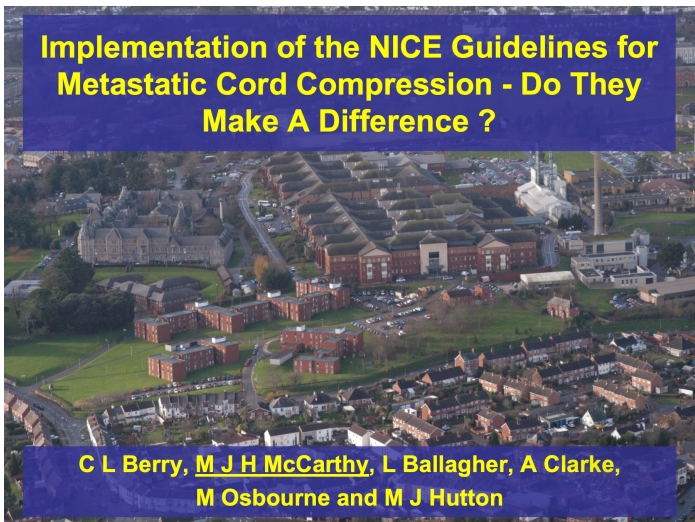


An aerial photograph of a large university campus, likely the University of Manchester, showing a complex of red-brick buildings, green lawns, and a central tower. The image is used as a background for the presentation title and authors' names.

Implementation of the NICE Guidelines for Metastatic Cord Compression - Do They Make A Difference ?

C L Berry, M J H McCarthy, L Ballagher, A Clarke,
M Osbourne and M J Hutton

NONE



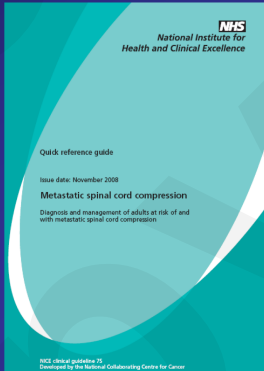
“What conflict of interest?!
I work here in my spare time.

Background

Direct decompressive surgical resection in the treatment of spinal cord compression caused by metastatic cancer: a randomised trial

Roy A Patchell, Philip A Trible, William T Regine, Richard Payne, Stephen Saini, Richard J Kyritsis, Mohammed Mahood, Byron Young

- Jan 1999 – May 2000
- L Ballagher – physio
- Retrospective audit
- Investigate the management of MSCC
 - Create care package
 - Evaluate surgical workload



NHS
National Institute for
Health and Clinical Excellence

Quick reference guide

Issue date: November 2008

Metastatic spinal cord compression

Diagnosis and management of adults at risk of and with metastatic spinal cord compression

NHS clinical guideline 75
Developed by the National Collaborating Centre for Cancer

Roy A Patchell, Phillip A Tibbs, William F Rejzine, Richard Payne, Stephen Saris, Richard J Krzycki, Mohammed Mohiuddin, Byron Young



NICE MSCC Guidelines (2008)

- “This (NICE) guideline is published in recognition that patients with MSCC sometimes suffer delays and avoidable disability”
- Key Priorities:
 - Early Detection
 - Imaging
 - Tx
 - Supportive Care and Rehabilitation
 - Patient Centred Care
 - Service Configuration and Urgency of Tx

- ## Setting up the service...
- Several meetings between the surgeons, oncologists, radiotherapists, radiologists, physiotherapists, nurses etc.
 - Communication was the main problem
 - Set up MSCC pathway
 - Little funding
 - Volunteers filled MSCC Coordinator role
 - Commenced June 1st 2009
 - with prospective data collection

Suspected MSCC

- Immediate** referral
- Follow referral guidelines on – www.execord.co.uk
- Telephone MSCC Coordinator – 07854 195479



A photograph of Batman, the superhero character, wearing his iconic black suit and cowl. He is holding a red rotary telephone receiver to his ear with his right hand, while his left hand is near his chest. The background is a fiery, orange-red gradient.

[illegible]

Objective

- To compare the retrospective MSCC audit of January 1999 to May 2000 with prospective data collected from June 2009 to January 2010 since the inception of the MSCC coordinator and NICE guidelines at the Royal Devon and Exeter Hospital
- Has the implementation of the NICE guidelines for MSCC made a difference?

Materials and Methods

- Single site
- Prospective cohort study with a retrospective control group
- All adults with suspected MSCC
- Approved and registered with Trust audit department

Materials and Methods

Outcome measures:

1. Length of time from referral to MRI
2. Percentage of patients referred for spinal surgery opinion
3. Percentage of patients undergoing surgery
4. Length of time patients kept on bed rest until spinal stability assessed

Results

Jan 1999 to May 2000 June 2009 to Jan 2010

- 16 months • 8 months
- 38 cases • 54 cases
- All "Confirmed" MSCC • 52 MRI 2 CT
- 7 clinical diagnoses

Workload more than doubled

Results

Jan 1999 to May 2000 June 2009 to Jan 2010

• Prostate	12	• Prostate	7
• Breast	9	• Breast	3
• Myeloma	2	• Myeloma	4
• Lung	3	• Lung	3
• Renal	3	• Renal	2
• Unknown	2	• Unknown	5
• Other	7	• Other	8

Results

Jan 1999 to May 2000 June 2009 to Jan 2010

- Admission to MRI
– 42 hours • Admission to MRI
– 41 hours
- Symptom Duration
– 16 days • Symptom Duration
– 39 days
- 7.8 hours if neuro deficit
- 16 days if remove 4 pts
- 8 days if neuro deficit

**Already a significant delay
prior to presentation**

Results

Jan 1999 to May 2000 June 2009 to Jan 2010

- | | | |
|---------------------------------------|---|---|
| • Surgical Referral
– 8 / 38 (21%) | • Surgical Referral
– 54 / 54 (100%) | ↑ |
| • Surgery
– None (all had DXT) | • Surgery (incl VP)
– 12 / 54 (22%) | ↑ |
| | • Other Tx not just DXT | |

Results

Jan 1999 to May 2000 June 2009 to Jan 2010

- | | | |
|-----------------------------------|--------------------------------------|---|
| • Spinal Stability
– 1 patient | • Spinal Stability
– All patients | ↑ |
| • Ave 5.5 days bed rest | • 2 days bed rest | ↓ |

Conclusions

- Evolution in Mx MSCC over last 10 years
- Based on **this audit and department experience** we *believe* the introduction of the NICE Guidelines has:
- Improved patient care
- Increased communication between depts
- Increased surgical referrals
- Reduced unnecessary bed rest

