

MANAGEMENT OF SUSPECTED SPINAL METASTASES/MSCC IN PRIMARY/COMMUNITY CARE

Suspected/impending MSCC



THIS IS AN ONCOLOGY EMERGENCY

Without prompt treatment the patient may become paralysed

Assume spine unstable until proven otherwise.

Immobilisation: nurse people in a supine position to minimise weight bearing on the spine (lying flat or with partial elevation). If they cannot tolerate the supine position, for example, because of pain or breathlessness, try adjusting their position. *

Complete full neurological examination.

Contact the MSCC co-ordinator immediately as per details below.

Ambulance transfer to local ED unless MSCC co-ordinator recommends otherwise. **MRI whole spine within 24 hours.**

If from Community MSK - Discharge letter to GP cc oncology team (if known primary cancer).

**Caution patient about the risk of non-supine position & document.*

Suspected spinal metastases

Contact the MSCC co-ordinator immediately as per details below. Co-ordination of care should sit with GP / Primary care

December 2025 update

The Rapid Diagnostic Centre (RDC) at RLH closed to new referrals on the 25th of August 2025.

Recognising that general practice valued secondary care investigative support for undetermined cancers, a mailbox has been set up for referrals for patients with a malignancy of unknown origin or those who have or suspicion of spinal metastases: bartshealth.abnormalimagi ng-nss@nhs.net (It will be monitored Monday to Friday)

The trust is working on a longer term appropriate e-RS route of referral for these patients and is aiming to have this pathway in place during Q4 (January – March 2026). GP may wish to arrange a CT abdomen pelvis and blood tests if no known primary cancer. [Cancer - GP Website](#)

If known primary - The oncology team to arrange an MRI whole spine within 7 days.

At risk of spinal metastases/MSCC



For people with a past or current diagnosis of cancer with low back pain but no clinical evidence of spinal metastases or MSCC explain:

- what changes in their symptoms they should look out for and provide [safety netting information](#).

Symptoms:

Box 1 Factors suggesting spinal metastases or MSCC

Cancer:

- past or current diagnosis of cancer
- suspected diagnosis of cancer (see also [NICE's guideline on suspected cancer](#)).

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).

Symptoms and signs suggesting cord compression:

- bladder or bowel dysfunction
- gait disturbance or difficulty walking
- limb weakness
- neurological signs of spinal cord or cauda equina compression
- numbness, paraesthesia or sensory loss
- radicular pain.

Contact details for MSCC co-ordinator & oncology teams:



When to suspect DCM



Risk factors

Over 50
 Congenital canal narrowing
 Tandem stenosis
 Radicular arm pain
 Previous cervical surgery
[Nouri et al. 2022 – development & natural history](#)
 Rheumatoid arthritis / ankylosing spondylitis

Screening

Screen all patients with:

- Neck pain +/- radicular arm pain
- Carpal tunnel syndrome
- Recurrent falls
- Previously confirmed spinal stenosis / cord compression

Symptoms

Early symptoms are often subtle and non-specific and may include:

- Hand numbness or paraesthesia.
- Neck and/or shoulder pain
- Hand fine motor disturbance e.g. fastening buttons ([Cervellini et al, 2025](#))

The most frequent symptoms are:

- Unspecified paresthesia
- Hand numbness/paraesthesia
- Gait impairment ([Jiang et al 2024 - Symptoms](#))

Other symptoms may include:

- Limb weakness
- Lower extremity numbness, paraesthesia and pain
- Bladder and bowel symptoms ([Cervellini et al, 2025](#))
- Pain, weakness or heaviness in the arms or legs
- Deteriorating balance or feeling unsteady
- Radicular / radiating pain
- Back pain
- Bladder/bowel/sexual/saddle sensory dysfunction

Neurological examination

The most sensitive clinical tests are:

- Tromner sign
- Hyperreflexia.

The most specific tests are:

- Babinski
- Tromner
- Clonus
- Inverted supinator sign ([Jiang et al, 2024 - Signs](#))
- Complete upper and lower motor and sensory examination.
- Lhermitte sign (shooting pain with neck flexion) is present in 27% of cases ([Cervellini et al, 2025](#))
- A combination of tests is more likely to be helpful than any one test in isolation.
- Consider testing: finger-escape sign; tandem gait/heel-to-toe; Romberg sign; cervical extension.
- Neurological examination can be normal in the early/middle stages of DCM, therefore absence of upper motor neuron signs does not rule out a diagnosis of DCM.

Diagnosis & triage

- MRI is the gold standard for diagnosing DCM (CT scan be used when MRI contraindicated)
- Essential to establish a timeline for the duration and progression of each symptom, to help guide the urgency of imaging.
- Do not wait for people to develop a 'full house' of severe/late stage symptoms.
- Listen out for the more subtle/early-stage symptoms and believe what you are told.
- Do not be reassured by negative tests when there is a clear subjective history of DCM.
- Have a low threshold for cervical MRI scan when DCM is suspected.
- For more information on DCM assessment, diagnosis and treatment see here: [DCM education video - Julia Tabrah 2024](#)

MSCC co-ordinator (Barts):

Spinal MSCC co-ordinator: **07957724979**

The mobile number is only operational between **9 am – 5 pm**, request oncology-on-call outside of these hours via switchboard 020 7377 7000.

Details also on landing page of <https://www.referapatient.org/refer-a-patient>

You may be asked to phone the local emergency department i.e. Homerton depending on the advice given by the MSCC co-ordinator.

Homerton ED: 0208 510 7057 or bleep # 601

Bart's Health NHS Trust:

Email address: aosreferrals.bartshealth@nhs.net (preferred means of contact)

Coordinator: Sarah Huntley

Acute Oncology & Cancer of Unknown Primary Service

Telephone available Mon-Fri 8 – 4 pm: CUP co-ordinator: 07562904768

CUP CNS's: 07940499062 and 07534025878

Homerton Healthcare NHS Trust:

Elizabeth George / Katherine Ryan (acute oncology service CNS)

bleep # 437//mobile 07920210287

elizabeth.george11@nhs.net

katherine.ryan2@nhs.net

Oncology Consultants: Dr Paula Wells (Tuesday afternoon) paula.wells6@nhs.net & Dr Slater (Thursday) sarah.slater13@nhs.net

For communications, please email huh-tr.HUH.Acute.Oncology.Referral@nhs.net or Huh-tr.HUH.Acute.Oncology.Team@nhs.net (includes medical doctors)

University College London Hospital:

Submit a query via <https://www.referapatient.org/refer-a-patient>

Select National Hospital for Neurology and Neurosurgery, Queen Square, University College London Hospital. Select “neurosurgery” for speciality/pathway.

For any suspected MSCC please call the **MSCC co-ordinator on 07903 531674** (available Monday-Friday, 8am-4pm) or call the Neurosurgery on-call team out of hours **on bleep 8100 AFTER** details submitted via Refer A Patient portal and transferred any available imaging via Image Exchange Portal (IEP)

Known primary and suspicion of spinal metastases: contact the primary site clinician by searching for relevant cancer service: <https://www.uclh.nhs.uk/our-services/find-service/cancer-services/z-cancer-services>

Acute Oncology Clinical Nurse Specialists (Monday to Friday, 9am to 5pm)

Tel: 07508 628 941 or 07950 869 776

24-hour urgent advice line for out of hours queries Tel: 020 3447 3893

Safety netting resources:

MACP video about when to seek urgent help for your back pain: <https://www.youtube.com/watch?v=FdlxfcJmn-4>

The Christie Foundation webpage about signs and symptoms of MSCC:

<https://www.christie.nhs.uk/patients-and-visitors/services/metastatic-spinal-cord-compression-mscc/information-for-mscc-patients/signs-and-symptoms-of-mscc>

Macmillan Cancer Support – information for patients

<https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/18334-10061/mac15457-e04-mscc-leaflet>

Suspected spinal MSCC* contact the MSCC co-ordinator (immediately):

Barts Health NHS Trust:

07957 724 979 in working hours

OOH call 02073777000 and ask for on-call Oncology Registrar

BHRUT:

01708 435 000 ext: 6408 (9-5 pm).

OOH call: bleep neuro-surgical registrar on 6177

MSE NHS Trust

01702 435 555/bleep 4001(9.00 – 21:00) via switchboard

OOH call: via switch: (01702 435 555) ask for on-call reg for oncology.

Princess Alexandra NHS Trust

Call switchboard (01279 444 455) and ask for Acute Oncology Service

[Cancer - GP Website](#)

For suspected spinal metastases:

Contact the patients oncologist if they have a known primary

NICE guidance states to call the MSCC co-ordinator (within 24 hours) OR follow local pathway (e.g. Two week wait referral or referral to rapid/faster diagnostic centre)