

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

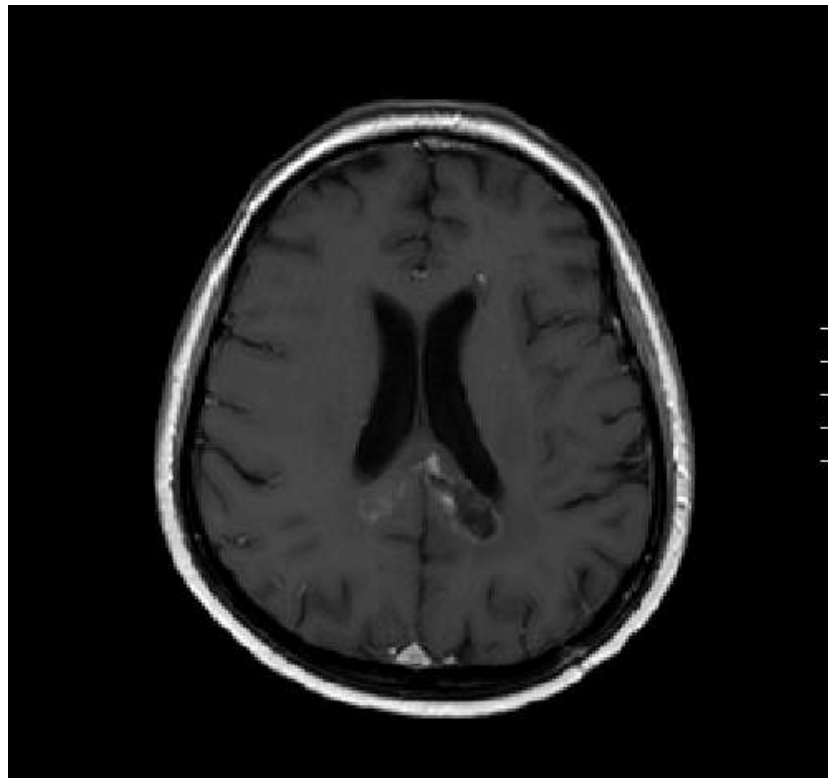
- Lehigh Valley Health Network

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

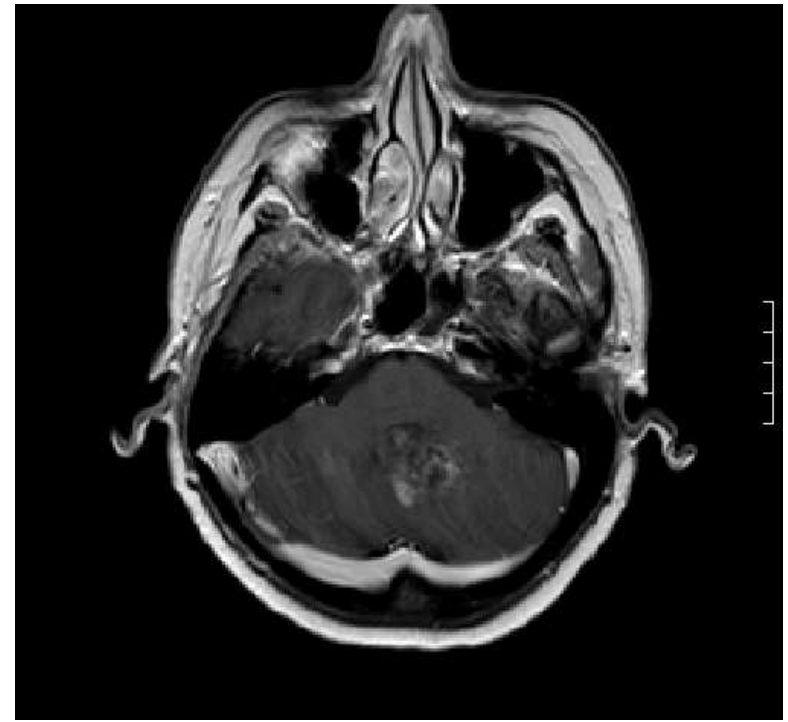
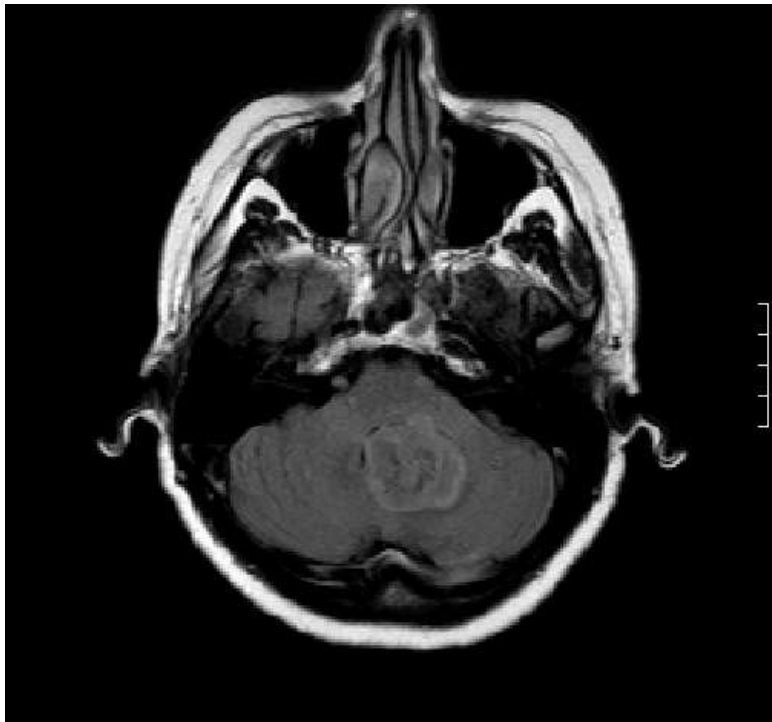
Case 5

55 year old female presented with visual changes, dizziness and right facial numbness. CT head was unrevealing but an MRI revealed abnormal signal left side of splenium of corpus callosum extending toward the right measuring 2.0 x 3.0 x 2.2 cm and a smaller lesion in the vermis of the cerebellum. Stereotactic biopsy reported glioblastoma multiforme.

She was treated with concurrent temazolomide and radiotherapy, 4500 cGy and 1440 cGy partial brain and cone down, then monthly temazolomide. The splenium lesion decreased in size on an initial MRI.



Near the end of 6 months of temazolomide she had increasing symptoms with an MRI showing progression with increased size of a cerebellar vermis lesion. Bevacizumab was initiated, but her symptoms continued to worsen over 2 months with further progression of MRI. She has been offered participation in a clinical trial of sorafenib and temsirolimus.



Any thoughts about further management or interesting clinical trials in this disorder?

