

DRAFT

Cancer related scenarios

Disclaimer:
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References:
1. Black Country oncology webinar Oct 2023.

Metastatic cord compression

Metastatic Ca/suspected Ca: commonly breast, prostate, lung, renal, myeloma.

Severe suspicious pain:

Continence: difficulty in controlling bladder or bowel.

Cannot work arm/legs: loss of power.

- Thoracic or cervical spine pain.
- Band like chest pain.
- Lumbar spine, progressive pain.
- Severe unremitting lower spinal pain.
- Spinal pain worsened by straining (coughing or sneezing).
- Shooting nerve pain.
- Sensory impairment.
- Localised spinal tenderness.
- Spinal pain at night.

- MRI whole spine.

- This should be done in time to allow definitive treatment to be planned within:

- 1 week of the suspected diagnosis in the case of spinal pain suggestive of spinal metastases or sooner if there is a pressing clinical need for emergency surgery

OR

- 24 hours in the case of spinal pain suggestive of spinal metastases and neurological symptoms or signs suggestive of MSCC and occasionally sooner if there is a pressing clinical need for emergency surgery

Neutropenic sepsis

- Any of following in 'at risk' group:
- Temp $\geq 37.5^{\circ}\text{C}$.
- Signs of sepsis.
- Signs of infection e.g. UTI or cough.

- Received chemo in last 28/7.
- Haematological Ca e.g. leukaemia, lymphoma, myeloma, myelodysplastic syndrome.
- Taking immunosuppressives e.g. MTX.

- Contact acute oncology STAT.
- Aggressive and fast administration of IV Abx (within 60 min).

- ***Be aware***
- Signs of sepsis may be minimal or absent.

Cancer of unknown origin

Non site specific cancer

- You think it's a Ca but cant fit onto an existing 2ww pathway.

- 1o care to do:
- FBC.
 - UE's.
 - LFT's.
 - TFTs.
 - HbA1c.
 - ESR & CRP.
 - Bone.
 - LDH.
 - Immunoglobulins.
 - PSA (men), Ca125 (women).
 - FIT.
 - Urine dip.
 - CXR.

2o care to do:
- CT TAP with contrast.

Mucositis

- Difflam.
- GelClaire gel sachets.