NICE National Institute for Health and Care Excellence

Appendix A: Stakeholder consultation comments table

2019 surveillance of Metastatic spinal cord compression in adults: risk assessment, diagnosis and management (2008)

Consultation dates: 12 to 23 November 2018

Do you agree with the proposal to not to the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
British Society of Rehabilitation Medicine		The British Society of Rehabilitation Medicine will not be sending in feedback on this occasion.	Thank you for your comments.
Clatterbridge Cancer Centre	No	There are 2 areas of concern. Firstly - the publication in abstract of a trial comparing single v multiple fraction radiotherapy – this study (when published) is likely to profoundly change the radiotherapy management of MSCC. Patients will move from a norm of transfer to treat and manage to a situation where they are treated and referred back to their local hospital. This will have a major impact on the structuring of	Thank you for your comments. Following stakeholder feedback, the 2018 surveillance review decision is to update the guideline. Part of the update process may include a search of evidence in the 2 areas highlighted in your comments. During the update of the guideline, developers may also consider the results of ongoing studies when they are published.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

		support/rehabilitation/ongoing management services across the Network. Secondly – standardisation of radiotherapy reporting. At present there is no current standard process for reporting MSCC. Many cases of significant disease do not currently flag the MSCC system. A review of evidence and recommendations of standardisation would be of great benefit in ensuring all MSCC patients are appropriately dealt with urgently.	
The Christie NHS Foundation Trust	Yes	No new evidence available which would change the current guidance. However, the SCORAD Phase III trial was presented at ASCO in 2017 and is awaiting publication. This trial demonstrates equivalent neurological outcome with 8 Gy single exposure versus 20 Gy in 5 fractions for patients with MSCC. Once published this trial will establish the standard of care for XRT for most intermediate/poor prognosis patients with MSCC. Is there a mechanism to review just this aspect of the guidance in 1 year, by which time SCORAD might have been published?	Thank you for your comments. Following stakeholder feedback, the 2018 surveillance review decision is to update the guideline. Part of the update process may include a search of evidence in the area highlighted in your comments. During the update of the guideline, developers may also consider the results of ongoing studies, including the SCORAD trial, when they are published.
The Royal College of Radiologists	Yes	No comments provided	Thank you for your comments.

Royal College of Nursing	Yes	The CG75 guideline remains current and clinically appropriate. We are not aware of any research that would contradict the current guidance.	Thank you for your comments. Following stakeholder feedback, the 2018 surveillance review decision is to update the guideline.
Society of British neurological Surgeons	No	1. Ten years is a long time in the credibility of any guideline. 2. The comments from the Topic advisers are I believe sufficient to justify an update. 3. The prognostic factors which determine overall outcome remain unclear. 4. There is a need to look at the quality of life outcomes and cost effectiveness of the current practice. 5. Many new surgical interventions have become available for the stabilisation of the spine. There is much variation of surgical methodology across England and UK. The GIRFT report on Spinal surgery will address this issue when released shortly. 6. There is huge pressure on the use of MRI scanners for acute conditions. The time utilised for each condition needs to be evaluated to justify the use of this valuable service facility. 7. There is a need to review the management of vertebral collapse in relation to vertebroplasty and kyphoplasty.	Thank you for your comments. Following stakeholder feedback, the 2018 surveillance review decision is to update the guideline. Part of the update process may include a search of evidence in the areas highlighted in your comments. NICE recognises that the age of the guideline and developments in the diagnosis and management of MSCC in its revised proposal to now update the guideline. NICE is aware of the GIRFT report and its potential impact on the management of metastatic spinal cord compression. As part of the update of the guideline, this evidence may be considered once details of the report are available. Whilst the 2018 surveillance review did not find any new evidence on either vertebroplasty or kyphoplasty to impact the current recommendations. NICE has produced interventional procedure guidance for these which will cover any new related evidence (NICE IPG12 and NICE IPG166).
British Pain Society	No	Response from BPS 1. The British Pain Society is a multiprofessional organisation that represents the largest number of specialists which deal with	Thank you for your comments. Following stakeholder feedback, the 2018 surveillance review decision is to update the guideline. Part of the update process may

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

			acute and chronic pain in UK. These include anaesthetists, pain medicine specialists, palliative medicine, physiotherapy and psychology. BPS welcomes the opportunity to comment on this consultation about CG75. Its view is that specific aspects of the guideline, relating to the management of pain, do need to be reviewed since the original publication. *2. Section 1.5.1 Treatments for painful spinal metastases and prevention of MSCC* *Analgesia* *1.5.1.1* *Offer conventional analgesia (including NSAIDs, non-opiate and opiate medication) as required to patients with painful spinal metastases in escalating doses as described by the WHO three-step pain relief ladder.* Comment: BPS is concerned that this part of the guidance is outdated and may be dangerous. 'Conventional analgesia' is based on 30 years of experience using the now obsolete WHO 3-step pain ladder (published 1986 with no substantial update since then). It was designed for use in patients with advanced cancer who were near the end of life, and who were experiencing chronic cancer-related pain. MSCC is an acute event in patients who have never had bony metastatic disease before, and an acute-on-chronic event in those with pre-existing bone metastases. As such,	include a search of evidence related to pain management as highlighted in your comments.

		the WHO ladder is a wholly inappropriate approach to use in patients with MSCC. BPS questions the recommendation of using NSAID without any notes of caution. For example, NSAIDs are potentially very dangerous in multiple myeloma – one of the commonest causes of MSCC – because of its risk of provoking acute kidney injury. NSAIDs should always be used with gastric protection, such as proton pump inhibitors, especially for older patients. Some patients with acute severe pain from MSCC may benefit from review and intervention by pain medicine specialists or anaesthetists, e.g. for the use of short-term spinal analgesia or localised nerve blockade. The input of such expertise should be coordinated alongside oncology, palliative medicine and potentially, surgery. The phrase "as required to patients with painful spinal metastases in escalating doses" is viewed with concern by BPS. In inexperienced hands, this guidance may lead to inappropriately high and toxic doses of opioids – especially morphine, which is contra-indicated in patients with renal impairment. *1.5.1.2*	

		Consider referral for specialist pain care including invasive procedures (such as epidural or intrathecal analgesia) and neurosurgical interventions for patients with intractable pain from spinal metastases. BPS Comment: Following on from our comment above, BPS welcomes the consideration for epidural or intrathecal analgesia. It proposes that pain medicine specialists or anaesthetists should be included in the list of specialists who may potentially be involved in the acute care of patients with painful MSCC; and that that these professions should be mentioned explicitly, as oncologists, palliative medicine or surgical specialists may not be experienced or qualified to make a decision about these specific interventions. *Treatment options* *1.5.1.14* *All decisions on the most appropriate combinations of treatment for pain or preventing paralysis caused by MSCC should be made by relevant spinal specialists in consultation with primary tumour site clinicians and with the full involvement of the patient.* BPS comment: Reflecting the comment above, BPS recommends that pain medicine specialists	

		and anaesthetists are specially mentioned in the list of 'relevant spinal specialists', when it comes to considering management of acute severe pain.	

Do you have any comments on areas excluded from the scope of the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
British Society of Rehabilitation Medicine	Not answered	No comments	Thank you for your comments.
Clatterbridge Cancer Centre	No	No comments	Thank you for your comments.
The Christie NHS Foundation Trust	No	No comments	Thank you for your comments.
The Royal College of Radiologists	Yes	The RCR is pleased to note that NICE will be regularly checking the publication status of 'Single fraction versus multifraction radiotherapy for patients with metastatic spinal cord compression' and will evaluate the impact of the results on the current recommendations as quickly as possible.	Thank you for your comments.
Royal College of Nursing	No	No comments	Thank you for your comments.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Society of British neurological Surgeons	No	No comments	Thank you for your comments.
British Pain Society	No	No comments	Thank you for your comments.

Do you have any comments on equalities issues?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
British Society of Rehabilitation Medicine	Not answered	No comments	Thank you for your comments.
Clatterbridge Cancer Centre	No	No comments	Thank you for your comments.
The Christie NHS Foundation Trust	No	No comments	Thank you for your comments.
The Royal College of Radiologists	No	No comments	Thank you for your comments.
Royal College of Nursing	No	No comments	Thank you for your comments.
Society of British neurological Surgeons	No	No comments	Thank you for your comments.
British Pain Society	No	No comments	Thank you for your comments.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees