

NICE Guidelines on Metastatic Spinal Cord Compression

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NICE

The Problem



Clinical Features

- Back pain
- Sudden or progressive weakness and numbness of legs
- Loss of bladder and bowel control
- Most frequent cancers breast, lung, prostate
- 20% may not have a previous diagnosis of cancer
- Often a 'Friday afternoon' emergency

Why is it important?

- A relatively common oncological emergency
- c4,000 cases per year in England and Wales
- Potentially reversible if treated quickly
- But paraplegia >24 hours is irreversible
- Paraplegia is associated with a poor prognosis and greater resource use
- Evidence of variable and poorly coordinated care

NICE Clinical Guideline

- Commissioned 2005
- Developed by National Collaborating Centre for Cancer
- Published 2008
- GDG:
 - 2 patient/ carer representatives
 - 9 doctors (including GP and Public Health)
 - 1 nurse
 - 2 allied health professionals

Recommendations

TOPIC	Number	%
Treatment	45	40
Investigation	21	18
Support/ information	7	6
Mobilisation/ rehabilitation	19	17
Organisation	17	15
Research	5	4
TOTAL	114	100

10 Key Recommendations

TOPIC	Number
Treatment	5
Investigation	1
Support/ information	1
Mobilisation/ rehabilitation	1
Organisation	2
TOTAL	10

How does NICE use evidence?

	MSCC	Advanced Breast Ca
Consensus alone	32%	44%
Observational studies	40%	16%
RCTs	7%	37%
Other guidance	17%	-
'Extrapolation'	3%	-
Health economic studies	1%	2%
Audit data	1%	-

Why so few RCTs?

- Many of the questions (especially about service organisation, information and other support) not amenable to RCT research
- Not a 'sexy' topic → difficulty funding
- Emergency treatment tricky to investigate in formal trials (speed of decision-making, out of hours treatment &c)

Consensus alone

- Important issues for which no evidence available or likely to be
- Recognition that there is a problem in current care that a CGL recommendation might help
- Confident that recommendation will cause more good than harm
- Strong consensus in the group
- No significant dissent at consultation

Conclusions

- Many (?most) guidelines need to address clinical questions other than simple ones of therapy and diagnosis
- The evidence base will inevitably include non-RCT evidence, some of which may be 'grey'
- Conventional evaluation and grading systems may undervalue such evidence