Spinal metastases: initial assessment and management

Person presenting with:

- Pain characteristics suggesting spinal metastases (see box 1) and
- Past or current cancer diagnosis

Consider immobilisation if moderate to severe pain is associated with movement

Seek advice through the MSCC coordinator within 24 hours

Carry out a pain assessment and agree a pain management plan

Ensure adequate pain relief, including non-opioid or opioid analgesic medication, individually or in combination

Consider giving corticosteroids for people without neurological symptoms or signs if they have:

- · severe pain, or
- a haematological malignancy

Offer 16 mg of oral dexamethasone (or equivalent parenteral dose) for confirmed haematological malignancy as soon as possible

- Carry out MRI within 1 week at the local hospital if spinal metastases are suspected
- If MRI is contraindicated, carry out a CT scan
- Consider multiplanar viewing or 3-plane reconstruction of recent or new CT images to assess spinal stability and plan vertebroplasty, kyphoplasty or spinal surgery
- Consider using a validated scoring system for spinal stability and prognosis as part of a full clinical assessment
- If assessment, including imaging, suggests spinal stability is likely, start testing this by graded sitting followed by weight bearing

See the visual summary on spinal metastases: radiotherapy and invasive interventions

If the person has neurological symptoms or signs contact the MSCC coordinator immediately

See the visual summary on MSCC: initial assessment and management



If a person without a past or current diagnosis of cancer has any of the pain characteristics listed in box 1 and cancer is suspected, refer for urgent oncology assessment and see the NICE guideline on suspected cancer

Box 1 Pain characteristics suggesting spinal metastases:

- Severe unremitting back pain
- · Progressive back pain
- Mechanical pain (aggravated by standing, sitting or moving)
- Back pain aggravated by straining (for example, coughing, sneezing or bowel movements)
- Night-time back pain disturbing sleep
- · Localised tenderness
- Claudication (muscle pain or cramping in the legs when walking or exercising)

From diagnosis onwards:

- Give opportunities to the person and their family or carers to discuss issues such as what their diagnosis means, and risks and benefits of treatment options
- Carry out a holistic needs assessment
- Offer opportunities to discuss advance care planning
- Give advice on how to access support to help with psychological, emotional, spiritual and financial needs
- Develop a personalised care plan with the person, taking advice from the MDT and other relevant clinicians
- Offer support and rehabilitation based on ongoing review of the management plan and holistic needs
- Start planning for discharge and ongoing care on admission to hospital
- Offer supportive care to prevent and manage complications Ensure adequate pain relief, including:
- a bisphosphonate for spinal involvement from myeloma or breast cancer, or for prostate cancer if conventional analgesia does not control pain
- denosumab for bone metastases from breast cancer and solid tumours other than prostate

