



UCCH Pathway

UCCH Guideline

Diffuse Astrocytic and Oligodendroglial Tumors

Version May/2021

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Version 05, May/2021

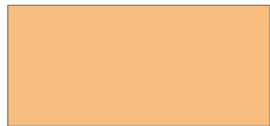
according to WHO classification 2016

Brain Tumor board members

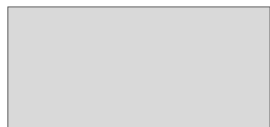
J. Dierlamm (Med. Oncology)
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J. Matschke (Neuropathology)
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Responsible author	L. Dührsen (Neurosurgery)
Implemented	Sep/2013
Revised	Apr/2015, Apr/2017, Apr/2019, May/2021
Next planned review	May/2023

Legend of Colours



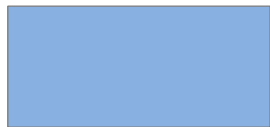
= Therapeutic procedure



= Clinical or diagnostic condition



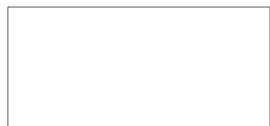
= Diagnostic procedure



= Clinical trial



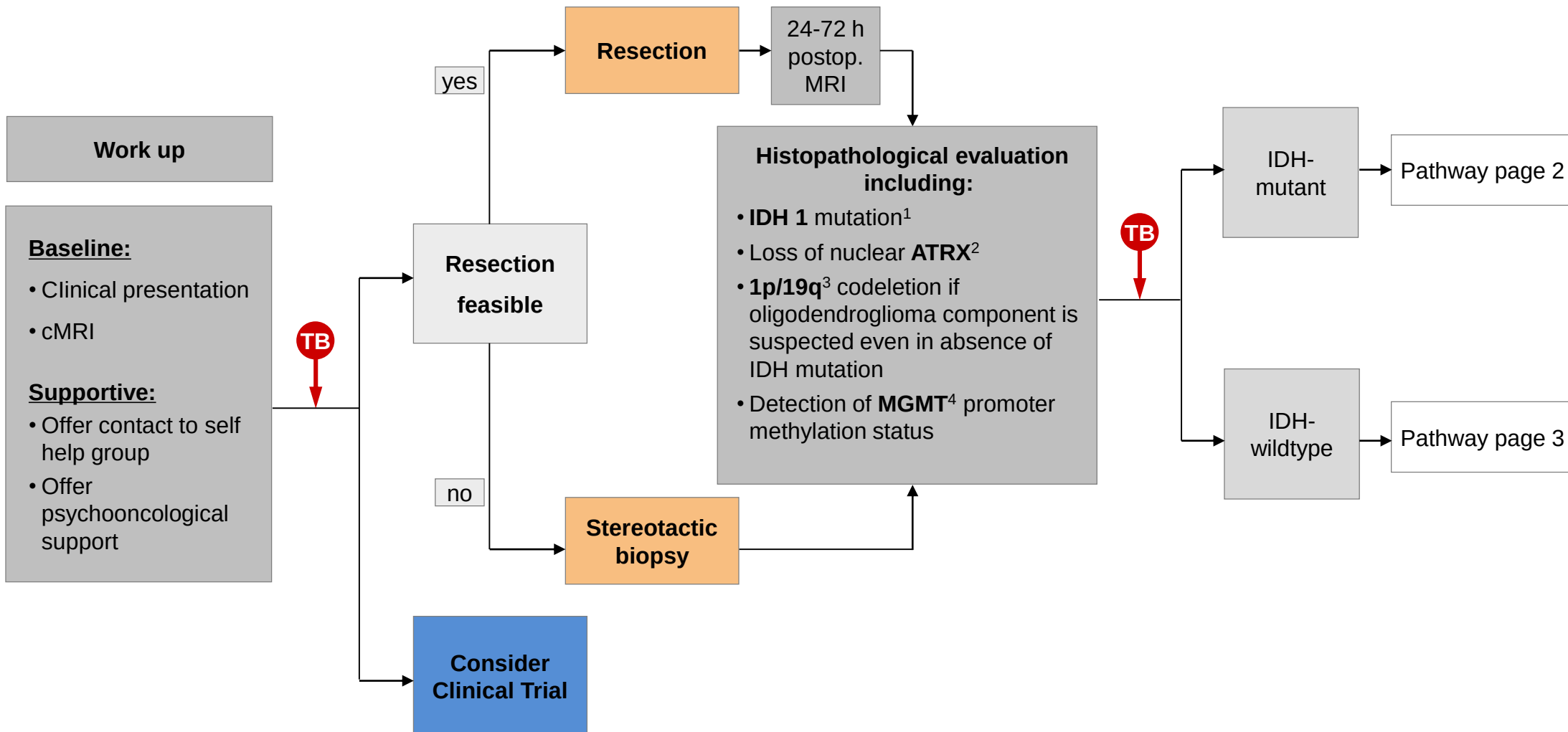
= Supportive measure



= Referral



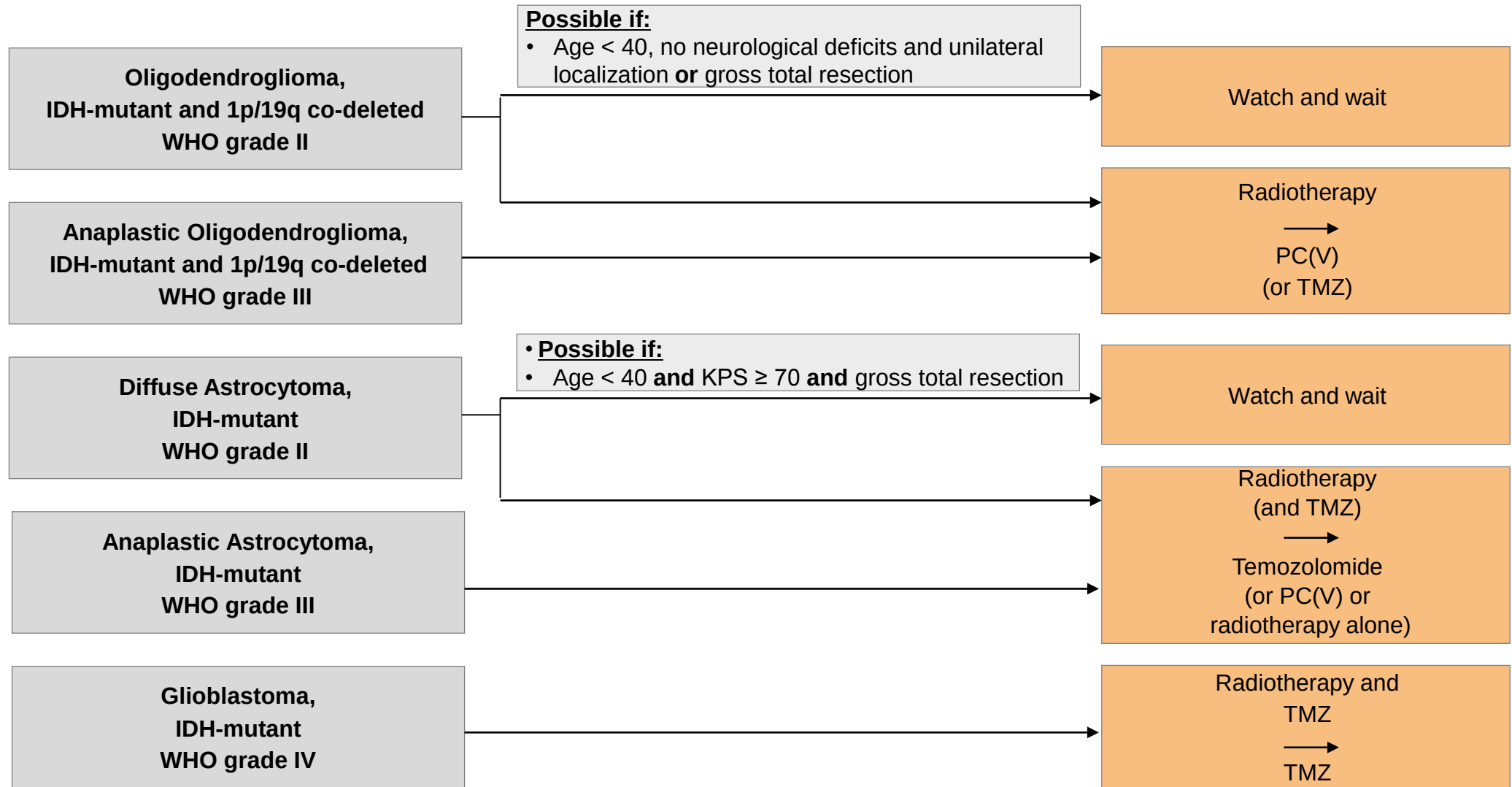
= Tumorboard
(including post
tumorboard interaction
with patient that follows
the principles of shared
decision-making)



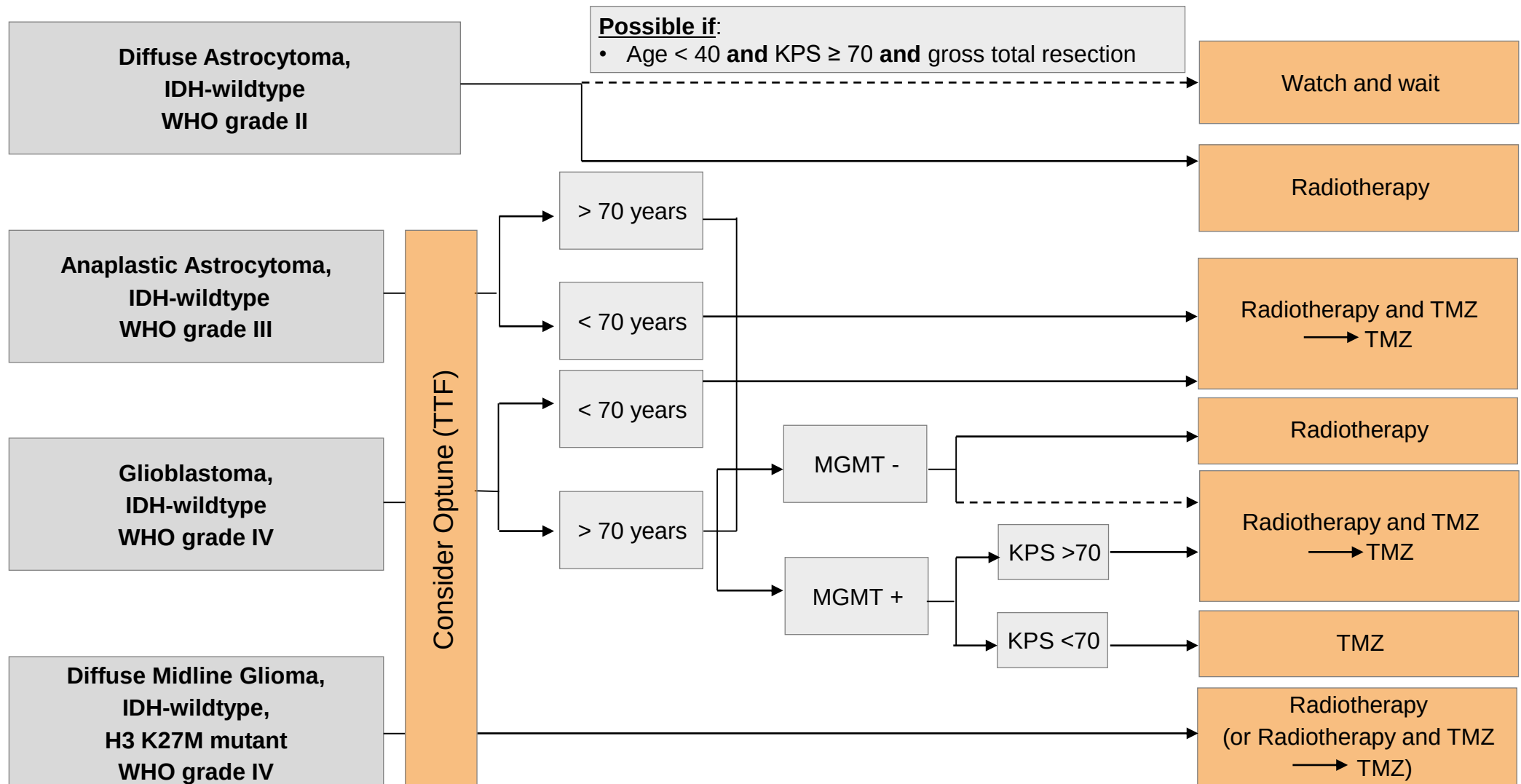
IDH Isocitrate dehydrogenase, MGMT 06-Methyl-guanyl-methyl transferase

- ¹ IDH 1 mutation is detected immunohistochemically by using the clone H09 which reacts specifically with the isocitrate dehydrogenase 1 (IDH1) R132H point mutation in tissue sections from formalin-fixed brain tumor specimens. If negative sequencing of IDH1 and 2 is performed except for GBM patients >60 years.
- ² ATRX is detected immunohistochemically by loss of nuclear staining
- ³ Detection of 1p/19q codeletion by in situ hybridization (FISH)
- ⁴ MGMT detection by methylation specific PCR assay

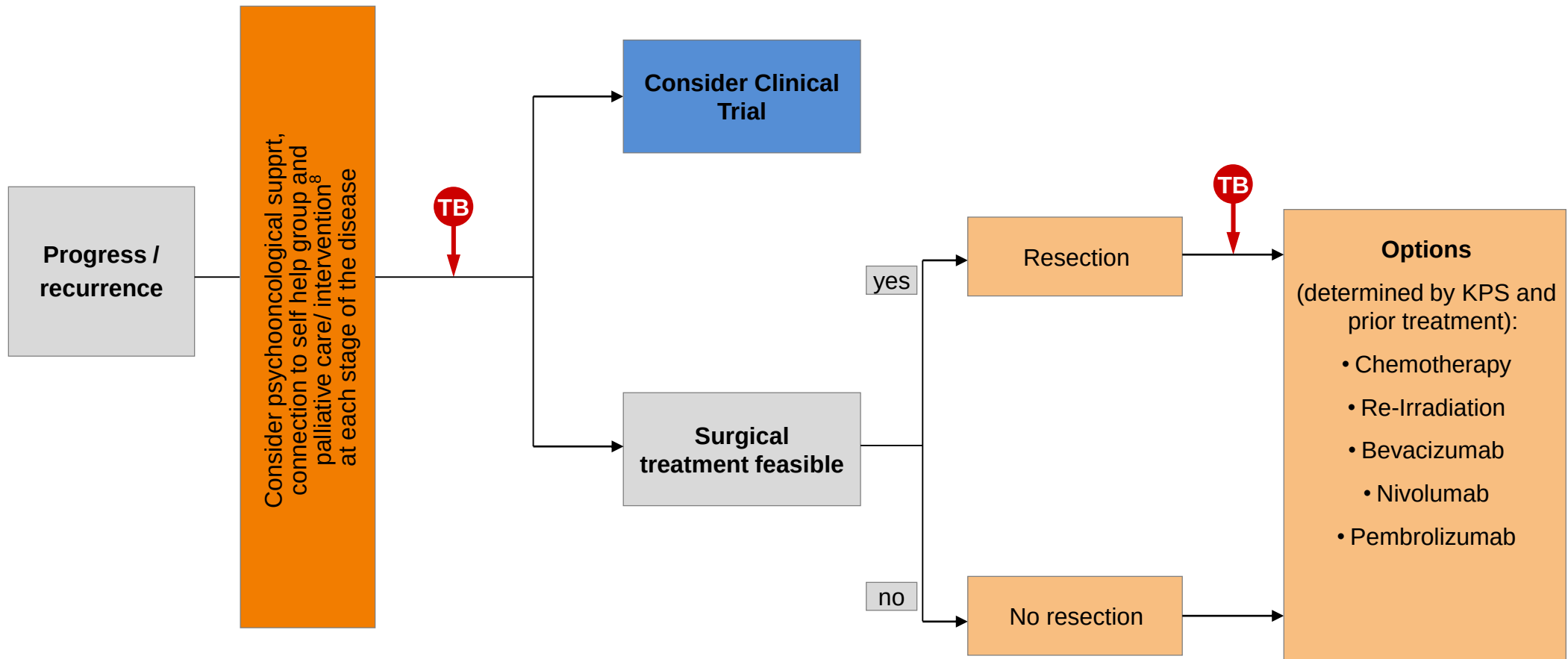
Pathway page 2: IDH-mutant Tumors



Pathway page 3: IDH-wildtype Tumors



Pathway page 4: Progression



⁸ See palliative care screening tool on page 5

Pathway page 5: Follow-up

- Offer contact to self-help group and psychooncological support whenever necessary

Gliome WHO Grad I/ Months	12	24	36	48	60
History and physical exam	X	X	X	X	X
Imaging (MRT)	X		X		X
EEG- if indicated	X	X	X	X	X

Gliome WHO Grad II/ Months	4	8	12	18	24	30	36	42	48	54	60
History and physical exam	X	X	X	X	X	X	X	X	X	X	X
Imaging (MRT)	X			X	X	X	X	X	X	X	X
EEG- if indicated			X		X		X		X		X

Gliome WHO Grad III/ Months	3	6	9	12	16	20	24	28	32	36	40	44	48	52	56	60
History and physical exam	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Imaging (MRT)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
EEG- if indicated		X		X		X		X		X		X		X		X

Gliome WHO Grad IV/ Months	3*	6*	9*	12	15	18	21	24	27	30
History and physical exam	X	X	X	X	X	X	X	X	X	X
Imaging (MRT)	X	X	X	X	X	X	X	X	X	X
EEG- if indicated			X	X		X		X		X

*other dates depending on TMZ therapy

Pathway page 6: Palliative care screening tool

Screening items		Points
1.	• Presence of metastatic or locally advanced cancer	2
2.	• ECOG score (functional status score, performance status)	0-4
3.	• Presence of one or more serious complications of advanced cancer usually associated with a prognosis of < 12 months (e.g. brain metastases, hypercalcemia, delirium, spinal cord compression, cachexia)	1
4.	• Presence of one or more serious comorbid diseases also associated with poor prognosis (e.g. moderate-severe COPD or CHF, dementia, AIDS, end stage renal failure end stage liver cirrhosis)	1
5.	• Presence of palliative care problems	1
	a. • Symptoms uncontrolled by standard approaches	1
	b. • Moderate to severe distress in patient or family, related to cancer diagnosis or therapy (personal targets and expectations, educational and informational requirements, cultural factors)	1
	c. • Patient/family requests palliative care consult	1
	d. • Team needs assistance with complex decision making or determining goals of care (benefit/side effects of treatment)	1
	e. • Instable or deficient network especially for emergency situation or 24-h care	1

A total of > 5 points signalizes need for supportive palliative care

According to Glare et al. (2011); NCCN Clinical Practice guidelines in Oncology 2015