

# **Brain Tumor Panel**

## **Panelists:**

**Stephen Karlovits, MD**

**- Allegheny General Hospital**

**P. Mark Li, MD, PhD**

**- Lehigh Valley Health Network**

**Tara Morrison, MD, FRCP(C)**

**- Fox Chase Cancer Center**

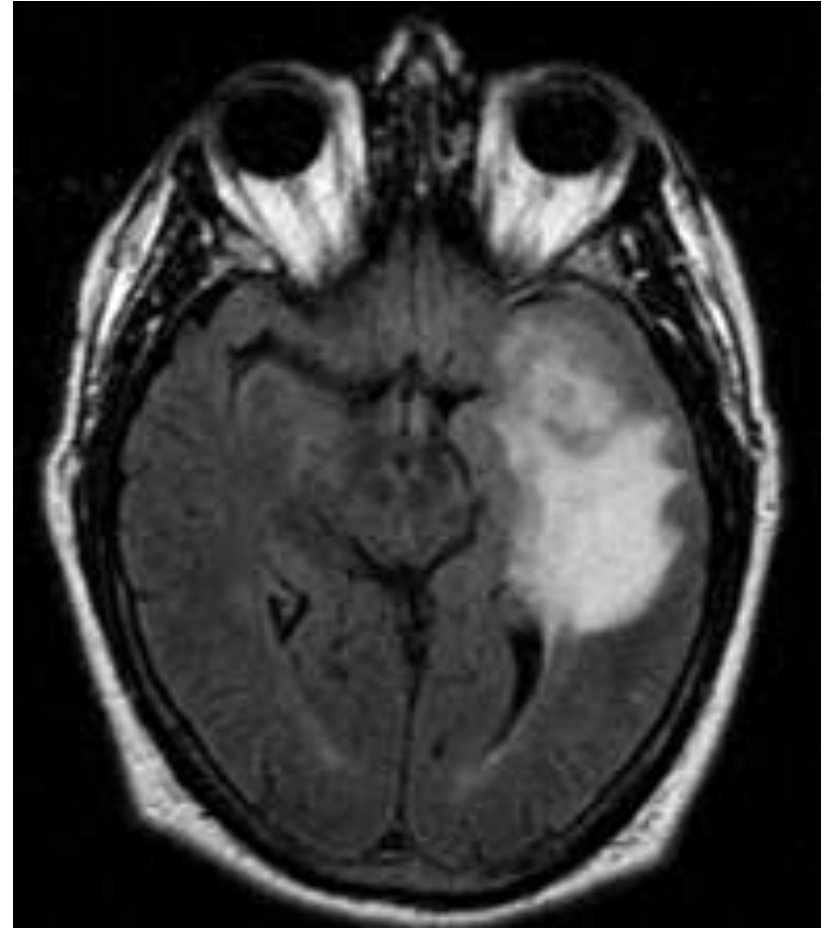
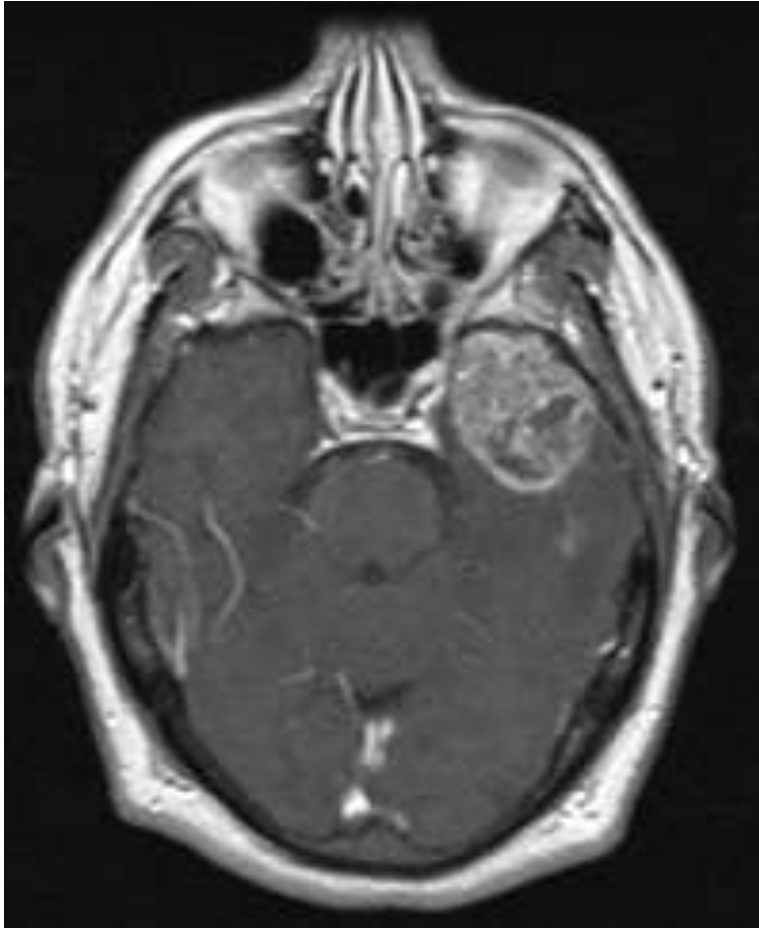
**LuAnne Procyk, MSN, RN, CNRN**

**- Lehigh Valley Health Network**

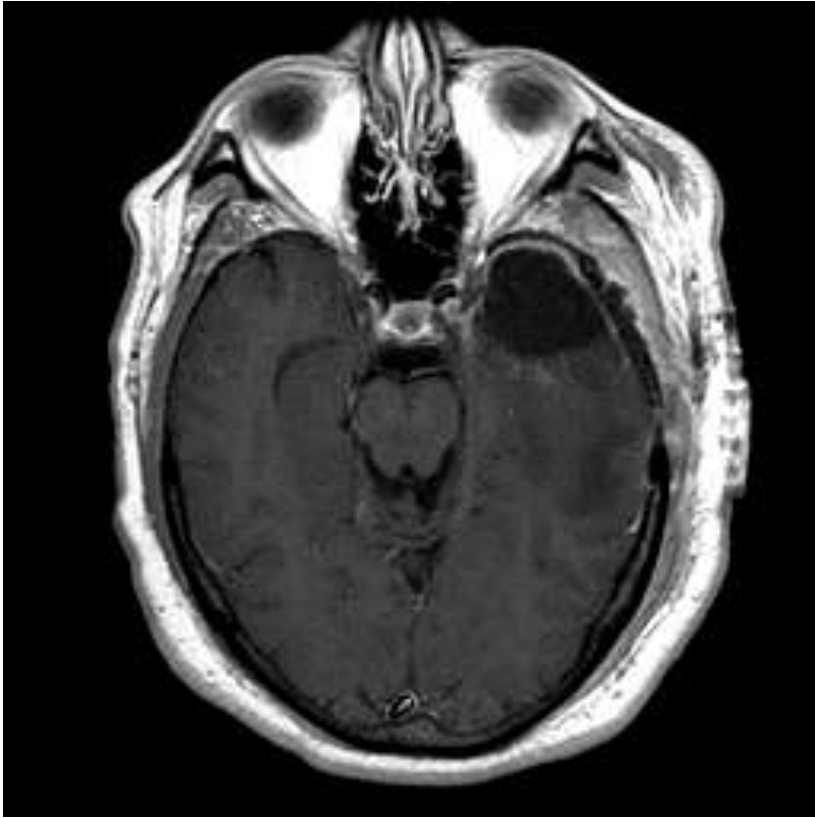
**Objective: Discuss how patients with CNS malignancies would be treated with a multidisciplinary approach.**

# Case 1

61 year-old, right handed male with 3 week history of increasing headaches and short term memory loss (10/2005)



## Post-op Scan

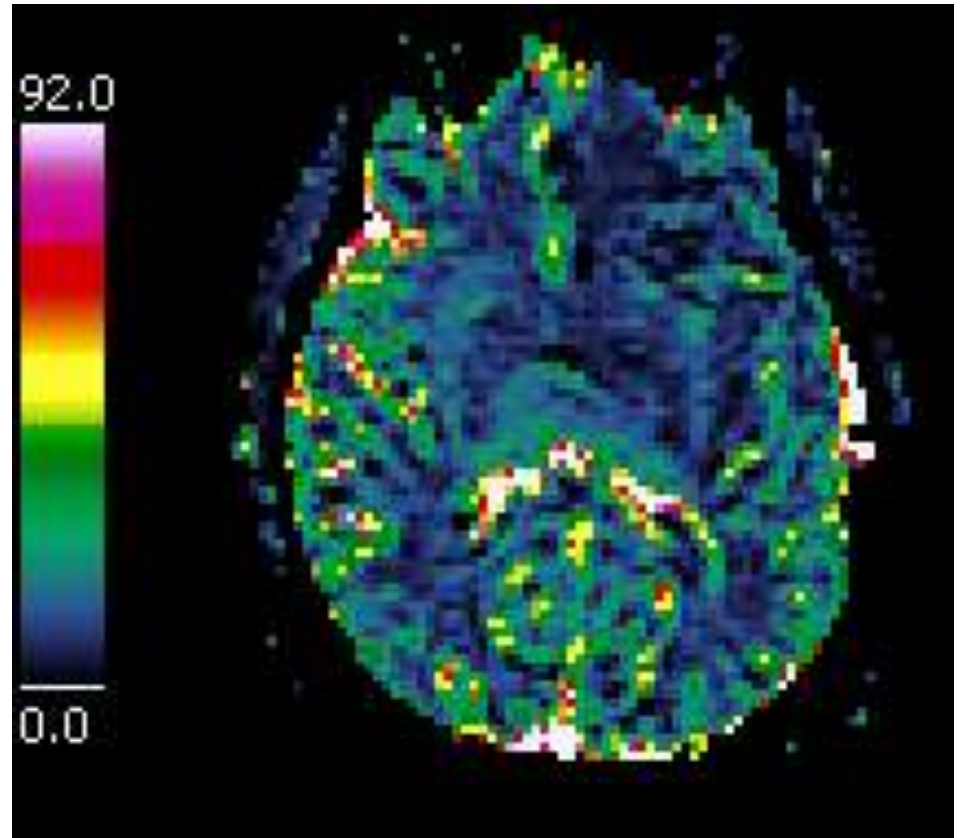
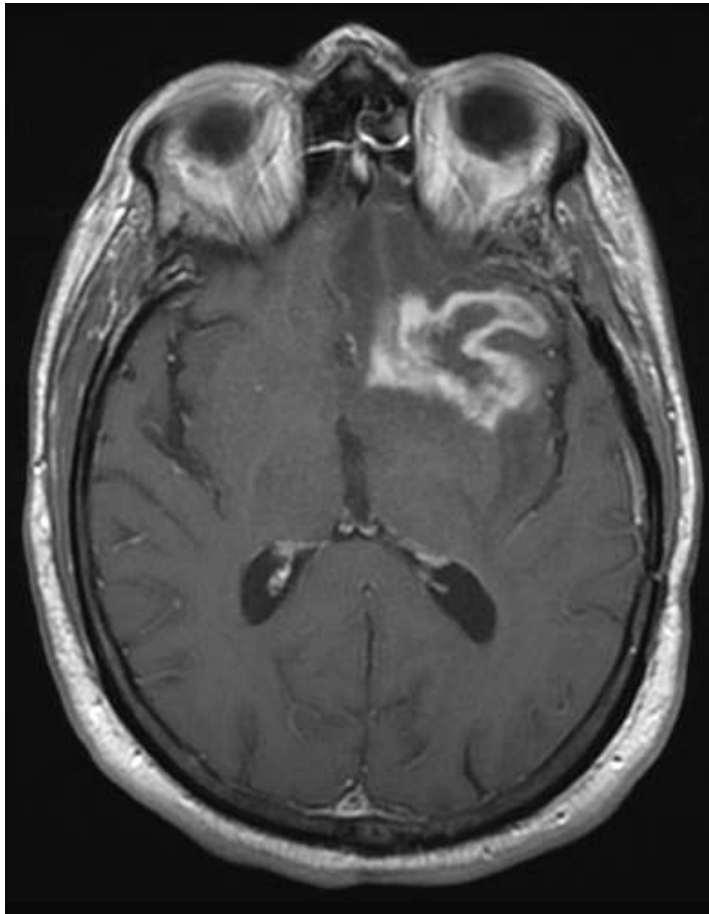


Completed adjuvant  
chemoradiation

Placed on maintenance  
Temodar

ECOG=0 for almost three  
years

10/2008

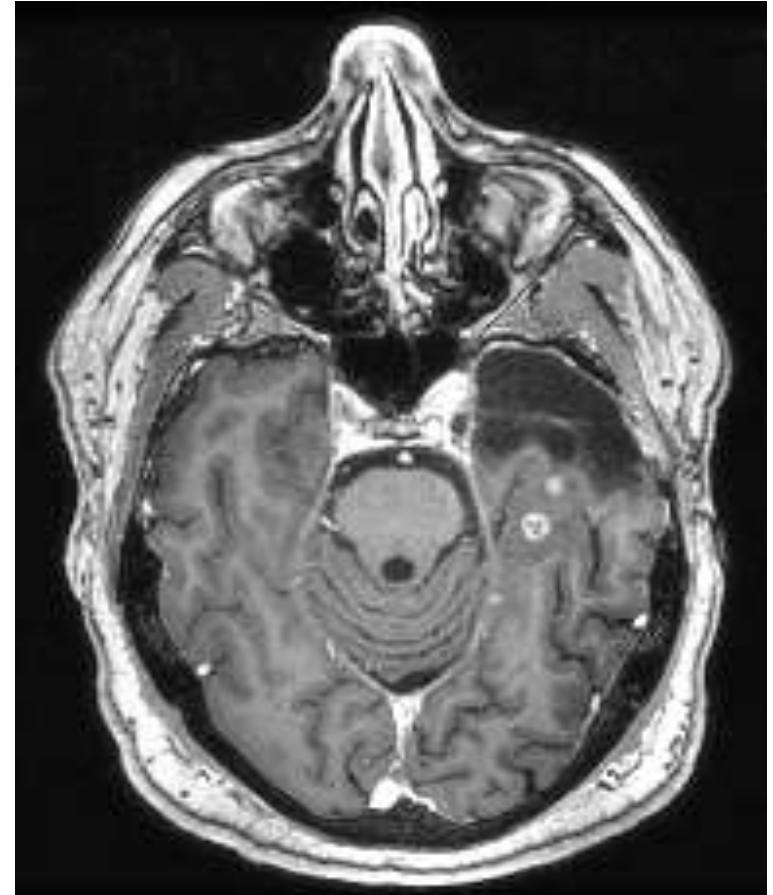


**Further Recommendations?**

- Surveillance MRI revealed increased enhancement; however no elevated rCBV on Perfusion
- Stereotactic biopsy later confirmed “radiation vasculopathy and necrosis with small foci suggestive of recurrent glioma”

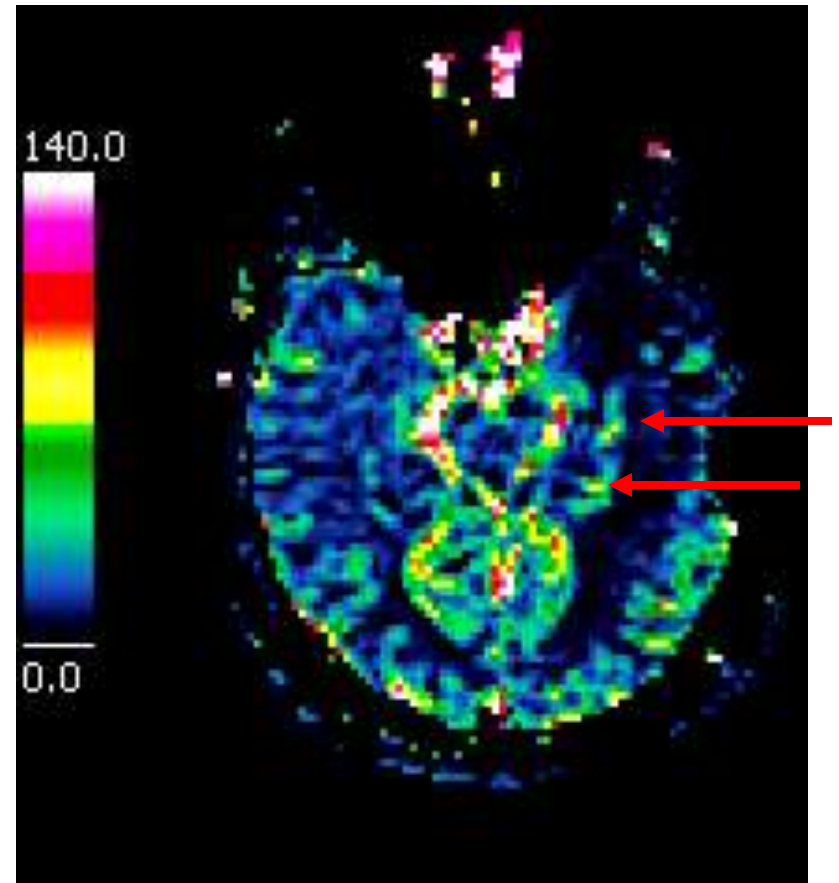
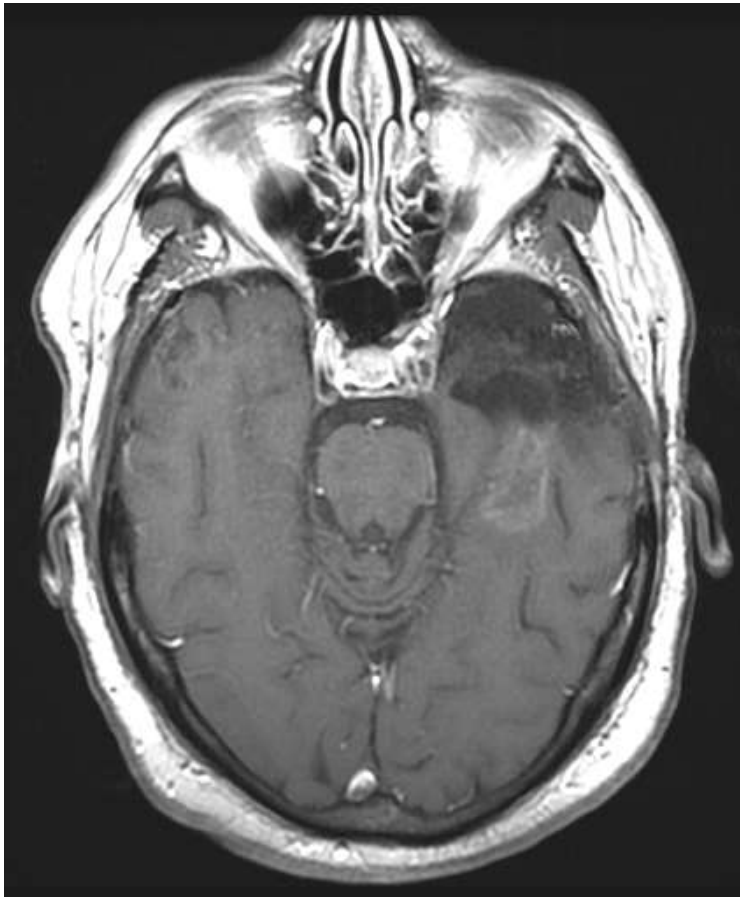
# 10/2009

- Surveillance image revealed tumor progression
- Initiated NCCTG trial of sorafenib and temsirolimus
- EGOC=1



1/2010

Continued to progress despite treatment

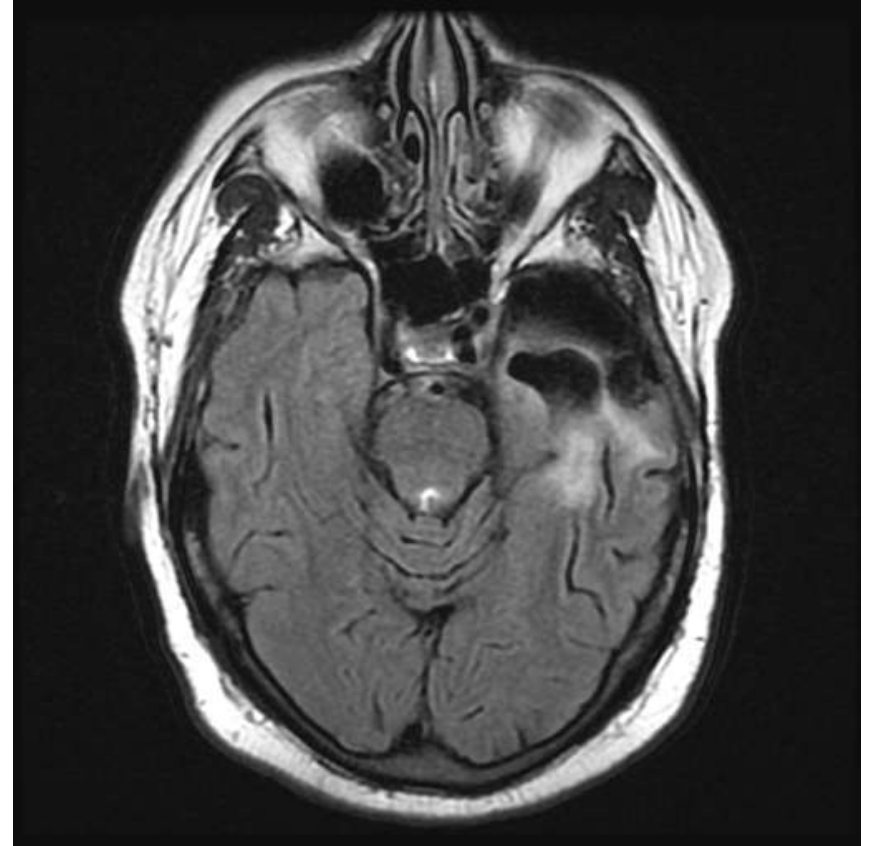
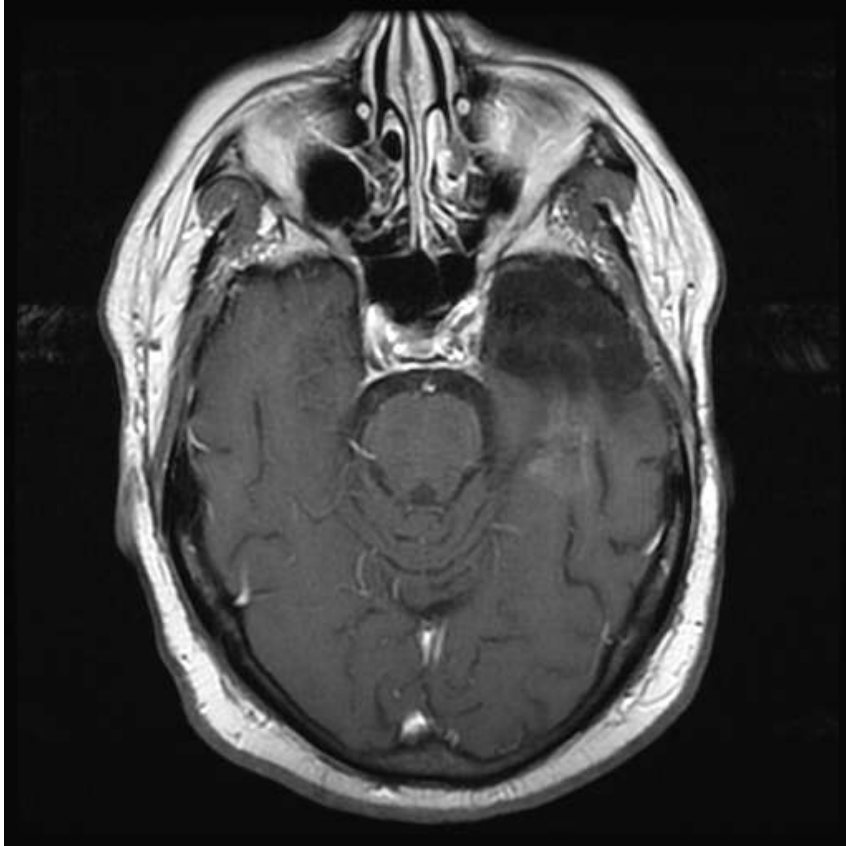


**Further Therapy?**



3/2010

On carboplatin, irinotecan, and avastin

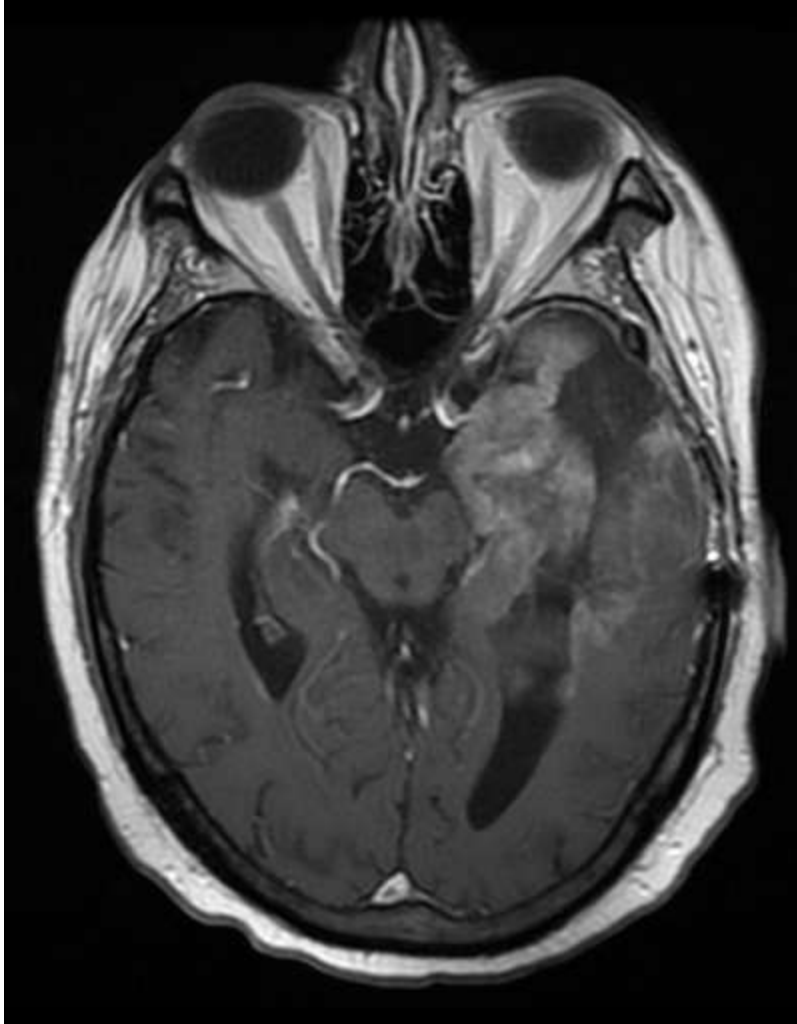


# 10/2010



- Progression noted
- On Avastin
- Next Steps?

10/2011



Received 2500 cGy hyperfractionated radiation (ECOG 1)