

## Metastatic spinal cord compression in adults: risk assessment, diagnosis and management

### Consultation on draft scope Stakeholder comments table

22/06/21 to 02/08/21

Stakeholder	Chapter Name	Section Header	Section Number	Selected Text	Comments	Developer's response
Association of Chartered Physiotherapists in Oncology and Palliative Care	General	General	General		In the original guidance section on 'supportive care and rehabilitation' and 'access to specialist rehabilitation and transition to care at home': please ensure this is still included	<p>Thank you for your comment. We have reconsidered the topic of rehabilitation and have added this to the key area 'Service configuration and delivery' which now states in the second bullet:</p> <p>'configuration of services and delivery arrangements for immediate management and early rehabilitation'.</p> <p>This will focus on early rehabilitation and 'rehabilitation' in the 'Areas that will not be covered' has been changed to 'long-term rehabilitation'.</p> <p>A cross reference to the <a href="#">NICE guideline on rehabilitation for chronic neurological disorders including traumatic brain injury</a> publication expected August 2023, may be included if relevant.</p>
Association of Chartered Physiotherapists in Oncology and Palliative Care	What the guideline will cover	3.0	3.5		The Update states on P.5 3.5 that amongst the areas not covered in this update are rehab after SCC-----Why??! It goes on [3.7] to link rehab with chronic neurological disorders including traumatic brain injury, guidance of which is expected out in 2023. I feel that the missed opportunity of not discussing rehab in this review	<p>Thank you for your comment. We have reconsidered the topic of rehabilitation and have added this to the key area 'Service configuration and delivery' which now states in the second bullet:</p>

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					portrays a lack of understanding & clarity for the massive importance of this field and area.	<p>'configuration of services and delivery arrangements for immediate management and early rehabilitation'.</p> <p>This will focus on early rehabilitation and 'rehabilitation' in the 'Areas that will not be covered' has been changed to 'long-term rehabilitation'.</p> <p>A cross reference to the <a href="#">NICE guideline on rehabilitation for chronic neurological disorders including traumatic brain injury</a> publication expected August 2023, may be included if relevant.</p>
Association of Chartered Physiotherapists in Oncology and Palliative Care	What the guideline will cover	3.4.2	3.4.2		<p>Still issues with lack of MSCC coordinator posts nationally</p> <p>Importance to be highlighted in new guideline.</p>	Thank you for your comment. The details of service delivery will be reviewed and discussed with the committee.
Association of Chartered Physiotherapists in Oncology and Palliative Care	What the guideline will cover	3.4.5	3.4.5		<p>Possible use of SINS scoring for assessing stability</p> <p>Need clearer, more standardised procedure for communicating spinal stability in a timely manner and mobility permitted</p>	<p>Thank you for your comment. We will raise SINS as a possible scoring system with the committee for inclusion in the protocol of this evidence review.</p> <p>Issues around communicating spinal stability may be commented on if evidence relevant to this is identified.</p>
Association of Chartered Physiotherapists in	What the guideline will cover	3.4.6	3.4.6		Methods of immobilisation: with bracing	Thank you for your comment. The evidence review for question 6.2 will allow the

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Oncology and Palliative Care					Clearer guidance on indications / effectiveness/ recommendations for specific levels of spinal mets	committee to discuss this topic and provide guidance where the evidence allows.
Association of Chartered Physiotherapists in Oncology and Palliative Care	What the guideline will cover	3.5	3.5	Rehabilitation after treatment for SCC:	<p>Does this mean that it will not be reviewed in the new guideline? Not excluded? Please clarify</p> <p><b>Would not want this section to be omitted</b></p> <p>Need clearer timely documentation of advice regarding spinal stability and mobility. Could stability be informed by MRI radiology as part of MRI report to allow earlier advice / more smooth and timely commencement of rehab</p>	<p>Thank you for your comment. We have reconsidered the topic of rehabilitation and have added this to the key area 'Service configuration and delivery' which now states in the second bullet:</p> <p>'configuration of services and delivery arrangements for immediate management and early rehabilitation'.</p> <p>This will focus on early rehabilitation and 'rehabilitation' in the 'Areas that will not be covered' has been changed to 'long-term rehabilitation'.</p> <p>A cross reference to the <a href="#">NICE guideline on rehabilitation for chronic neurological disorders including traumatic brain injury</a> publication expected August 2023, may be included if relevant.</p> <p>It is anticipated that spinal stability and mobility will be included as outcomes as well as feature particularly in question 6.2.</p>
Association of Chartered Physiotherapists in	Main outcomes	5.0	5.0		? use of performance status as an outcome measure	Thank you for your comment. This section lists the main outcomes to be considered in the review of the evidence. The list is not

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Oncology and Palliative Care					Neurological status to include power; sensation: light touch, pin prick, proprioception	exhaustive and will be discussed with the committee for each review question.
NHS England and NHS Improvement	General	General	General		NHSEI are supportive of the scope of this guideline	Thank you.
NICE - Quality standards and indicators team	General	General	General		CG75 is used as source guidance for the NICE quality standard on metastatic spinal cord compression (MSCC) in adults (QS56) which contains 7 statements. Changes to the guideline may affect the statements.	Thank you for comment. The scope highlights the fact that <a href="#">Metastatic spinal cord compression QS56</a> (2014) will need to be updated once the guideline is published.
NICE - Quality standards and indicators team	General	General	General		Statement 7 highlights the importance of starting to plan rehabilitation and assess ongoing care needs at the point of admission using recommendation 1.6.5.4 as the evidence base. The exclusion of rehabilitation from the guideline could mean the statement has to be removed. We note that this area is intended to be covered in the guideline on rehabilitation for chronic neurological disorders including traumatic brain injury. It may be possible to use this as source guidance if it covers the same area as recommendation 1.6.5.4 in CG75.	Thank you for your comment. We have reconsidered the topic of rehabilitation and have added this to the key area 'Service configuration and delivery' which now states in the second bullet:  'configuration of services and delivery arrangements for immediate management and early rehabilitation'.  A cross reference to the <a href="#">NICE guideline on rehabilitation for chronic neurological disorders including traumatic brain injury</a> publication expected August 2023, may be included if relevant. The related quality standard can then be updated accordingly.
Royal College of General Practitioners	General	General	General		It would be preferable for primary care if this guideline and low back pain (NG 59) guidance were aligned and combined. The uncertainty	Thank you for your comment. During the development of the scope we have been mindful of the content of the <a href="#">NICE Low back</a>

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					when a patient presents with low back pain at the initial undifferentiated consultation can make diagnosis very difficult and separate guidelines can confuse clinicians.	<a href="#">pain and sciatica in over 16s: assessment and management guideline, last updated 2020 (NG59)</a> specifically in relation to pain management. We have also included questions around symptoms of signs in the recognition of metastatic spinal cord compression. Depending on the evidence this may allow the committee to make recommendations that differentiate one condition from the other. Once published the 2 guidelines will also be linked in the NICE pathway.
Royal College of General Practitioners	What the guideline will cover	3.4	3.4.3		When considering signs and symptoms, can the scope consider pre-existing and underlying conditions? For example, bladder dysfunction and low back pain are common in both men and women within community settings. Differentiating chronic, acute on chronic and new acute symptoms because of metastatic cord compression can therefore be difficult. By being explicit which symptoms are particularly pertinent to spinal cord compression when compared to chronic disease would be beneficial.	Thank you for your comment. The questions related to symptoms and signs will allow the committee to comment in their recommendations about other conditions with similar symptoms and differentiate between them. Details will be decided by the committee when they agree the protocol.
Royal College of Nursing	General	General	General		We do not have any comments to add but the RCN are supportive of this guideline. Thank you for the opportunity to contribute.	Thank you.
The Society and College of Radiographers	Equality Impact	Equality Impact	Equality Impact		<u><a href="#">Equality Impact Assessment</a></u> There were no inequalities identified due to gender reassignment yet there was for sex, as	Thank you for your comment. We have added transgender people to the <a href="#">Equality Impact Assessment form</a> .

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	Assessment	Assessment	Assessment		cancer mortality is higher in males than in females. How does this guideline ensure transgender people receive equal standards of care? For example, how would a transgender woman's risk of bone metastasis be accurately identified given the inherently higher risk in males and the known poorer outcomes for transgender people compared to cisgender people. <a href="https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2819%2930129-X/fulltext#back-bib1">https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667%2819%2930129-X/fulltext#back-bib1</a>	This means that we will look for evidence for this group of people in the context of Metastatic spinal cord compression and the committee will consider this group when discussing the evidence and making recommendations.
The Society and College of Radiographers	Key issues and draft questions	4.2 and 4.4	4.2 and 4.4		<u>Guideline</u> Under <b>4.2 Service configuration and delivery</b> and <b>4.4 Investigations</b> - agree this is important information to gather in terms of the current situation but also how this might change with the emergence of diagnostic hubs, for example how will this impact on the geographical distribution of CT and MRI scanners?	Thank you for your comment. Once the evidence (both clinical and economic) has been reviewed the committee will consider the evidence in light of the emergence of diagnostic hubs, including potential geographical inequalities in access to CT and MRI scanners.  We have added geographical inequalities in access to CT and MRI to the 'Equality considerations' section of the scope and the Equality Impact Assessment form.
The Society and College of Radiographers	Key issues and draft questions	4.3	4.3		Under <b>4.3 Recognition</b> - is there an element of public education to be considered here? i.e. who is doing the recognition?	Thank you for your comment. The outcome of the evidence review may highlight a set of symptoms and signs that could well be used to inform healthcare professionals and people

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						with lived experience about the recognition of the symptoms and how they may differ from other related conditions (if possible this may include who is doing the recognition).
The Society and College of Radiographers	Key issues and draft questions	4.5	4.5		Under <b>4.5 Prognostic tools</b> - do the validated scoring systems take into account transgender people when determining survival? For example how is a transgender woman's score benchmarked?	<p>Thank you for your comment. We have added transgender people to the <a href="#">Equality Impact Assessment form</a>.</p> <p>We will look for any evidence related to validated scoring systems to determine how generalisable they are to different population subgroups, including transgender people.</p>

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