CARING FOR THE BRAIN TUMOUR PATIENT

Linda Cibau

Nurse Manager
Cairns Radiation Oncology Centre

RADIATION ONCOLOGY SYNPOSIUM
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- Caring for patients with brain tumours, especially glioblastomas (GBM), is very challenging.

- Research shows, that caring for someone with a brain tumour is just as stressful (but in a different way) as having the diagnosis. (National Cancer Institute).

- Education of the patient and caregivers should match where the family is in the illness trajectory.

- Family caregivers are the frontline providers.

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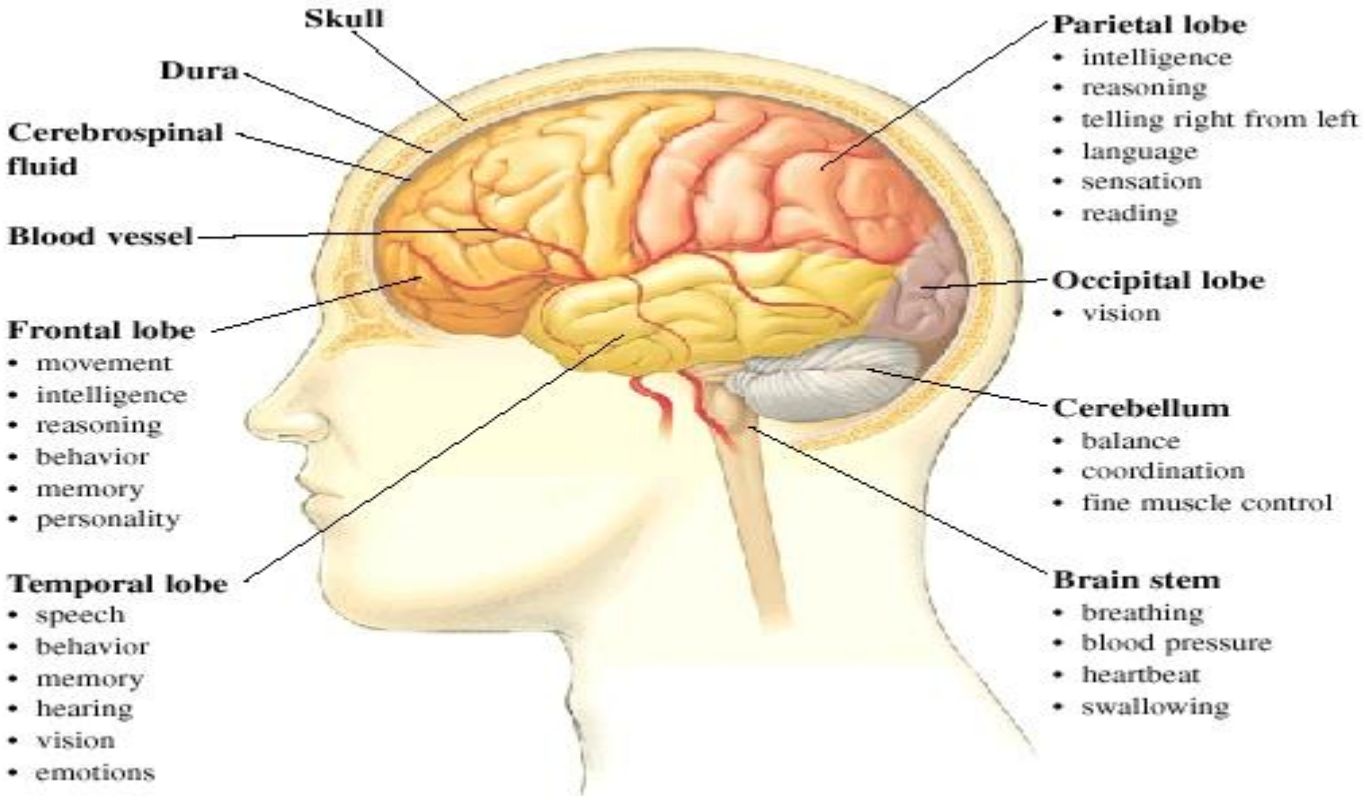
Case Study

- 57 year male with L) parietal lesion in the context of 3/7 history of expressive dysphasia and word finding difficulties.
- <u>Principle Diagnosis</u>
- Glioblastoma Multiforme

  Grade 4

  Left posterior parietal

  5cm x 3.8cm lesion



HISTORY

- <u>Past Medical History</u>

  Hypertension, Dyslipidaemia

  Nil allergies

- <u>Social History</u>

  Married for 30years

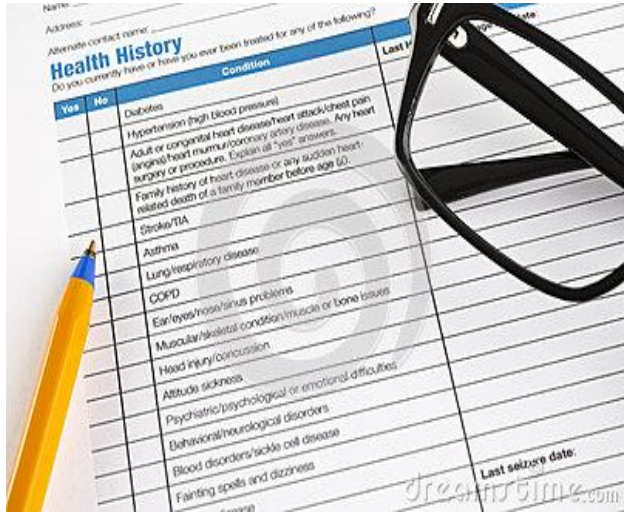
  2 children – son 22yrs & daughter 21yrs

  Self employed contractor, wife works full time

  Lives semi rural area

  Non smoker, Alcohol 7/7 2 drinks/day

  Hobbies – motor bike riding



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Treatment Trajectory – Diagnosis

- 24/06/2015 - QAS transfer from GP surgery to hospital ?CVA
  - CT brain – brain neoplasm

- 25/06/2015 - Intrahospital transfer to major public tertiary hospital following bed availability
  - Admitted under neurosurgical team
  - 03/07/2015 – Craniotomy & Resection L) Parietal Lesion.
    Remaining lesion 3.8cm x 2.7cm
  - 07/07/2015 – diagnosis results GBM Stage IV, 15 mths to live. Son present
  - 08/07/2015 – discharged home
    - **Follow up** – GP to remove staples; Medical and Radiation Oncology; Neurosurgery review in 6 weeks; Urology 6 months for incidental renal lesion.
    - **Medications on Discharge** – Regular BP medications + Dexamethasone 4mg with reducing plan; Pantoprazole; Phenytoin; thiamine

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CONSULTATION/REFERRALS

- Medical and Radiation Oncologists
- Social Workers
- Specialist Nurse
- Nursing Staff
- Allied Health – SP, OT, Physiotherapist
- Psychosocial support
- Case Managers/Cancer Care Co-ordinators
- Support Groups
- Community Nurses

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Treatment Trajectory – Commencement Intensive Treatment

- Commenced Concurrent Chemotherapy/Radiation Treatment 03/08/2015
  - Temozolamide (TMZ) daily during RT up to 42 days (max 49 days) including weekends & non radiotherapy days
  - 60Gy/30#

- Introduction to Service
  - Referral to multidisciplinary team
  - Joint session for patient & carer with Social Worker
  - Individual sessions for patient & carer with nursing staff, Allied Health
  - Ongoing intervention – frequency determined by specific situation & patient/carer needs

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Treatment Trajectory – During Treatment

- Commenced on Insulin
    - NovoMix 30 – 38u/s mane 20u/s midday
    - Reporting BGLs daily to Diabetes Educator for titration

- 08/09/2015 Admission to hospital with SoB & fevers
    - Non-neutropenic fever, ?URTI
    - Discharged next day after oral chemoXRT treatment with a 5 day course of oral Abs.
    - Ongoing Chemo/radiation treatment

- 11/09/2015 Admission to hospital with fevers >40c, SoB, epigastric pain, tachycardic & reduced Sats.
    - R) LL pulmonary embolism, platetlets >52 – transfusion platelets, heparin infusion. TMZ stopped, RTx continued
    - Discharged home 16/09/15

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Completion of Radiation Treatment
What Has Changed

- Reducing Dexamethasone plan
- Remains on clexane 100mg BD
- Insulin unchanged – discharged from diabetes service
- <u>Issues Present on D/C</u>

Insomnia	Cushingoid
Leg Cramps	↓ Motivation
Son not coping with diagnosis & conflict between father & son	↓ Body Image
Insatiable appetite for sugary foods	Feeling of Isolation
Muscle Wasting	

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DISCHARGE PLANNING

- Psychosocial assessment
- Carer needs highlighted
- Interventions set in place while patient has capacity
- Legal/practical issues
- Know who to call
- Collaboration
- Support resources for children
- QoL Assessment
- How to incorporate information without being overwhelming

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Difficulties Encountered

- No discussion & lack of support after diagnosis
- No follow up after completion of RTx
- No Palliative care referral
- Feeling of being overwhelmed
- Cognitive changes happening quickly
- Transition of care ?who is in charge ?who to contact
- Felt pushed aside, only a number
- What is normal/not normal?
- Lack of information to make informed decisions

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Internet Resources

General	Cancer Councils	OTHER
eviQ Cancer Treatment Online (Patient Information Page)	The Cancer Council Australia	Canteen
Virtual Cancer	The Cancer Council QLD	Brain Tumour Alliance Australia
Cancer Answers	The Cancer Council NSW	
Australian Cancer Research Foundation	The Cancer Council VIC	
Informed Consent – Consumers	The Cancer Council WA	
Cancer Voices	The Cancer Council SA	
Nutrition Education Materials Online (NEMO) Patients Following Treatment	The Cancer Council TAS	
Beyond Blue	The Cancer Council NT	
Palliative Care	The Cancer Council ACT	

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References

- Cancer Council Australia/Clinical Oncological Society of Australia (2011). *Adult gliomans (astrocytomas and oligodendrogliomas): a guide for patients, their families and carers*

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- Neuro-Oncology, Society for Neuro-Oncology. Schubart, Jane R., Kinzie Mable B., and Farace Elana. 2007. *Caring for the brain tumour patient: Family caregiver burden and unmet needs*. Accessed April 26, 2016. *www.ncbi.nlm.nih.gov/pmc/articles/PMC2600839 /*

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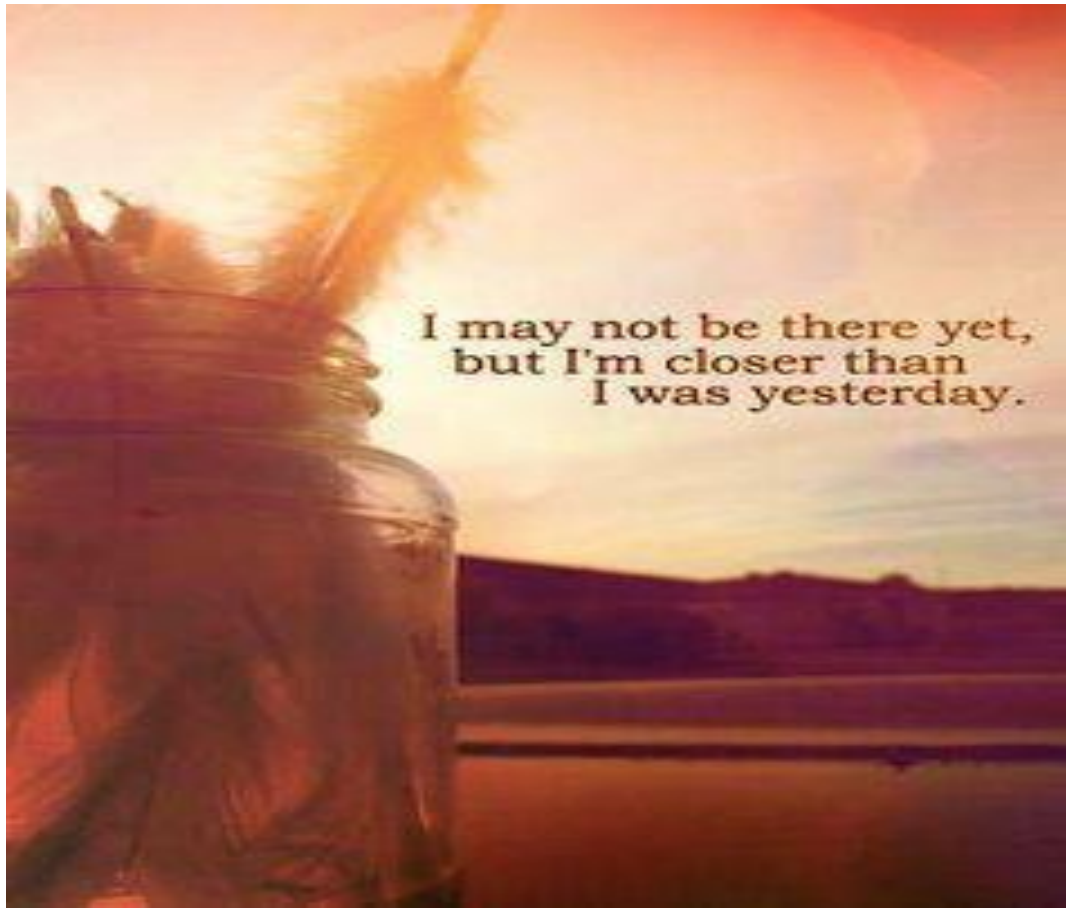

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