

Introduction of prognostic scoring for patients with spinal metastases: the Northern Ireland experience.

K. Rooney, S. Thompson, N. Darwish

Introduction of prognostic scoring for patients with spinal metastases: the Northern Ireland experience.

K. Rooney, S. Thompson, N. Darwish

The objectives of treatment for metastatic spinal tumours are to mitigate **pain** and **paralysis** and maximize the **activities of daily living** and **quality of life**.

To achieve the best possible patient outcomes it is important to accurately predict the survival period to allow selection of appropriate therapeutic strategy.

Aim

To establish if a prognostic scoring system could be introduced when assessing patients presenting with metastatic spinal cord compression to aid decision making with regards to surgical management and allow for expedient decision making.

Method

A 3-month retrospective review of referrals with metastatic spine lesions was undertaken in the Royal Victoria Hospital, Belfast.

Using the modified Tokuhashi score for prognosis each referral was scored.

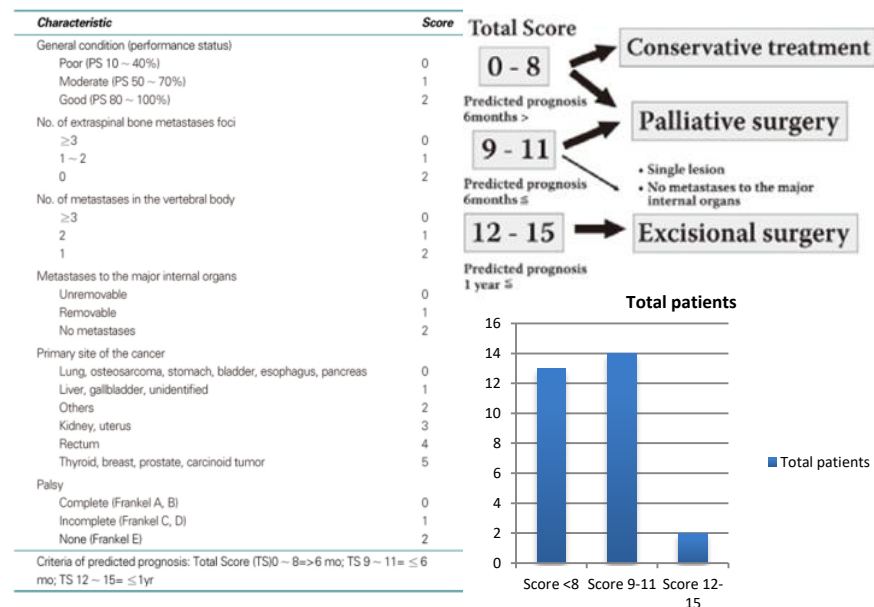
The scoring system is used to predict prognosis and therefore can be correlated with management options.

- < 6 months – conservative;
- 6 months-1year palliative surgery;
- > 1year excisional surgery.

The score was then compared to management that patient received to determine if current practice reflected that advised by prognostic scoring.

References

Tokuhashi et al. A revised scoring system for preoperative evaluation of metastatic spine tumour prognosis. Spine (2005) vol.30 (19) pp. 2186-91

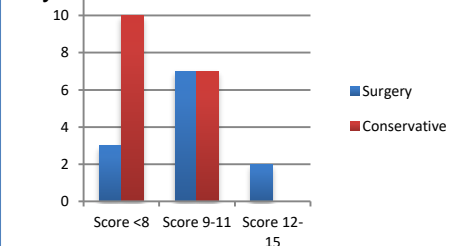


Results

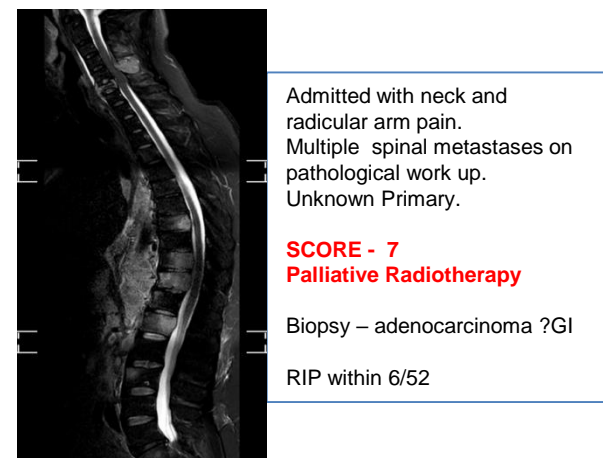
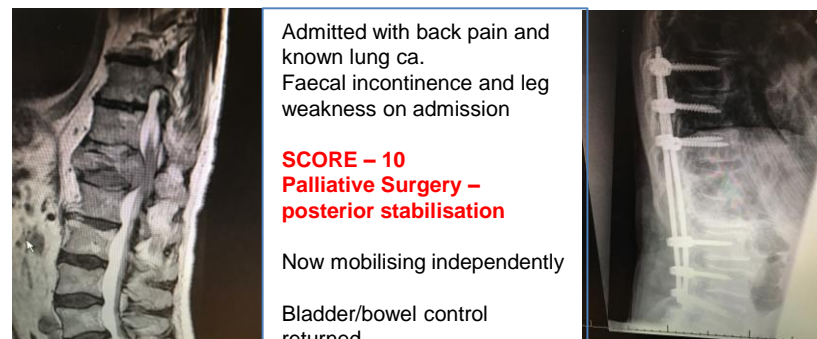
32 Patients referred Oct 16- Dec 16

- 3 exclusions for incomplete data.

66% of our patients underwent the appropriate treatment for their prognosis as per the scoring system.



- 13 patients scored <8 and were categorised for conservative management
 - 3 of these proceeded to surgery
- 14 scored 9-11 = palliative surgery
 - 50% underwent posterior stabilisation and decompression while the other 7 were treated conservatively.
- 2 patients scored > 12
 - both patients proceeded to palliative surgery rather than excisional due to patient factors.



Conclusions

Assessing the prognosis before treatment for metastatic spine tumour is extremely important in therapy selection.

There can be difficulties when assessing patients; scoring systems could be improved by including co-morbidities.

These are a complex group of patients requiring both a multidisciplinary and holistic approach to decision making. When assessing a patient for treatment of their metastatic spinal tumour, awareness of the prognosis is extremely important in therapy selection.

We advocate the use of oncological scoring systems as an adjunct when deciding upon a management plan for patients with spinal cord compression.

The authors do not have anything disclose.