

National Institute for Health and Care Excellence

Metastatic spinal cord compression (update)

Stakeholder Scoping Workshop

Tuesday 25 May 2021

Presentations
<p>The group were welcomed to the meeting and informed about the purpose of the day. The Stakeholder Scoping Workshop is an opportunity for stakeholders to review the early draft scope and give their input into whether it is appropriate.</p> <p>The group received presentations about NICE's work, the guideline development process and the role of the guideline committee. The Topic advisor of the committee also presented the key elements of the draft scope and the Chair of the committee presented some general points for discussion.</p> <p>Following questions, the stakeholder representatives had a structured discussion around the key issues.</p> <p>After the introductory presentations, the following issues were noted:</p> <ul style="list-style-type: none">• The guideline update was needed because new evidence has emerged and practice has become more variable.
Scope
General comments
<ul style="list-style-type: none">• The general impression of the scope was positive and the stakeholders thought that it covered the key elements of the care pathway.
Section 2 Equality considerations
<p>The topic of equality considerations was discussed and suggestions were made. The following process could be considered to promote equality:</p> <ul style="list-style-type: none">• Ensure that services are organised in a way that ensures equality of access.• Information needs to be provided in a timely and accessible way and at key stages in the pathway.
Setting
<p>There was agreement that the suggested setting in the scope was correct.</p>
Section 3.1 Who is the focus

The following issue related to the population ('Groups that will be covered') of the guideline was highlighted:

- One stakeholder queried whether people with intra-dural metastases would be included.

Stakeholders agreed with the populations listed in the 'Groups that will not be covered' section.

Section 3.2 Key areas that will be covered

The Stakeholders agreed that the key areas cover the important topics in the care pathway that the guideline would need to cover (for more detail see notes related to draft questions in section 3.4 below).

Section 3.2 Areas that will not be covered

Stakeholders agreed with the exclusion of 'rehabilitation' from the scope of this guideline. They thought that a guideline which has been commissioned 'Rehabilitation for Chronic Neurological Disorders Including Traumatic Brain Injury' would be able to cover spinal rehabilitation in more detail.

Section 3.3 Economic aspects

Stakeholders highlighted that service configuration, including timely access to MRI, as well as surgery, would be areas of the guideline where specific economic analysis would be helpful.

Section 3.4 Key issues and draft questions

Stakeholders agreed that the questions addressed the key issues and focused on areas where the guideline update is needed, but they made some general additional comments and suggestions related to:

- Information and support: Stakeholders agreed that it was an important question. They discussed that it would be very difficult to find qualitative evidence for this topic. They also discussed when information may be most needed and at which point new information should be given (such as information about the diagnosis, information about treatment options).
- Service delivery and configuration: Stakeholders agreed that services have changed significantly since the last guideline. It was also raised that potentially this could be quite a large topic.
- Diagnostic investigations: Stakeholders commented that it was not entirely clear how the two questions (one on radiological imaging techniques and the other on pre-operative CT scans) differed and that the current division is potentially confusing (because CT scans can be used both as part of diagnosis and as part

of pre-operative assessment). The focus should be on diagnostic investigations and also on investigations that would guide management.

- Predictive and prognostic tools: Stakeholders agreed that these were important topics for the guideline and discussed what could be included in this topic, i.e. using scoring systems for decision making and scoring systems that may also include results from imaging.
- Treatment of spinal metastases, direct malignant infiltration or associated metastatic spinal cord compression: For this key issue stakeholders highlighted the following:
 - Techniques or methods of immobilisation – It was discussed whether this would include how appropriate these methods will be, for example for people with limited life expectancy
 - Bisphosphonate agents – Stakeholders queried whether this would cover prevention as well as management of metastatic spinal cord compression. They also asked whether this question should also cover Denosumab which is commonly compared to bisphosphonate agents. It was discussed that people with myeloma would already be on bisphosphonate treatment and they noted that this should be taken into consideration.
 - Radiotherapy – Stakeholders mentioned the SCORAD trial which was published since the last guideline and that this would need to be considered as evidence. Stakeholders asked whether dosage and type of radiotherapy (i.e. fractionated or unfractionated) would also be covered.
- Stakeholders also queried why other topics had not been included. These include:
 - Chemotherapy – a stakeholder raised that primary chemo can be effective for spinal metastases in testicular cancer, small cell lung cancer and high grade lymphoma.
 - Endocrine therapy – a stakeholder suggested that this should also be looked at.
 - Combination treatments – it was queried by a stakeholder whether combined treatment such as radiotherapy plus surgery, would be included.

Section 3.5 Main outcomes

Overall, the stakeholders were satisfied with the outcomes suggested. In addition to those stated, 'mental health status' was suggested.

Guideline committee composition

Stakeholders made the following suggestions for the proposed members of the committee:

- Clinical haematologist

- Orthotist
- Rather than a 'specialist nurse' it should be an 'acute oncology specialist nurse'
- Continence specialist
- A 'radiographer' rather than a 'radiotherapy specialist'
- Commissioner of services