

## 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](http://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](http://www.braintumour.ca)

[www.braintumor.org](http://www.braintumor.org)

[www.cancer.ca](http://www.cancer.ca)

[www.abta.org](http://www.abta.org)

[www.theibta.org](http://www.theibta.org)

## Your follow-up program

Follow-up	Dates
<b>Brain imaging</b>	
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
<b>Labwork</b>	
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

Abbotsford Centre  
32900 Marshall Road  
Abbotsford, BC V2S 0C2  
Phone: 604.851.4710  
Toll-free: 1.877.547.3777

Centre for the North  
1215 Lethbridge Street  
Prince George, BC V2M 7E9  
Phone: 250.645.7300  
Toll-free: 1.855.775.7300

Fraser Valley Centre  
13750 96th Avenue  
Surrey, BC V3V 1Z2  
Phone: 604.930.2098  
Toll-free: 1.800.523.2885

Sindi Ahluwalia Hawkins Centre  
for the Southern Interior  
399 Royal Avenue  
Kelowna, BC V1Y 5L3  
Phone: 250.712.3900  
Toll-free: 1.888.563.7773

Vancouver Centre  
600 West 10th Avenue  
Vancouver, BC V5Z 4E6  
Phone: 604.877.6000  
Toll-free: 1.800.663.3333

Vancouver Island Centre  
2410 Lee Avenue  
Victoria, BC V8R 6V5  
Phone: 250.519.5500  
Toll-free: 1.800.670.3322

 **BC Cancer Agency**  
CARE + RESEARCH  
*An agency of the Provincial Health Services Authority*

 **Provincial Health Services Authority**  
Province-wide solutions.  
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 **BRITISH COLUMBIA**

 **BC Cancer Agency**  
CARE + RESEARCH  
*An agency of the Provincial Health Services Authority*

Primary care of adults with  
**Primary Brain Tumours**  
following treatment



[www.bccancer.bc.ca](http://www.bccancer.bc.ca)

## 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 should have Driveable assessment.

[www.pssg.gov.bc.ca/osmv/driveable](http://www.pssg.gov.bc.ca/osmv/driveable)

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: