

Other available supports

There may be a brain tumour support group in your area offering education, information and support. To find a Brain Tumour Support Group in your area, go to:

www.bccancer.bc.ca/our-services/services/patient-family-counselling

The BCCA library, also available at this link, offers many valuable resources.

Helpful Websites:

www.braintumour.ca

www.braintumor.org

www.cancer.ca

www.abta.org

www.theibta.org

www.bccancer.bc.ca/health-info/types-of-cancer/brain-central-nervous-system/brain-central-nervous-system

Your follow-up program

Follow-up	Dates
Brain imaging	
Malignant brain tumours	3-6 months x 5 years and then annually
Benign or low grade	6-12 months x 5 years and then every 1-2 years
Labwork	
CBC	annually
TSH +/- pituitary panel	annually in selected patients
Fasting glucose and lipid panel	annually beginning 5 years after treatment
Flu vaccine	annually
Blood pressure check	at least annually

BC Cancer Centres

Abbotsford

32900 Marshall Road
Abbotsford, BC V2S 1K2
604.851.4710 or toll-free 1.877.547.3777

Prince George—Centre for the North

1215 Lethbridge Street
Prince George, BC V2M 7E9
250.645.7300 or toll-free 1.855.775.7300

Surrey

13750 96 Avenue
Surrey, BC V3V 1Z2
604.930.2098 or toll-free 1.800.523.2885

Kelowna—Sindi Ahluwalia Hawkins Centre

399 Royal Avenue
Kelowna, BC V1Y 5L3
250.712.3900 or toll-free 1.888.563.7773

Vancouver

600 West 10th Avenue
Vancouver, BC V5Z 4E6
604.877.6000 or toll-free 1.800.663.3333

Victoria

2410 Lee Avenue
Victoria, BC V8R 6V5
250.519.5500 or toll-free 1.800.670.3322

BC Cancer Research

675 West 10th Avenue
Vancouver, BC V5Z 1L3
604.675.8000 or toll-free 1.888.675.8001

BC Cancer Foundation

150-686 W. Broadway
Vancouver, BC V5Z 1G1
604.877.6040 or toll-free 1.888.906.CURE/2873

www.bccancer.bc.ca



**BC
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Provincial Health Services Authority

Primary care of adults with

Primary Brain Tumours

following treatment



Primary care after treatment

Following treatment for a primary brain tumour, patients remain at risk for disease recurrence throughout their lives and require ongoing surveillance imaging.

In addition, patients are at risk for the development of late side effects of treatment, such as:

- Secondary malignancies (brain, thyroid, hematological)
- Stroke
- Neurocognitive impairment
- Hearing impairment
- Endocrinologic dysfunction
- Early menopause
- Infertility

Patients and their family caregivers are at a high risk for psychological distress. Screening for depression and anxiety, and supportive and preventative psychological interventions should be considered in all individuals impacted by a brain tumour diagnosis.

Recommended diagnostic tests

Imaging:

- Malignant brain tumours: 3-6 months for five years then yearly after.
- Benign or low grade tumours: 6-12 months for five years then every 1-2 years thereafter.
- Anyone who has received radiotherapy to the brain and spine: Thyroid U/S yearly starting 5 years after treatment.

Labwork:

- Annual CBC
- Annual TSH +/- pituitary panel (TSH, testosterone, AM cortisol, sodium) in symptomatic patients (e.g. fatigue, weight gain) OR in patients who received high volume RT to pituitary
- Annual assessment for stroke risks starting year 5. BP, fasting glucose, lipid profile. Manage risks aggressively.

Other recommendations

Annual flu vaccination:

Consider Zoster vaccination 6 months post chemotherapy in appropriate age groups.

Annual review for driving capability:

Brain tumour patients must have stable tumour, no seizures on medication x 6 months, intact visual fields, no significant motor/sensory deficits and intact cognitive function to drive Class 5 vehicles. Cognition may decline over time even in the absence of tumour recurrence and any patient with MMSE (Mini Mental State Examination) <28 or MoCA (Montreal Cognitive Assessment) <24 who wishes to drive should be referred to ICBC for a driving assessment.

<https://www2.gov.bc.ca/gov/content/transportation/driving-and-cycling/driver-medical/driver-medical-fitness/driver-medical-fitness-information-for-medical-professionals>

Regular screening for mood disturbances in patients and family caregivers.

Rehabilitation programs may be beneficial for those affected by functional impairments.

Seizure medications are associated with drug interactions and adverse side effects. There are multiple treatment options for seizure prophylaxis. A consultation with a neurologist or epilepsy specialist may be appropriate.

My brain tumour

My name:

Type of tumour:

Treatment and dates:

Surgery:

Surgeon:

Radiotherapy:

Radiation Oncologist:

Chemotherapy:

Medical Oncologist:

Other: