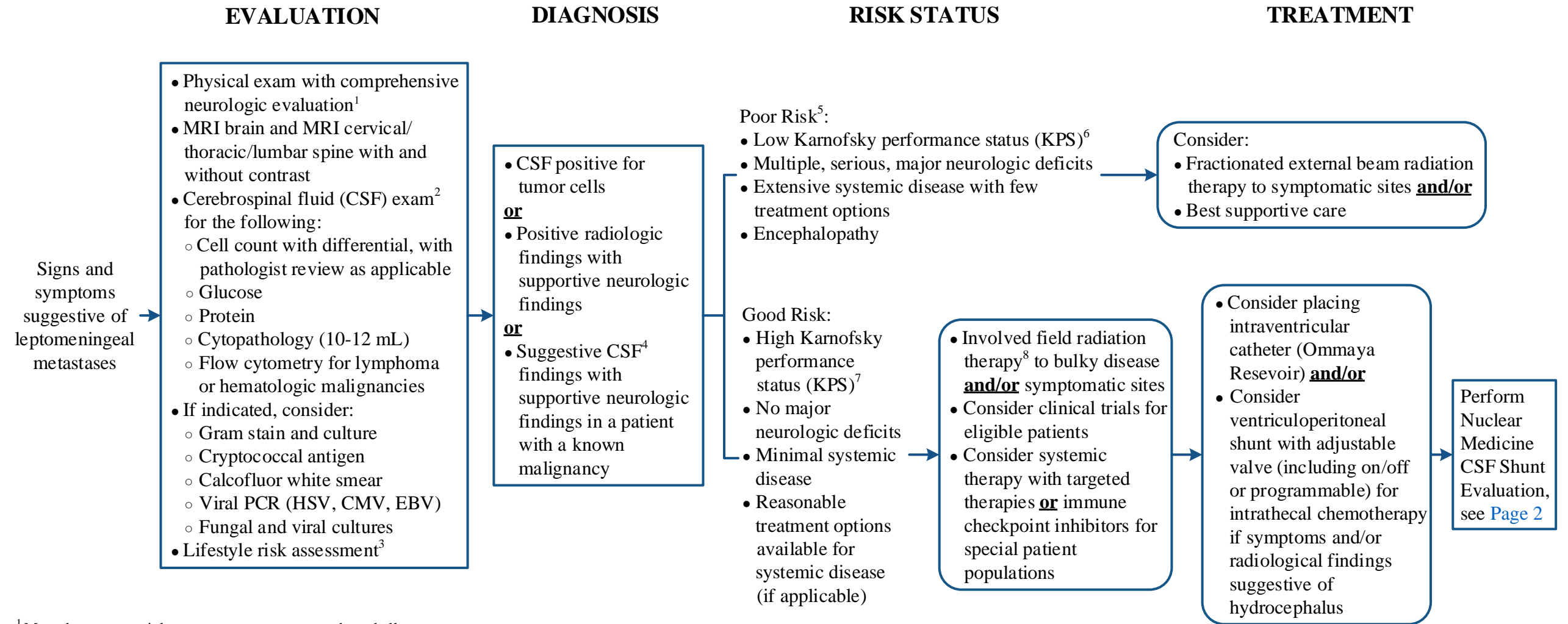


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

Note: Consider Clinical Trials as treatment options for eligible patients.



¹ Mental status, cranial nerves, motor, sensory and cerebellar exam

² Use caution for lumbar punctures in patients who are anticoagulated, thrombocytopenic, or who have a bulky intracranial mass

³ See [Physical Activity](#), [Nutrition](#), and [Tobacco Cessation](#) algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

⁴ CSF suggestive of leptomeningeal metastasis in the absence of positive cytology includes high WBC and/or low glucose and/or high protein. If CSF is not positive for tumor cells, up to 3 lumbar punctures may be of clinical value.

⁵ Poor risk patients that are highly sensitive to chemotherapy or targeted therapy may be treated

⁶ Refer to the Karnofsky Performance Status Scale ([Appendix A](#)) – Score ≤ 50 is considered a poor risk factor

⁷ Refer to the Karnofsky Performance Status Scale ([Appendix A](#)) – Score ≥ 60 is considered a good risk factor

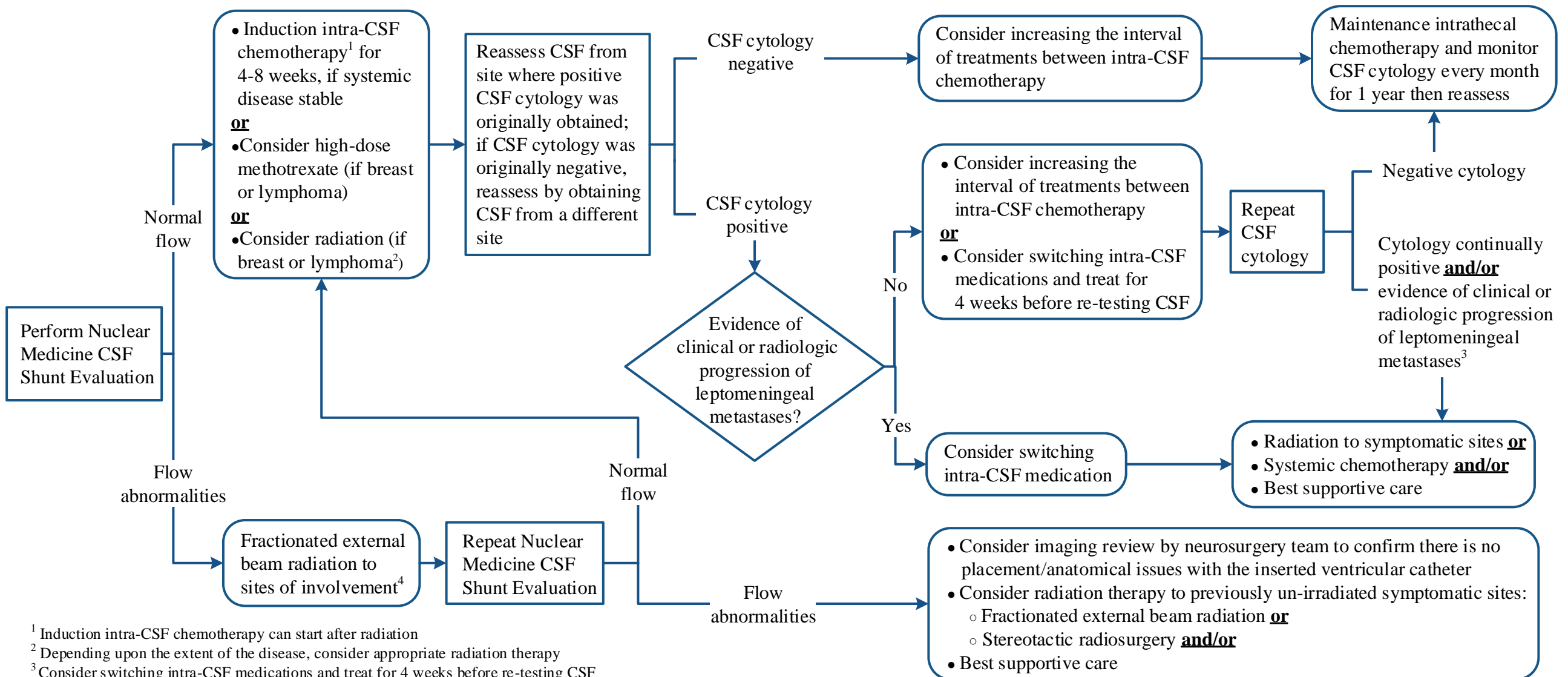
⁸ Usually whole brain radiation therapy (WBRT) and/or partial spine field recommended

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Note: Consider Clinical Trials as treatment options for eligible patients.

PRIMARY TREATMENT

POST-INDUCTION THERAPY



¹ Induction intra-CSF chemotherapy can start after radiation

² Depending upon the extent of the disease, consider appropriate radiation therapy

³ Consider switching intra-CSF medications and treat for 4 weeks before re-testing CSF

⁴ Usually WBRT and/or partial spine field recommended

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APPENDIX A: Karnofsky Performance Status Scale Definitions

Able to carry on normal activity and to work; no special care needed	100	Normal; no complaints; no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease
	80	Normal activity with effort; some signs of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	70	Cares for self; unable to carry on normal activity or to do active work
	60	Requires occasional assistance, but is able to care for most of his personal needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospital admission is indicated although death not imminent
	20	Very sick; hospital admission necessary; active supportive treatment necessary
	10	Moribund; fatal processes progressing rapidly
	0	Dead

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Leptomeningeal Metastases workgroup at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Andrew J. Bishop, MD (Radiation Oncology)
Sherise D. Ferguson, MD (Neurosurgery)
Wendy Garcia, BS[♦]
Cheryl L. Martin, MS, RN, FNP-C (Neurosurgery)
Barbara J. O'Brien, MD (Neuro-Oncology)[‡]
Komal Shah, MD (Neuroradiology)[‡]
Julie G. Walker, PhD, APRN, FNP-C (Neuro-Oncology)
Jeffrey S. Wefel, PhD (Neuropsychology)
Milena Zhang, PharmD[♦]

[‡] Core Development Team

[♦] Clinical Effectiveness Development Team