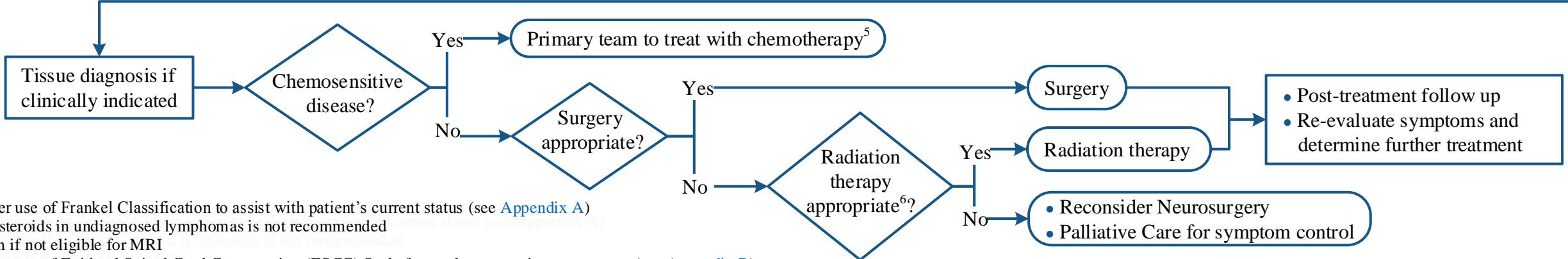
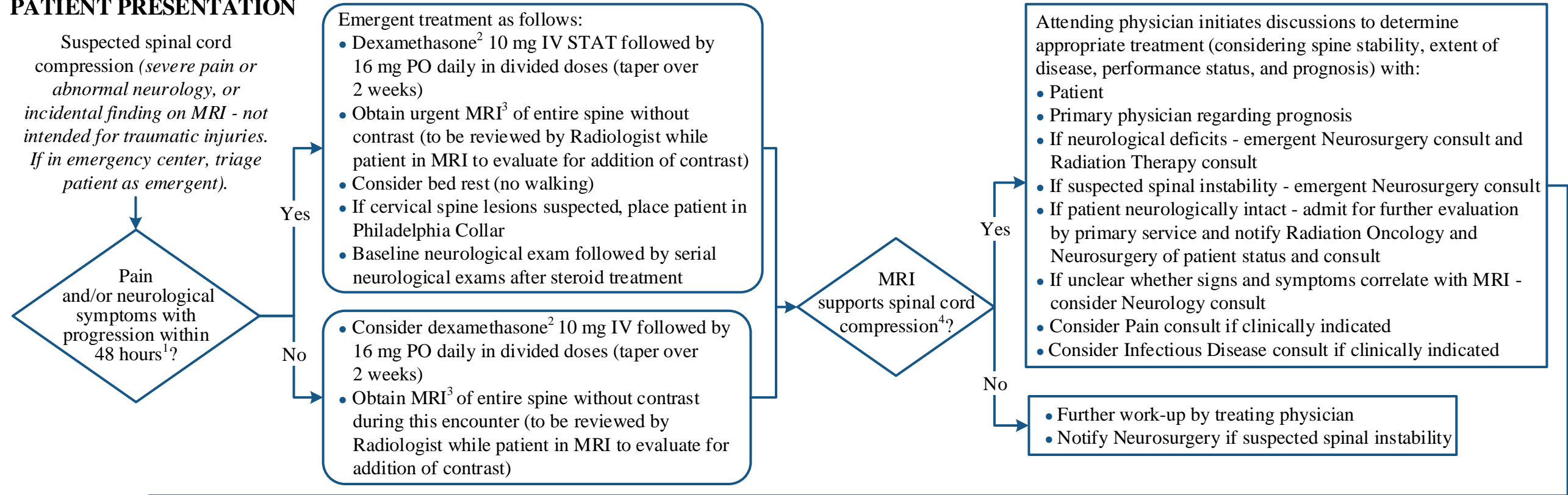


# Spinal Cord Compression Management in Cancer Patients

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

## PATIENT PRESENTATION

Suspected spinal cord compression (*severe pain or abnormal neurology, or incidental finding on MRI - not intended for traumatic injuries. If in emergency center, triage patient as emergent.*)



<sup>1</sup> Consider use of Frankel Classification to assist with patient's current status (see [Appendix A](#))

<sup>2</sup> Use of steroids in undiagnosed lymphomas is not recommended

<sup>3</sup> CT scan if not eligible for MRI

<sup>4</sup> Consider use of Epidural Spinal Cord Compression (ESCC) Scale for cord compression assessment (see [Appendix B](#))

<sup>5</sup> For instances where patient is already receiving chemotherapy, the oncologist will advise on whether treatment should be continued/discontinued/delayed

<sup>6</sup> Consider radiosensitivity of tumor

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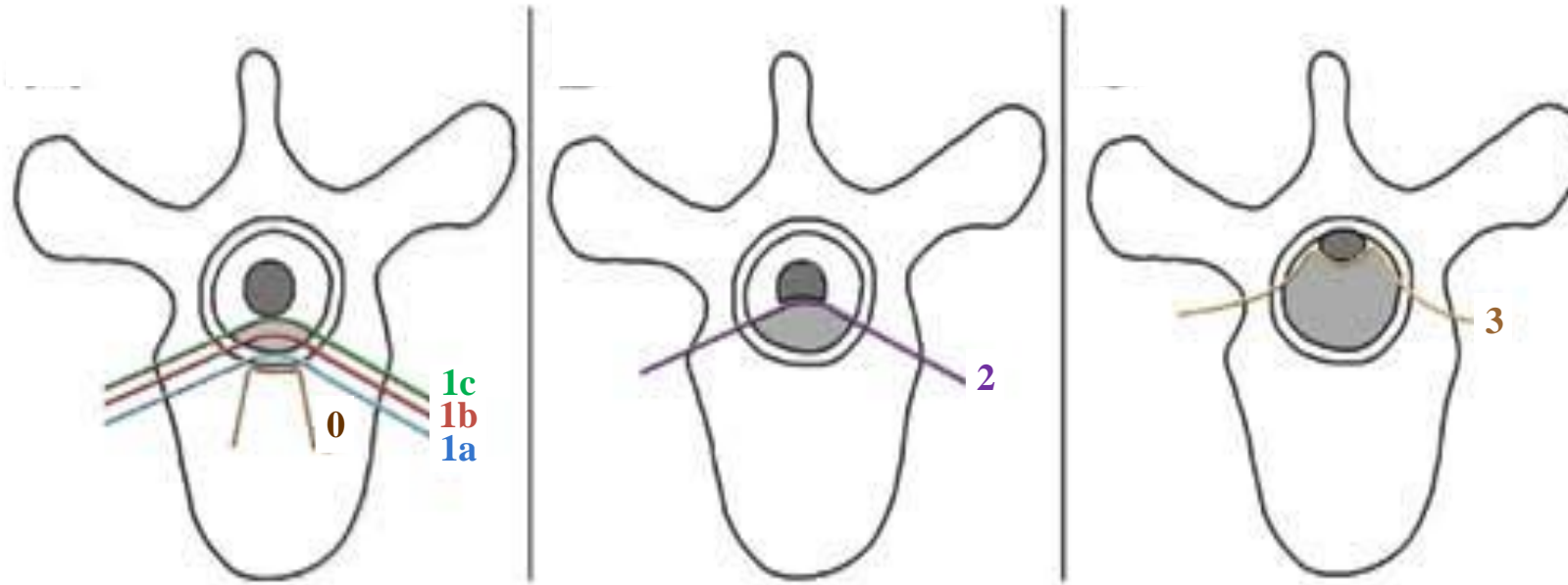
## APPENDIX A: Frankel Classification

Grade	Status	Sensory Function Below Level of Compression	Motor Function Below Level of Compression
A	Paraplegia	No sensation	Complete paralysis (no function)
B	Sensory function only	Some sensation	Complete paralysis (no function)
C	Non-ambulatory	-	Some motor function, but of no practical use to the patient
D	Ambulatory	-	Some motor function, but of no practical use to the patient
E	No neurologic signs or symptoms	Normal	Normal

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## APPENDIX B: Epidural Spinal Cord Compression (ESCC) Scale



Schematic representation of the 6-point ESCC grading scale.

- Grade 0 Bone-only disease
- Grade 1a Epidural impingement, without deformation of thecal sac
- Grade 1b Deformation of thecal sac, without spinal cord abutment
- Grade 1c Deformation of thecal sac, with spinal cord abutment, without cord compression
- Grade 2 Spinal cord compression, with cerebral spinal fluid (CSF) visible around the cord
- Grade 3 Spinal cord compression, no CSF visible around the cord

Reproduced with permission from Bilsky et al, 2010, *J Neurosurg: Spine* 13(3), 324-328

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## DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Spinal Cord Compression workgroup at the University of Texas MD Anderson Cancer Center. These experts included:

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