Symptom relief after pituitary tumor surgery

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

By Melinda Allen

When I went to see my gynecologist for my annual exam in November 2016, I brought up some concerning symptoms I’d noticed throughout my body. In recent months, I’d experienced joint pain in my knees, swollen feet, carpal tunnel syndrome and excessive sweating and snoring. Additionally, my hands were so swollen my rings had to be cut off, and I noticed changes in my face, like the bridge of nose getting wider.

I thought some of these symptoms were just signs of aging. Never in a thousand years would I have thought I had a pituitary tumor.

Thankfully, my doctor took my concerns seriously and ordered a blood test. Several days later, he called with the results: my growth hormone levels were nearly three times higher than the normal range. He said it was likely caused by a benign (noncancerous) tumor of the pituitary gland and referred me to a local endocrinologist.

The pituitary gland is located at the base of the brain and produces a number of important hormones that control different systems throughout the body. A brain MRI confirmed I had a pituitary tumor about the size of a large marble.

Choosing MD Anderson for my pituitary tumor care

My endocrinologist said I would need surgery to remove the pituitary tumor. He also said I would need to travel, as only a few facilities were capable of doing this type of delicate brain surgery.

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Clinical Trials

We have more than a dozen clinical trials available, including newly diagnosed and recurrent glioblastoma, meningioma, ependymoma and brain metastases. A few open trials are listed below.

See more trials, details and enrollment information: mdanderson.org/neuroclinicaltrials

Study No. 2016-0867
Phase I/II
Treatment agent:
Atezolizumab
Newly diagnosed glioblastoma

Study No. NRG-BN002
Phase I
Treatment agent:
Ipilimumab, nivolumab
Newly diagnosed glioblastoma

Study No. 2016-0330
Phase III
Treatment agents:
Lomustine and Eflornithine
First recurrence of grade III anaplastic astrocytoma

Study No. ALLIANCE A071401
Phase II
Treatment agents:
GSK2256098
Progressive meningiomas with SMO/SKT/NF2 mutations

Pituitary Tumor Surgery

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MD Anderson was hands-down my first choice because it's the best of the best! My husband and I drove 300 miles from New Boston, Texas, to Houston to meet with endocrinologist Jeena Varghese, M.D., and neurosurgeon Ian McCutcheon, M.D. Dr. McCutcheon said I'd probably had the tumor for years before I started experiencing symptoms.

My pituitary tumor surgery

On Feb. 1, 2017, I had endonasal transsphenoidal removal of my pituitary tumor. The endonasal transsphenoidal approach is a minimally invasive pituitary surgery that uses the nasal passages to access the tumor.

I tolerated the procedure well, even with a cerebrospinal fluid leak. I experienced wonderful care from the doctors and nurses at MD Anderson. I also had a great support system with my husband, three daughters, family and friends. As I prepared for and recovered from surgery, I found comfort in the “Clinging Cross” my daughter gave me as a reminder of God's constant presence.

Symptoms improve after pituitary tumor surgery

Just four days after my surgery, I was discharged from the hospital and headed home. My symptoms have improved tremendously. My hands and feet have downsized, and my face has slimmed considerably. My joint pain is so much better. The snoring is also gone, and I just feel so much better overall.

Thank you

The Jennifer Clanton Foundation made a generous donation to support leptomeningeal disease research with Barbara O’Brien, M.D., assistant professor of Neuro-Oncology.

Meet Sadie

Sadie the French bulldog has a brain tumor too. Learn how MD Anderson and Texas A&M are teaming up to help people and pets with brain tumors in Conquest.

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Meningioma FAQs

Meningioma may be the most common primary brain tumor, but many people hadn't heard of it until Maria Menounos of E! News announced her diagnosis in People magazine last month. We talked with Franco DeMonte, M.D., professor of Neurosurgery and co-director of the Skull Base Tumor Program, to learn more.

What is a meningioma?
A meningioma is a tumor that grows from the meninges, the outside membranes of the brain and spinal cord. Although it does not invade the brain or spinal cord tissue, it can press on the brain or the spinal cord as it grows. More than 50% of meningiomas do not grow for several years after diagnosis, and most people with meningiomas do not have symptoms.

Are meningiomas cancer?
Most meningiomas are benign (non-cancerous). About 3% or less of meningiomas are cancer.

How common are meningiomas?
Meningiomas account for about 30% of primary brain tumors and about 25% of all spinal tumors. Because few meningiomas cause symptoms, they are likely underdiagnosed. MRI studies identify about 300 to 900 meningiomas per 100,000 MRI studies performed. That’s equivalent to about 15,000 to 45,000 people in the greater Houston area living with a meningioma.

Who is most at risk for developing a meningioma?
Meningiomas are primarily found in adults and occur less often in children. The risk increases as you get older. Meningiomas are more common in females.

How is a meningioma treated?
In general, a meningioma is monitored with regular contrast enhanced MRI to check for growth, ideally under the care of a neurosurgeon experienced in all aspects of meningioma management. If the tumor grows or starts to cause symptoms, surgery is usually the first treatment option although radiation may be recommended in certain circumstances. Chemotherapy for meningiomas is currently considered experimental and its use is usually offered as part of investigational clinical trials.

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Attend an MD Anderson BEST support group meeting to receive your free tumbler, while supplies last.
- Dual wall insulation
- 15 oz. capacity
- BPA free
- Removable straw and lid

MD Anderson BEST
A brain tumor support group

MD Anderson BEST (Brain tumor Education and Support Together) is a monthly education and support group for patients diagnosed with brain tumors. Each month features a different expert guest speaker, followed by a discussion/support group led by the Brain and Spine Center social work counselors.

BEST is open to all MD Anderson brain tumor patients and their caregivers. Lunch and valet parking validation are provided at no cost to attendees.

MD Anderson BEST
Second Tuesday of each month
12 to 1:30 p.m.
Brain and Spine Center

Aug. 8: Seizures
Sept. 12: Clinical trials
Oct. 10: Mood and anxiety
Nov. 14: Fatigue
Dec. 12: Resiliency and self-care

Follow the MD Anderson Brain and Spine Facebook page (facebook.com/MDAndersonBrainandSpine) for updates and event reminders about each meeting.

Pre-registration is appreciated, but walk-ins are also welcome.

Questions and registration:
Amy Sheehy, 713-563-7728
Michelle Will, 713-792-0772

MD Anderson BEST
in your community

Join Shiao-Pei Weathers, M.D., for a special edition of our brain tumor support group in Sugar Land.

Thursday, Aug. 10
6:30 to 8 p.m.
MD Anderson in Sugar Land
1327 Lake Point Parkway,
Sugar Land, Texas 77478

www.mdanderson.org/brainandspine • 713-792-7728 • 1515 Holcombe Blvd., Houston, Texas 77030