Ependymoma Follow Up

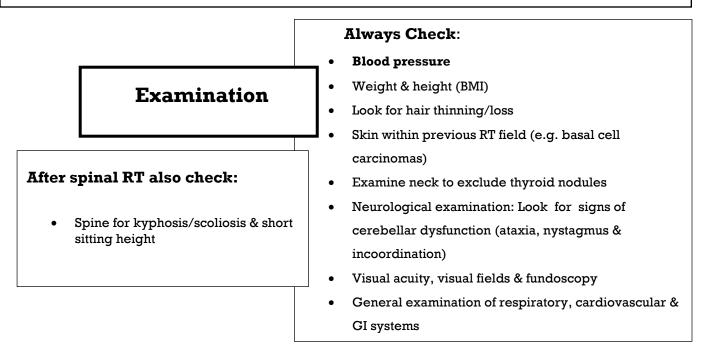
History

After cranial radiation therapy (RT), check for:

- Level of energy, general health
- Any new & ongoing symptoms including:
 - Visual problems
 - Hearing loss & tinnitus
 - Neurological symptoms (headaches, seizures, strokes & TIA type episodes)
 - Short term memory changes
 - o Depression
- Alcohol, tobacco and illicit drug use
- Social & employment
- Current medications
- List of physicians/HCPs following patient

After spinal RT, also check for:

- Level of energy (hypothyroidism)
- Back pain secondary to degenerative disease & osteoporosis
- Infertility



DISCLAIMER: This document gives examples of the way in which patients previously treated for ependymoma might be followed for educational purposes only. These examples are NOT guidelines for patient care. Authors: D. Lawless, F. Howard & K. Goddard: www.pedsoncologyeducation.com

	Testing	
Hearing Assessment Audiology referral & testing should be organized every 1 - 2 years	Neurocognitive Testing Important to demonstrate problems with higher mental function in order to obtain vocational or recreational rehabilitation or to be eligible for a disability pension	 Blood Work Routine blood work (CBC, lytes, creatinine, BUN & LFTs) Hep C testing if transfusion prior to 1994 Pituitary function should be supervised by an endocrinologist (e.g. GH deficiency is very common, but other problems like ACTH deficiency may develop many years after therapy) Thyroid function tests (at least free T4 & TSH)
		 For metabolic syndrome: Fasting blood glucose & lipids

Screening

Radiology

- MR of the head every 3 years or so to exclude RT induced meningiomas
- Thyroid ultrasound scan every 3 years after cranial & craniospinal RT to exclude thyroid carcinoma

Other Screening

- After spinal RT there is an increased risk of secondary malignancy. Patients should have early screening for colon cancer:
 - COG recommends that colonoscopy should be performed beginning at age 35 years or

10 years following RT (whichever occurs last)

Early screening for osteoporosis (bone density & specialist referral)

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Specialist Follow-up

Patient should be assessed every 1 - 2 years by:

- Endocrinologist
- Ophthalmologist or Neuro-Opthalmologist
- May benefit from family counseling, psychology and psychiatry consultations

Advice

ACTH deficiency:

- Ependymoma survivors with hypopituitarism & ACTH deficiency need support with extra steroid medication during infections, surgery & illness
- Medic Alert bracelets are advised to warn about ACTH deficiency

Second Malignant Neoplasms (SMNs):

The patient should be advised to seek immediate

medical help if:

- A new swelling (painless or painful) appears within the previous RT field as this may be due to a SMN
- Severe, persistent headaches develop associated with possible nausea and vomiting (may be associated with a new intracranial mass lesion)

Visit the COG guidelines website for more information

http://www.survivorshipguidelines.org

Lifestyle

- Advise about diet, exercise & lifestyle choices (such as smoking)
- Diet should contain adequate number of dairy servings, Vitamin D & calcium to help prevent osteoporosis
- Previous spinal RT may be associated with spinal underdevelopment, scoliosis, increased risk of degenerative arthritis & osteoporosis. Survivors who had this therapy should avoid work which involves lifting heavy weights
- Avoid sun burn & wear a hat in bright sunlight (skin in previous RT field will be very sensitive to sun related damage)

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