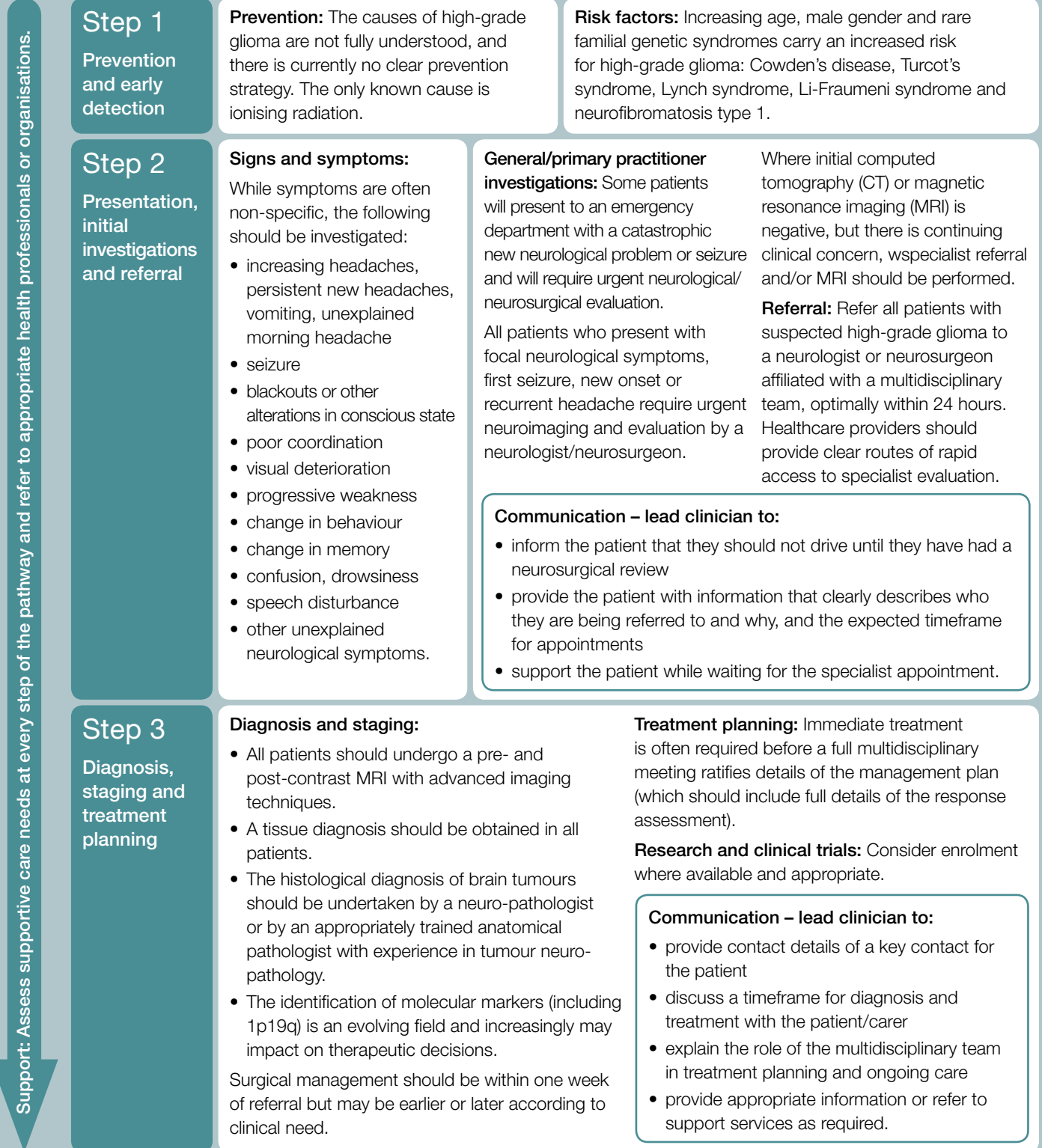


Optimal cancer care pathway for people with high-grade glioma

Quick reference guide



Please note that not all patients will follow every step of this pathway:



1 Lead clinician – the clinician who is responsible for managing patient care.

The lead clinician may change over time depending on the stage of the care pathway and where care is being provided.

Step 4

Treatment:

Establish intent of treatment:

- longer term survival
- maintenance of quality of life
- symptom palliation.

Treatment options:

- All patients should be considered for surgery by a neurosurgeon with experience in treating brain tumours. Surgery is commonly the initial therapeutic approach for tumour debulking and obtaining tissue for diagnosis.

- Ideally, the determination of residual enhancing disease should be assessed within 48 hours after surgical biopsy using pre- and post-contrast MRI.
- All patients should be considered for radiation therapy and chemotherapy.

- These patients have specialised medication needs (corticosteroids, anticonvulsants, anticoagulants) and should be managed in conjunction with a specialist practitioner.

Palliative care: Specialist palliative care is recommended for the majority of patients with high-grade gliomas. Early referral can improve quality of life. Referral should be based on need, not prognosis.

Communication – lead clinician to:

- discuss the treatment plan with the patient and carer, including the intent of treatment and expected outcomes
- discuss advance care planning with the patient/carer where appropriate
- discuss the treatment plan with the patient's general practitioner
- provide the patient and carer with information on safe mobility, seizures, possible side effects of treatment, self-management strategies and emergency contacts.

For detailed information see http://www.cancer.org.au/content/pdf/HealthProfessionals/ClinicalGuidelines/Clinical_Practice_Guidelines-Adult_Gliomas-AUG09.pdf.

Step 5

Care after initial treatment and recovery

The majority of high-grade glioma patients have incurable disease, but longer term survivors exist. Patients may be discharged into the community and generally need to see a specialist for regular follow-up appointments.

The patient and their general practitioner should be provided with the following to guide care after initial treatment.

Treatment summary outlining:

- the diagnostic tests performed and results
- tumour characteristics
- the type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided
- contact information for key care providers.

Follow-up care plan outlining:

- medical follow-up required (tests, ongoing surveillance)
- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

Follow-up by the neurosurgeon should occur four to eight weeks after surgery. Surveillance should include regular radiological assessment with MRI.

Communication – lead clinician to:

- explain the treatment summary and follow-up care plan to the patient/carer
- provide information about the signs and symptoms of recurrent disease.

Step 6

Managing recurrent or progressive disease

Detection: It is likely that patient's current symptoms will worsen progressively and this should be managed following discussion at a multidisciplinary clinic in consultation with palliative care specialists.

Treatment: Recurrence is very common and management will vary but may include further

surgery, radiation therapy or systemic therapies. The supportive care needs of these patients are particularly important and should be reassessed.

Communication – lead clinician to:

- explain the treatment intent, likely outcomes and side effects to the patient/carer.

Step 7

End-of-life care

Palliative care: Ensure that an advance care plan is in place. Occupational therapy home assessment is essential to ensure the safe management of palliative patients receiving home-based care.

Communication – lead clinician to:

- be open to and encourage discussion about the expected disease course with the patient/carer
- discuss palliative care options including inpatient and community-based services as well as dying at home and subsequent arrangements.

Visit www.cancerpathways.org.au for consumer friendly guides. Visit www.cancer.org.au/OCP for the full clinical version and instructions on how to import these guides into your GP software.