts also cited a 2015 survey of multidisciplinary professionals who are specialists in metastatic spinal cord compression who were asked if NICE guideline CG75 required an update. At that time, the general consensus was that it did not require updating and the topic expert is of the opinion that this would still be the case if the survey was re-run now.

Topic experts identified 7 published studies relevant to this guideline. However, none of these are deemed to impact the guideline as they either support current recommendations or the evidence is insufficient at this time. One study ([Amelot et al. 2017](#)) supports the recommendations not to deny surgery based on a person's age. A second study ([Fisher et al. 2014](#)) suggests that the Spinal Instability Neoplastic Score (SINS) tool is a reliable assessment for identifying people requiring surgical consultation. Three studies ([Choi et al. 2015](#), [Verlaan et al. 2016](#) and [Choi et al. 2016](#)) generally support the recommendations to offer surgery in selected patients to maximise benefit. Two further studies ([Quraishi et al. 2013](#) and [Fan et al. 2016](#)) support the recommendations to offer surgical treatment without delay.

Cochrane reviews

We searched for new Cochrane reviews related to the whole guideline. We found 3 relevant Cochrane reviews published between March 2012 and August 2018. However, none were considered to impact NICE guideline CG75 recommendations.

One review ([Haywood et al. 2015](#)) supports the current recommendations on the use of corticosteroids. A second review ([George et al. 2015](#)) indicates beneficial effects of a short course of radiation therapy and mixed results for surgery and corticosteroids. However, the quality of the evidence was deemed low by the Cochrane authors who subsequently noted a lack of confidence in most of the results. The third review ([Lee et al. 2015](#)) found no relevant studies for inclusion and the Cochrane authors concluded that there is a lack of evidence on patient positioning and bracing for pain relief and spinal stability in this population.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 2 studies were assessed as having the potential to change recommendations; therefore we plan to check the publication status regularly, and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [Back pain prevention in multiple myeloma using an external spinal brace](#)
- [Single fraction versus multifraction radiotherapy for patients with metastatic spinal cord compression](#)

Related NICE guidance

Although there are a number of related NICE publications, none have been deemed likely to have an immediate impact upon NICE guideline CG75 recommendations.

A NICE Quality Standard on [Metastatic spinal cord compression in adults](#) (February 2014) QS56 has been published. No impact on NICE guideline CG75 is likely as the quality statements in QS56 are in line with recommendations in CG75 on the assessment, diagnosis and management of metastatic spinal cord compression.

No relevant NIHR signals were found relating to the assessment, diagnosis and management of metastatic spinal cord compression in adults.

Views of stakeholders

Stakeholders are consulted on all surveillance proposals except if the whole guideline will be updated and replaced. Because this surveillance proposal is to not update the guideline, we are consulting with stakeholders.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified the following point in the guideline that should be amended:

- Update cross-references to NICE guidelines CG7 and CG29 in recommendation 1.6.2.4 as these guidelines have been replaced by NICE guideline CG179.

Overall surveillance proposal

After considering all evidence and other intelligence and the impact on current recommendations, we proposed that no update is necessary.

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