

# Oncology Clinical Pathways

## Meningioma

---

October 2024 – V2.2024



Choose **VA**



**SHOULDER to SHOULDER**  
Every Step of the Way

**VA**



U.S. Department  
of Veterans Affairs

# Table of Contents

<a href="#">Presumptive Conditions</a> .....	3
<a href="#">Initial Evaluation</a> .....	4
<a href="#">Molecular Testing Table</a> .....	5



# Meningioma – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

## Atomic Veterans Exposed to Ionizing Radiation

- Cancer of the brain

## Gulf War and Post 9/11 Veterans

If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if you served in the \*Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Brain Cancer

\* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit [U.S. Department of Veterans Affairs - Presumptive Disability Benefits \(va.gov\)](https://www.va.gov)



Choose **VA**



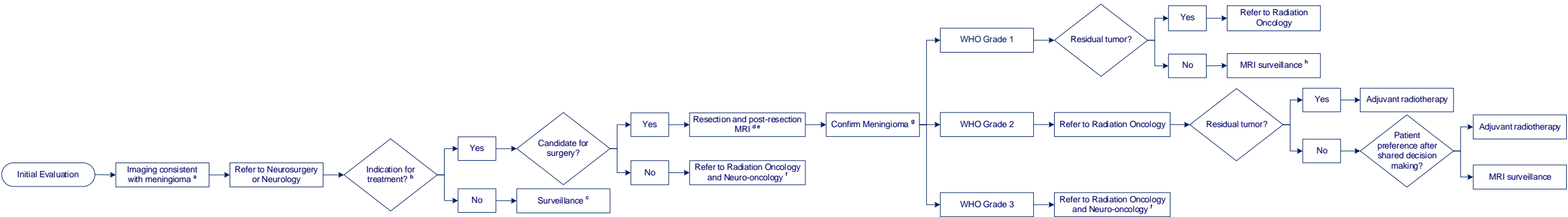
**SHOULDER to SHOULDER**  
Every Step of the Way

**VA**



U.S. Department  
of Veterans Affairs

# Meningioma – Initial Evaluation



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email [CancerClinicalTrialsNavigation@va.gov](mailto:CancerClinicalTrialsNavigation@va.gov).

- <sup>a</sup> **Imaging** MRI with and without contrast; CT with contrast if MRI contraindicated; needs evaluation for hereditary syndromes including neurofibromatosis type 2 with referral to Genetics
  - <sup>b</sup> **Patient** is symptomatic and/or MRI interval changes
  - <sup>c</sup> **Surveillance** changes in tumor size or symptoms require multidisciplinary discussion through local tumor board or National TeleOncology CNS Virtual Tumor Board
  - <sup>d</sup> **Simpson Grades** 1 through 3 indicate gross total resection; grades 4 and 5 indicate subtotal resection
  - <sup>e</sup> **Timing of Post-Resection MRI** per neurosurgeon discretion
  - <sup>f</sup> **Refer to Neuro-oncology** via National TeleOncology consult if local VA Neuro-oncology unavailable
  - <sup>g</sup> **Confirmed** by pathology with TERT mutation testing and FISH for CDKN2A/CDKN2B; Neuropathology consult should be requested for morphologically challenging cases
  - <sup>h</sup> **Interval** may increase after 5 years without tumor recurrence
- WHO World Health Organization

# Meningioma – Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Meningioma, Any histology	*FISH	CDKN2A/B homozygous loss	Local VA or locally contracted vendor	No	Tumor Tissue
	Molecular Testing	TERT promoter mutation testing	Local VA or locally contracted vendor	No	Tumor Tissue
	*Microarray	Chromosomal microarray (aka Oncoscan FFPE)	Local VA or locally contracted vendor	No	Tumor Tissue

\* Choose FISH OR microarray. In most cases FISH can be done instead of microarray. If performing microarray, then FISH is not indicated.

