

# Primary Brain Lesion-Diffuse Glioma – Adult (Greater than or equal to 18 years old)

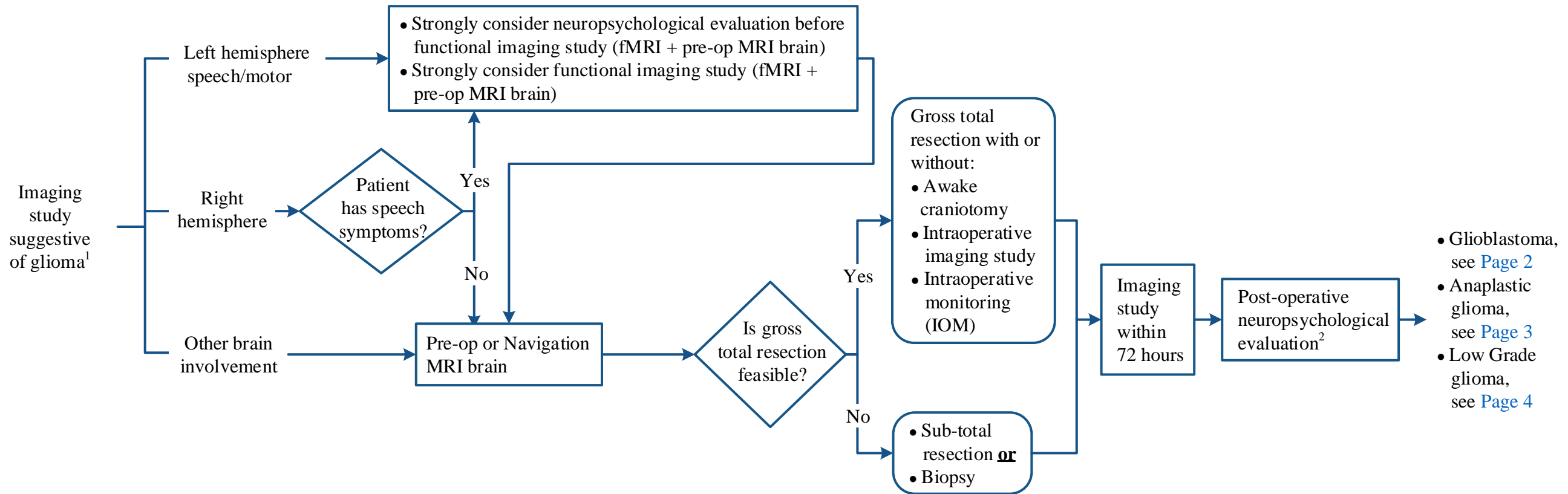
Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional 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.

## RADIOLOGICAL PRESENTATION

## PRESURGICAL PLANNING

## TREATMENT



<sup>1</sup> Biopsy first if MRI suggestive of CNS lymphoma or non-tumor diagnosis

<sup>2</sup> Consider for patients with a pre-operative neuropsychological evaluation

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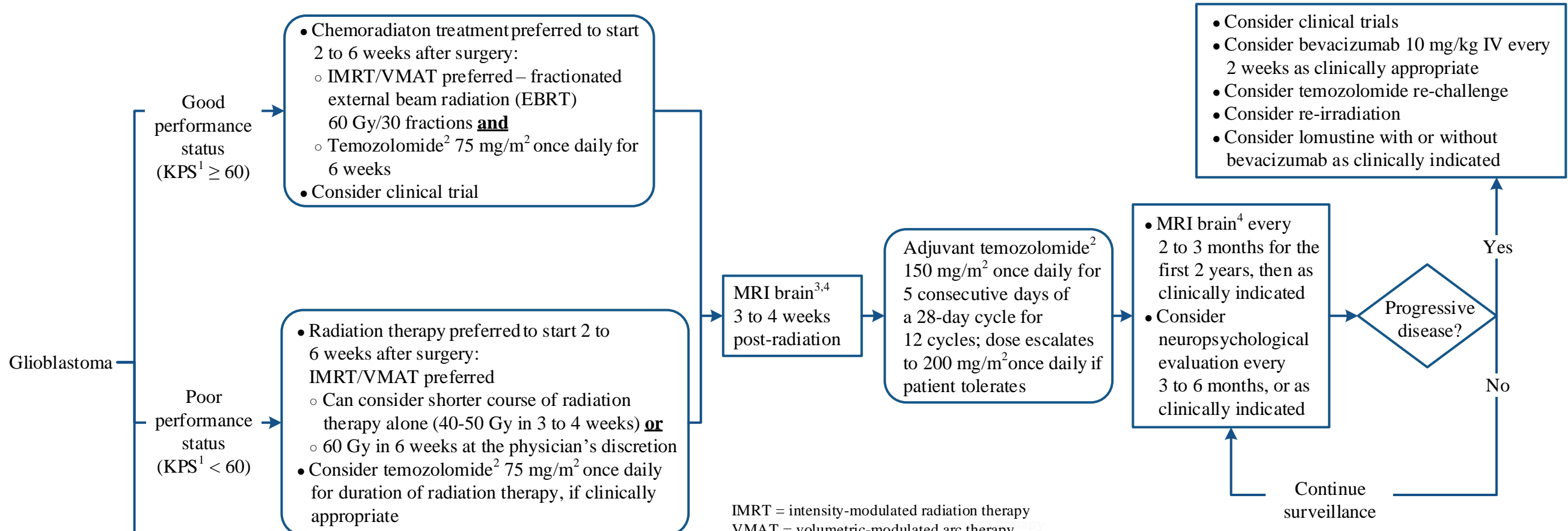
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## PATHOLOGY

## TREATMENT

## SURVEILLANCE

## RECURRENCE



IMRT = intensity-modulated radiation therapy  
 VMAT = volumetric-modulated arc therapy

<sup>1</sup> Refer to Karnofsky Performance Status Scale ([Appendix A](#))

<sup>2</sup> Monitoring while on therapy:

- Constipation
- Pneumocystis pneumonia prophylaxis
- Intracranial pressure (ICP)
- Labs: CBC twice a month and CMP once a month
- Neurologic evaluation

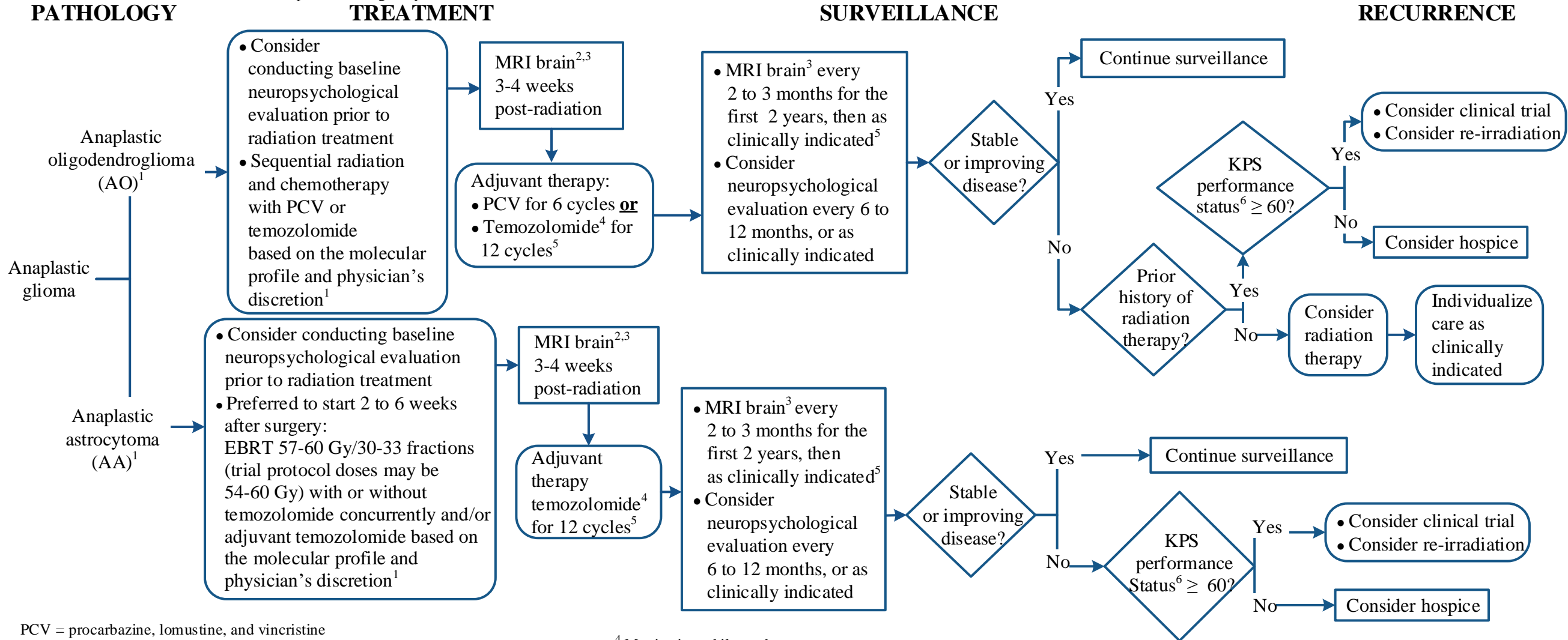
<sup>3</sup> Reflected as new baseline; pseudoprogression may be noted

<sup>4</sup> MRI Brain without and with contrast strongly preferred

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PCV = procarbazine, lomustine, and vincristine

<sup>1</sup> Prognostic factors (any of the following present or positive):  
 • Age less than 40 years old • 1p/19q deletion status • IDH-1 mutation status

<sup>2</sup> Reflected as new baseline; pseudoprogression may be noted

<sup>3</sup> MRI Brain without and with contrast strongly preferred

<sup>4</sup> Monitoring while on therapy:

- Constipation • Pneumocystis pneumonia prophylaxis • Neurologic evaluation
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<sup>5</sup> Based on following factors: KPS performance status, extent of residual disease, imaging, patient personal preferences

<sup>6</sup> Refer to Karnofsky Performance Status Scale ([Appendix A](#))

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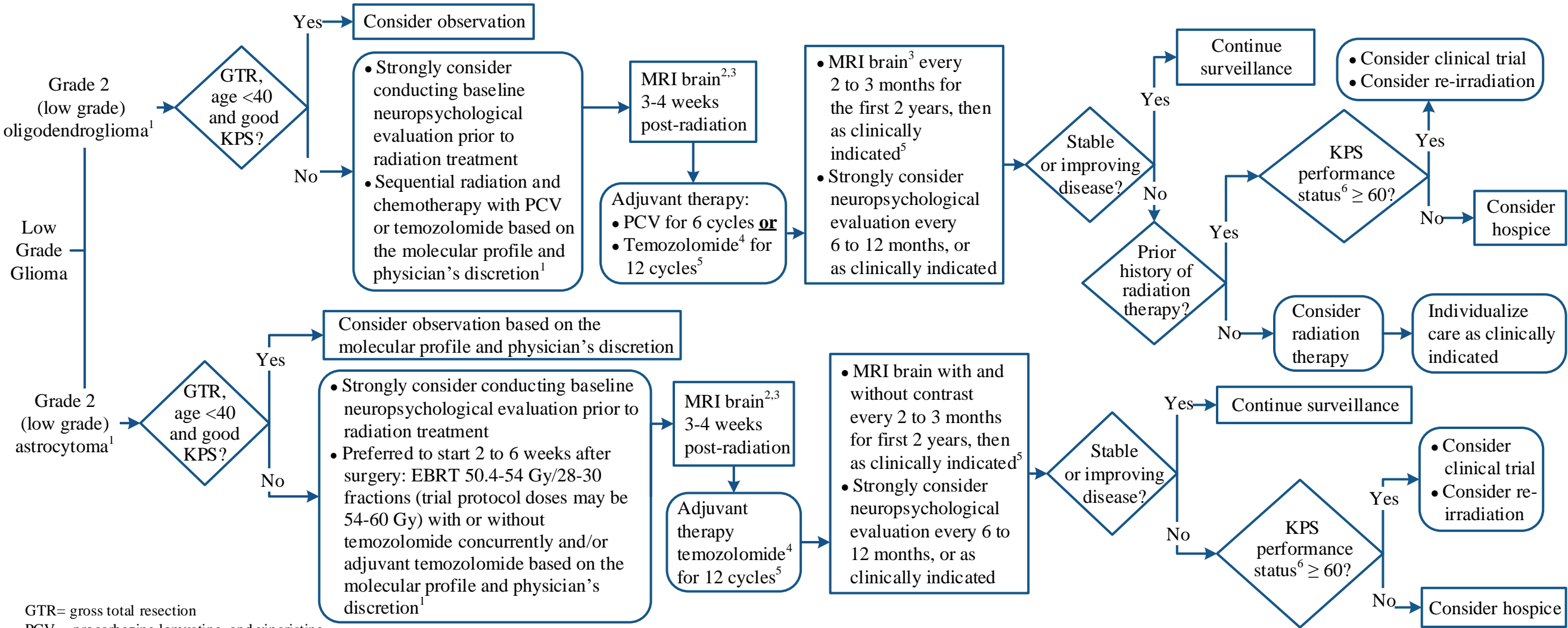
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## **PATHOLOGY**

## **TREATMENT**

## **SURVEILLANCE**

## **RECURRENCE**



GTR= gross total resection

PCV = procarbazine, lomustine, and vincristine

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## APPENDIX A: Karnofsky Performance Status Scale Definitions

<b>Able to carry on normal activity and to work; no special care needed</b>	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
<b>Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed</b>	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
<b>Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly</b>	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 Primary Brain Lesion Work Group Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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