

FACT SHEET — RED FLAG — URGENT

Spinal Metastases

Secondary cancer in the spine — recognition, investigation, and management

■ ■ Seek urgent medical assessment if you have back pain with:

- Known history of cancer — any new or changed back pain needs assessment
- Constant back pain not relieved by any position, present at rest and at night
- Unexplained weight loss
- Rapidly worsening leg weakness, bladder or bowel changes — go to A&E; now
- Age over 50 with new back pain and no clear mechanical cause
- Systemically unwell, fever, or extreme fatigue alongside back pain

What spinal metastases are

Spinal metastases are deposits of cancer cells that have spread from a primary tumour elsewhere in the body to the bones of the spine. The spine is the most common site of bone metastases overall, and spinal metastases are the most common malignant tumour affecting the spine. They can cause pain, structural instability, and — if they compress the spinal cord or nerve roots — serious neurological compromise.

Most common primary cancers that spread to the spine

Primary cancer	Characteristics
Prostate cancer	Most common in men. Often produces sclerotic (bone-building) metastases. Can be present for years before symptoms develop.
Breast cancer	Most common in women. Can produce either lytic (bone-dissolving) or sclerotic metastases.
Lung cancer	Often aggressive. May present with spinal metastases early in the disease course.
Renal cell carcinoma	Highly vascular metastases. Often lytic.
Thyroid cancer	Well-differentiated thyroid cancer can produce solitary spinal metastases years after initial treatment.
Multiple myeloma	Technically a primary bone marrow cancer rather than a metastasis, but produces similar lytic lesions throughout the spine.
Colorectal cancer	Less commonly spreads to bone but can produce spinal metastases.

Malignant spinal cord compression (MSCC)

■ ■ This is a spinal emergency — call 999 or go to A&E; immediately if you have:

- Rapidly worsening leg weakness in a patient with known cancer
- Bladder or bowel changes alongside back pain in a patient with known cancer
- Saddle area numbness in a patient with known cancer
- Back pain with known spinal metastases that has suddenly worsened

Malignant spinal cord compression occurs when metastatic deposits compress the spinal cord or cauda equina. It is a medical emergency — the window for preserving neurological function is measured in hours. Any patient with known cancer who develops the above symptoms should attend A&E; immediately.

Investigation and treatment

Urgent MRI whole spine	The investigation of choice for suspected MSCC. Available 24/7 at major centres.
CT scan	Useful for characterising bone involvement and planning treatment.
Bone scan / PET-CT	For assessing extent of metastatic disease throughout the skeleton.
Radiotherapy	The most commonly used treatment for spinal metastases. Palliative radiotherapy provides effective pain control and reduces fracture risk.
Surgery	Surgical decompression and stabilisation for cases with neurological compromise, spinal instability, or single metastasis potentially amenable to resection.
Steroids	High-dose dexamethasone is given urgently to reduce oedema around a compressed spinal cord.
Systemic treatment	Chemotherapy, hormonal therapy, targeted therapy, or immunotherapy depending on the primary tumour.

Related fact sheets

Prostate cancer and back pain	The most common source of spinal metastases in men.
Cauda equina syndrome	Neurological emergency from spinal cord or cauda equina compression.
Multiple myeloma	Primary bone marrow cancer producing similar spinal lesions.
Osteoporosis	Bone fragility that coexists with and complicates metastatic bone disease.

Get your personalised report — or speak to a specialist

To receive this fact sheet by email, or to book a consultation, use the options below.

Get this report by email

We will send this fact sheet with your personalised assessment summary.

Your name

Email address

Send Me the Report

Your details are used only to send your report.

Book a consultation

Speak with a specialist. Leave your details and we will be in touch.

Your name

Email address

Phone number

Best number to reach you

Best time to call

e.g. mornings, weekday afternoons

Preferred contact method

Phone Video Email

Briefly describe your back pain

Main concern and duration

Request a Consultation

We aim to respond within one working day.

This fact sheet is produced by mybackpain.co.uk, powered by Osteospinal. For patient information only. Does not constitute medical advice.