North, South East and West of Scotland Cancer Networks

Brain and Central Nervous System Tumours National Managed Clinical Network

Brain and Central Nervous System Tumours

National Follow-up Guidelines

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Brain and Central Nervous System Tumours National Follow-up Guidelines Review

The purpose of the brain and central nervous system tumours national follow-up guidelines are to ensure consistency of practice across Scotland and the principles of any revision to the follow-up guidelines will continue to ensure that management of patients after initial treatment for a brain/central nervous system tumour are:

- Patient-centred;
- Aligned to recognised current best practice;
- Equitable across the region;
- Clinically safe and effective; and
- Efficiently delivered.

The guidelines continue to be developed on the basis that the key aims underpinning the purpose of follow-up are to:

- Manage and treat symptoms and complications;
- Provide psychological and supportive care; and
- Detect and treat recurrent disease.

A review of the existing brain and central nervous system tumours national guidelines commenced in January 2015, led by Dr Avinash Kanodia, NMCN Clinical Lead. An evidence review indicated that there were no changes in practice, treatments or technologies, or governance that required amendment to the guidelines. The Brain and Central Nervous System Tumours National Follow-up Guidelines (Appendix 1) therefore remain extant practice and should be reissued.

These national guidelines are recommended by the Brain and Central Nervous System Tumours NMCN whose members also recognise that specific needs of individual patients may require to be met by an alternative approach and that this will be provided where necessary and documented in the patient notes.

Appendix 1

Trial protocols should be followed whenever applicable.

Table 1: Glioma

Year	WHO Grade 1**	WHO Grade 2	WHO Grade 3	WHO Grade 4
1	Decision of individual clinician (normally neurosurgeon)	Within first 3 months, at 6 months and at 12 months clinic appointment with MRI	At 1 month, at 3 months, at 6 months and at 12 months clinic appointment with MRI	At 1 month, at 3 months, at 6 months and at 12 months clinic appointment with MRI
2	Decision of individual clinician (normally neurosurgeon)	12 monthly clinic appointment with MRI	6 monthly clinic appointment with MRI*	6 monthly clinic appointment with MRI*
3	Decision of individual clinician (normally neurosurgeon)	12 monthly clinic appointment with MRI	6 monthly clinic appointment with MRI*	6 monthly clinic appointment with MRI*
4	Decision of individual clinician (normally neurosurgeon)	12 monthly clinic appointment with MRI	6 monthly clinic appointment with MRI*	6 monthly clinic appointment with MRI*
5	Decision of individual clinician (normally neurosurgeon)	12 monthly clinic appointment with MRI	6 monthly clinic appointment with MRI*	6 monthly clinic appointment with MRI*
>5	Decision of individual clinician (normally neurosurgeon)	12 monthly clinic appointment with MRI	6 monthly clinic appointment with MRI*	6 monthly clinic appointment with MRI*

Table 2: Meningioma

Year	WHO Grade 1 Simpson level 1 or 2 resection	WHO Grade 1 Simpson level 3 or 4 resection	WHO Grade 2**	WHO Grade 3
1	Within first 3 months, at 6 months and at 12 months clinic appointment with CT or MRI	Within first 3 months, at 6 months and at 12 months clinic appointment with MRI	Decision of individual clinician	At 1 month, at 3 months, at 6 months and at 12 months clinic appointment with MRI
2	12 monthly clinic appointment with CT or MRI	12 monthly clinic appointment with CT or MRI	Decision of individual clinician	6 monthly clinic appointment with MRI
3	Discharge if no sign of residual or recurrent disease, otherwise 12 monthly clinic appointment with CT or MRI	12 monthly clinic appointment with CT or MRI	Decision of individual clinician	6 monthly clinic appointment with MRI
4	As for year 3	12 monthly clinic appointment with CT or MRI	Decision of individual clinician	6 monthly clinic appointment with MRI
5	As for year 3	12 monthly clinic appointment with CT or MRI	Decision of individual clinician	6 monthly clinic appointment with MRI
>5	As for year 3	12 monthly clinic appointment with CT or MRI	Decision of individual clinician	6 monthly clinic appointment with MRI

*** Imaging frequency at the discretion of clinician in consultation with patient and carers.**

**** These rare tumours can be managed differently according to precise pathology, age of the patient and extent of resection.**

Pituitary

These patients will normally be managed in endocrine clinics and in an endocrine MDT where there is a mandatory neurosurgery and radiotherapy presence.

If patients are thought to require treatment with either of these modalities then if the treatment is uncomplicated the patient should be returned to the previous pattern of surveillance after a single visit either to the neurosurgery or neuro-oncology outpatient clinic. If the treatment is complicated the neurosurgeon or oncologist will follow them up until the patient is able to be returned to the previous pattern of surveillance.