Glioblastoma survivor: Game on

This story originally appeared on MD Anderson's Cancerwise blog.

By: Dean Hawkins

My glioblastoma story began on Dec. 28, 2014, when I was scheduled for my annual physical. I’d lost my dad quite suddenly to cancer eight years earlier and was acutely aware of the importance of a routine physical. When my primary care physician asked how I was doing, I told him I was well, with the exception of the terrible headache I’d had the previous day. He suggested a CT scan, and I didn’t think it was a big deal. Little did I know, I had a brain tumor the size of an avocado. I had very few symptoms other than that horrible headache. I quickly had my first MRI, which became one of many.

My wife, twin daughters and I flew to MD Anderson on Jan. 1, 2015, and our journey began.

My glioblastoma surgery at MD Anderson

At the MD Anderson Brain and Spine Center, we met with neurosurgeon Sherise Ferguson, M.D. As she reviewed my MRI, I asked, “You have seen bigger tumors, right?”

She replied candidly, “Yes, but this is a really big tumor, and surgery is your only option. Brain tumor surgery is all I do all day, every day.”

With her calm confidence, we knew we were at the right place. Soon, Dr. Ferguson performed a 10-hour craniotomy in MD Anderson’s Brainsuite®, a special neurosurgical operating room with intraoperative MRI. She removed 98% of the tumor — while she was very pregnant, I might add! I walked into the hospital with a brain tumor, and walked out three days later tumor-free. (And I did proudly walk out, despite the nurses urging me to leave in a wheelchair.) ... Continued on page 2
Choosing to stay positive

The pathology report revealed that the tumor was glioblastoma, grade IV. Although I have a Ph.D. in reproductive physiology and was an NIH postdoctoral fellow, I knew nothing about glioblastoma. As a scientist, I naturally got busy with my research and quickly learned that glioblastoma wasn't good.

At that moment I made the second-best decision since choosing to go to MD Anderson: I decided that all I had control over was my attitude. I consciously promised myself that no matter how bad glioblastoma was, I would remain positive and rely on my faith, my family and my team at MD Anderson.

Soon thereafter, we met with John de Groot, M.D., and his clinical nurse, Jennifer Johnson. I am fairly sure they will never forget that first meeting with me post-op. I matter-of-factly informed them that I intended to be an outlier and that I intended to live long enough for them to discover a cure. Again, staying positive was – and is – my only option. It is not always easy.

As a husband and father, I do worry about my family, but I also realize that it is my job to fight and do all I can to win the battle.

Make every day a good day

After my glioblastoma diagnosis, a mentor reminded me that nothing really changed: I never knew how long I was going to live and I still don't. Another mentor said, “Congratulations, you have lived long enough to take advantage of the best in modern medicine,” which I have done.

My wife and I stayed in Houston where I underwent six weeks of radiation treatment, and I just recently finished my 12th cycle of chemotherapy. To date, all scans have been clear.

I was never promised how or when I would depart this world, but every day I do have the choice to make it a good day.

Since this journey began, I have been promoted to Dean of the College of Agriculture and Natural Sciences at West Texas A&M University. My twin daughters also graduated from high school and will begin college in August.

I do feel down occasionally, but I have more good days than bad. As I like to say, game on glio, game on!

Are you on Twitter? Follow our neurosurgeons!

Shaan Raza, M.D.

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Assistant Professor of Neurosurgery. Skull Base Tumor Program. The University of Texas MD Anderson Cancer Center.

Jeffrey Weinberg, M.D.

@DrJeffWeinberg

Professor, Dept of Neurosurgery MD Anderson Cancer Center President, TX Assn of Neurological Surgeons Job #1: Husband, Dad to 3 great kids.
4 Questions: Updates to WHO CNS Tumor Classification
There’s more to the tumor than meets the eye

This spring, the World Health Organization updated its classification of central nervous system tumors. This classification sets the worldwide standard for diagnosing brain and spine tumors and has a major impact on treatment, research and clinical trial design.

The update was made with input from more than 100 different experts from 20 different countries. The classification was last updated in 2007. This is the first time it has incorporated molecular information. We talked to Shiao-Pei Weathers, M.D., assistant professor of Neuro-Oncology, to learn more.

1. What’s so important about this update?
   Dr. Weathers: In the past, diagnosis was based on the pathologist’s visual assessment of the tumor tissue under the microscope, which could result in interobserver variability. We now know that certain molecular features are associated with specific types of brain tumors. These molecular features are important in predicting treatment response and provide key prognostic information.

   This update recognizes the significance of molecular signatures in the classification of brain and spine tumors, which gives us a more definitive and comprehensive diagnosis.

2. How do you determine the molecular features of a tumor?
   Dr. Weathers: For the important molecular signatures involved in the classification of gliomas, the pathologist will use antibody staining on a sample of tumor tissue and perform a test called FISH (Fluorescence in situ hybridization) that maps out genetic material in the tumor tissue. Learn more about two of the most common molecular features in gliomas in the sidebar. >>>

   There are other more comprehensive molecular testing options that can be done on your tumor tissue, which your physician may discuss with you if it would be important to your care.

3. I’m a new patient. What do I need to know about the classification?
   Dr. Weathers: With this new classification system, your physician now has better, more detailed information to make treatment recommendations and to discuss outcomes with you.

4. I was diagnosed before the update. Does the new classification system change my diagnosis?
   Dr. Weathers: The update does not invalidate past diagnoses. However, if you have questions or concerns, you should talk to your physician about your specific case. MD Anderson recognized the importance of molecular information before the WHO released the update and much of this molecular information may have previously been available in your original pathology report.

For more information, visit the National Brain Tumor Society.

Highlight on Molecular Features in Gliomas

Two of the most common molecular features in gliomas are IDH mutation and 1p/19q co-deletion.

IDH mutation is more commonly found in lower-grade gliomas, such as diffuse astrocytoma, and is less common in glioblastoma. (About 10% of people with glioblastoma have the IDH mutation.)

The IDH mutation is associated with better prognosis. Gliomas without an IDH mutation are known as “IDH wildtype.”

1p/19q co-deletion is considered the molecular hallmark or signature of an oligodendroglioma. It’s also associated with better survival and response to chemotherapy.

A sample of glioblastoma tissue from our research labs.
Thank you!

We are grateful to all who continue to support our work. The Clint Barsch Foundation hosted a successful second annual golf tournament, raising $10,000 to support the Glioblastoma Moon Shot at MD Anderson.

Sherry and Calvin Jackson (green shirts) present a check to neurosurgeon Amy Heimberger, M.D. (center), with help from their friends Steve (left) and Vicki Riley (right).

In their own words

Read how other patients have dealt with brain and spine tumors on the Cancerwise blog. Some recent posts:

Life with a benign brain tumor
By Luvenia Berry
Meningioma survivor

Life after a glioblastoma diagnosis
By Jacqueline McKenna
Glioblastoma survivor

Doctor, consider it done
By Denham Turner
Oligodendroglioma survivor

Remembering Dr. Conrad

We were saddened to learn that longtime former member of our Neuro-Oncology team Charles Conrad, M.D., passed away on May 28, 2016. He was a renowned neuro-oncologist who joined MD Anderson in 1992 as a fellow and rose through the ranks to become a professor of Neuro-Oncology. He left MD Anderson in 2015 to join the Texas Oncology – Austin Brain Tumor Center. Dr. Conrad devoted himself tirelessly to improving the lives of brain cancer sufferers. Please join us in expressing our condolences to his family. Read the obituary from the Austin-American Statesman.

MD Anderson BEST

Brain tumor Education and Support Together

This group offers support and education to brain tumor patients and caregivers. Each meeting features a medical expert guest speaker, followed by discussion/support group for patients, family and friends. Lunch and valet parking validation are provided.

Upcoming Meetings:
Thursday, Sept. 8 – Topic: Mood and Anxiety
Thursday, Nov. 13 – Topic: Sexuality

Noon to 1 p.m.
Main Building, Floor 7, Elevator B, Brain and Spine Center Conference Room (R7.1617)

Pre-registration is appreciated, but walk-ins are welcome. To register, contact Amy Sheehy at 713-563-7728.

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