Oncology Clinical Pathways Glioblastoma

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Glioblastoma – 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

Brain Cancer

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
- Glioblastoma

For more information, please visit <u>U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)</u>

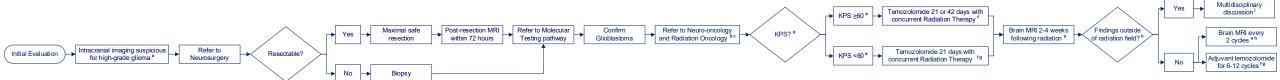






^{*} The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

Glioblastoma - Initial Evaluation



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

a Imaging MRI with and without contrast; CT with contrast if MRI contraindicated

^b Refer to Neuro-oncology via National TeleOncology consult if local VA Neuro-oncology unavailable, and Palliative Care

e Refer to Genetic Counseling for patient with personal history of other primary cancers particularly if diagnosed <45 years, or first or second degree relative with cancer <55 years; clinician discretion for those >55 years

^d Prognostic features including age, extent of resection, and MGMT promoter methylation status should be evaluated

MGMT-Methylation status may guide use of temozolomide or radiotherapy alone

1 Temozolomide prescribing concurrent with radiation therapy at a dose of 75 mg/m² per day for up to 42 days with weekly CBC with differential and metabolic panel to include liver function; beginning 4 weeks after the end of radiation, adjuvant temozolomide 150 mg/m² days 1-5 of a 28 day cycle (1), in on myelosuppression increase dose to 200 mg/m² days 1-5 of a 28 day cycle for subsequent cycles up to C12 with a CBC between day 22 and day 28; ondansetron 8 mg orally 30 minutes before each temozolomide dose; PJP prophylaxis recommended only during concurrent radiation therapy for patients on stable (not decreasing) doses of glucocorticoids or who have lymphopenia

⁹ Adjuvant Temozolomide with or without tumor treating fields (TTF) per patient preference

h Pseudo Progression can occur inside the radiation field (defined as within the 80% isodose line) up to 12 weeks post-radiation

Multidisciplinary Discussion through local tumor board or National TeleOncology CNS Virtual Tumor Board; for patients with poor prognosis provide supportive care in lieu of chemotherapy and radiation

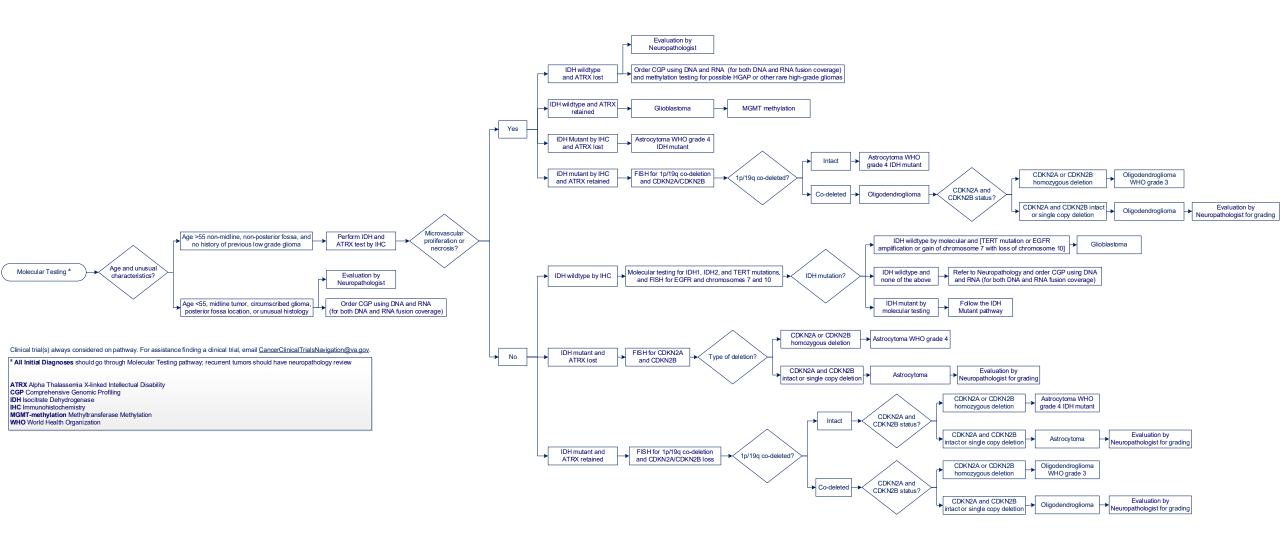
KPS Karnofsky Performance Status MGMT Methylguanine Methyltransferase PJP Pneumocystis Jiroveci Pneumonia







Glioblastoma - Molecular Testing









Glioblastoma – Molecular Testing Table

Glial Neoplasms	IHC	IDH1 R132 mutation ATRX TP53	Local VA or locally contracted vendor	No	Tumor Tissue
	FISH	1p/19q FISH for codeletion CDKN2A/B homozygous loss	Local VA or locally contracted vendor	No	Tumor Tissue, Blood
Neoplasitis	Molecular Testing	Mutation testing for ATRX, BRAF, H3-3A, IDH1, IDH2, TERT promoter, TP53	Tempus Foundation Medicine	Yes	Tumor Tissue
	Molecular/Cytogenetic	Chromosomal microarray	Local VA or locally contracted vendor	No	Tumor Tissue
	Methylation Testing	MGMT promoter methylation testing	Local VA or locally contracted vendor	No	Tumor Tissue





