



The experiences of people presenting with metastatic spinal cord compression as their first symptom of a new advanced cancer diagnosis: A Grounded Theory Study

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Background

Cancer remains a major health challenge in the UK, with over 384,000 new cases in 2019 (Cancer Research UK, 2023). Survival rates remain lower than the European average, partly due to late-stage diagnoses (Elliss-Brookes et al., 2012). Metastatic spinal cord compression is a recognised oncological emergency that requires urgent intervention to prevent permanent neurological damage (NICE, 2012; 2023). In up to 20% of cases, metastatic spinal cord compression may be the first presenting symptom of an undiagnosed advanced cancer (Quraishi et al., 2014). These people face a complex situation, managing both acute neurological deterioration and an uncertain palliative cancer diagnosis. The specific needs of this group are poorly understood and may be unmet. Studying this experience is essential to inform policy, improve care delivery and guide resource allocation.

Aims

To develop a theory grounded in the experiences of people presenting with metastatic spinal cord compression as the first symptom of a new advanced cancer, focusing on the initial phase of symptom development, diagnosis, and urgent treatment, and to understand what is unfolding physically, functionally, and emotionally.

Methods

A constructivist grounded theory approach was used, with purposive, and theoretical sampling. Semi-structured interviews were conducted, and data was interpretated using constant comparative analysis, incorporating coding, memo-writing and diagram construction.

Findings

Twelve participants were recruited, (five females and seven males, aged 53 to 86). Most participants and not received a confirmed primary cancer diagnosis at the time of interview. An evolving conceptual model was developed: "Navigating the physical, practical and emotional experiences of a dual diagnosis: Presenting with metastatic spinal cord compression and a new advanced cancer." Constructed from three interlinked categories and ten subcategories, the model in Figure 1 illustrates how people are transitioning through the physical, functional and emotional changes that metastatic spinal cord compression brings while also processing a new advanced cancer diagnosis and demonstrates this can be an incredibly complex and challenging experience.

Conclusion

The initial findings highlight the profound physical, emotional, and functional impact of presenting with metastatic spinal cord compression as the first symptom of a new advanced cancer. The three interlinked categories form a model of transition, illustrating how people navigate adaption and emotional negotiation of this dual diagnosis. It marks a turning point recognising that returning to their former life is longer possible. The focus shifts towards making sense and connect the meaning of the significance and implications and prognosis of both the new advanced cancer diagnosis and their metastatic spinal cord compression. A delayed critical interpretive synthesis of the literature was subsequently undertaken to support and refined the emerging theory, in line a with constructivits grounded theory methodology.

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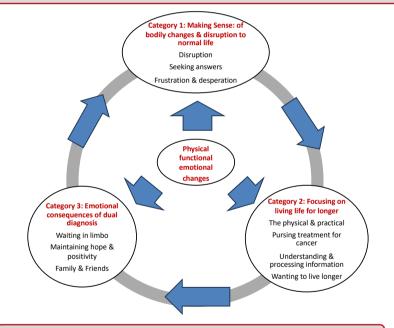


Figure 1: Evolving Conceptual Model: "Navigating the physical, practical and emotional consequences of a dual diagnosis: Presenting with metastatic spinal cord compression and a new advanced cancer."