

Adjuvant therapies for brain tumours

Anthony Chalmers, Chair of Clinical Oncology, Beatson West of Scotland Cancer Centre, presented us with an overview of adjuvant therapies.

As most of us in the room were unfamiliar with brain cancer he gave us an excellent summary of the types of tumours, their prevalence and treatment.

The key difference with the brain is that the tumours arise in the brain and do not metastasise. They are quite distinct from brain metastases.

There are over 8,500 cases per year and it is only in the last few years that mortality has improved. It is not a common cancer, but increasing - could be due to the aging population but also patients are living longer

- 15% - 5years or more
- 32% - at least 1 year

The incidence seems to grow with age, but symptoms can be difficult to spot especially with elderly who may have other problems. Patients often present several times before a diagnosis is made.

Brain tumours seem affect more men than women, but the reason for this is as yet unknown.

There are a number of types, but by far the most common are gliomas (mangiomes are usually benign).

Gliomas are graded 1-4. Children generally have a lower grade and this is usually treatable by surgery. Adults however generally have grade 4 -these can be infiltrating, less distinct and therefore harder to remove along with a safe margin, some due to their position cannot be removed. Most patients are left with some residual tumour.

Treatments aim to improve and optimise Quality of Life. Most of the chemotherapy drugs are not able to pass through the blood-brain barrier, so this can reduce the number of treatment available. There have been a number of recent trails using newer fat-soluble drugs and these are showing some positive results.

To achieve improvements in quality of life there is often a need to refer to specialists e.g. neurologists, ophthalmologists, CNS, physiotherapists to assist with side effects and more and more the treatment of brain cancer is very much a team effort.

Non-surgical treatments – radiotherapy is now more targeted and new developments are able to ensure that damage to the clear areas of the brain are mimimised.

Aims of treatment

- extend/improve QoL and minimise side effects
- side effects can be -
 - acute - short term or
 - late - permanent - patients have to decide what levels they are prepared to accept
- offer clinical trials where appropriate
- need to maintain a balance of likely treatment effects and quality of life
- include family members in all discussions

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