Referral guidelines for brain metastases to neuro oncology MDT (adult)

1. Purpose of guidelines:
   - To describe the indications for referral to the neuro oncology MDT, where a neuro oncology MDT decision is required on the suitability of surgical or other radical treatment of the metastases
   - To detail the referral process

2. Indications for referral to neuro oncology MDT for brain metastases:
   a) Patients presenting with cerebral metastases as the first sign of malignant disease and where surgery is required to clarify the diagnosis.
   b) Patients in whom imaging findings are in doubt following neuroradiological assessment.
   c) Patients presenting with solitary metastases, who are otherwise fit, with a favourable prognosis (see definition of favourable prognosis below) warranting consideration of neurosurgical intervention.
   d) Patients with 1-3 cerebral metastases (newly diagnosed or recurrent) and a favourable prognosis. *(Note, some patients with up to 4 metastases and good prognosis may be suitable for stereotactic radiosurgery)*
   e) Patients with symptomatic brain metastases that may benefit from palliative neurosurgical intervention, providing the prognosis warrants aggressive intervention (e.g. multiple metastases with a single component causing specific deterioration including posterior fossa tumours)

Favourable Prognostic Group criteria:
Adapted from recursive partitioning analysis performed on 1200 patients with brain metastases:
   a) Primary / Systemic disease controlled.
   b) WHO performance status 0-1.
   c) Patients that fall outside these guidelines may still warrant more aggressive intervention. In this situation the referring clinician should discuss the patient with a member of the Neuro Oncology team.

3. Referral process:
Refer via letter to a named clinician (either neurosurgeon or neurooncologist), and ensure that the images are made available to the Walton Centre via electronic image transfer.

The named clinician will contact the referrer following discussion at the MDT to indicate the outcome of the MDT discussion. The referring clinician has the responsibility to communicate the outcome of the neurosciences MDT to the patient.

The Neuro oncology MDT meets each Thursday from 12.30 onwards.

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4. Treatment options for brain metastases
The neuro oncology MDT will discuss the case, and tailor advice to the individual patient. Treatment options include biopsy, surgical excision, whole brain radiotherapy, stereotactic radiosurgery and specialist palliative care.

Specific indications for stereotactic radiosurgery (service commenced in the Walton Centre February 2011):

- Surgery not indicated to relieve symptomatic mass effect
- Karnofsy Performance status ≥ 70 (equates to ECOG/WHO performance status 0-2)
- ≤ 30 mm maximum tumour diameter (≤ 40mm if surgically inaccessible disease)
- ≤ 3 brain metastases (up to 4 if otherwise good prognosis).
- Primary tumour and extracranial disease controlled or only slowly progressing (or a radically treatable primary tumour without extracranial metastases in a newly diagnosed patient).
- These criteria apply to newly diagnosed brain metastases and recurrent brain metastases after previous surgery, SRS or WBRT
Acknowledgements:

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