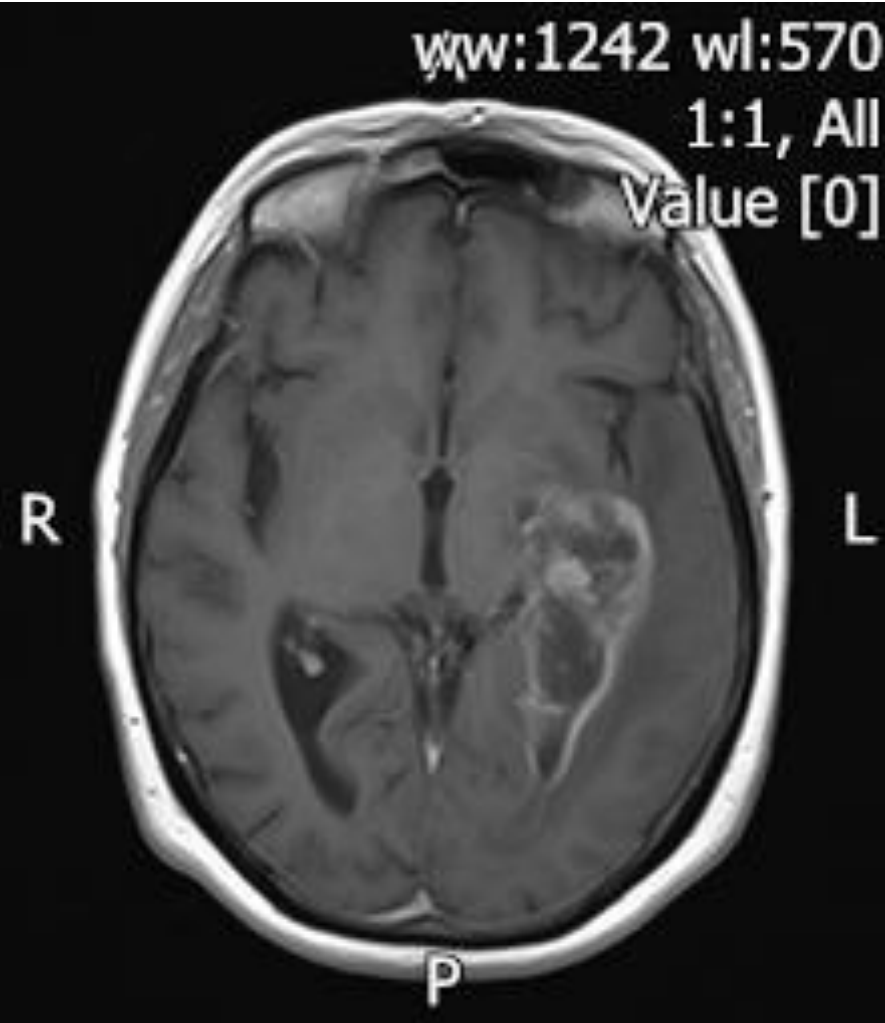
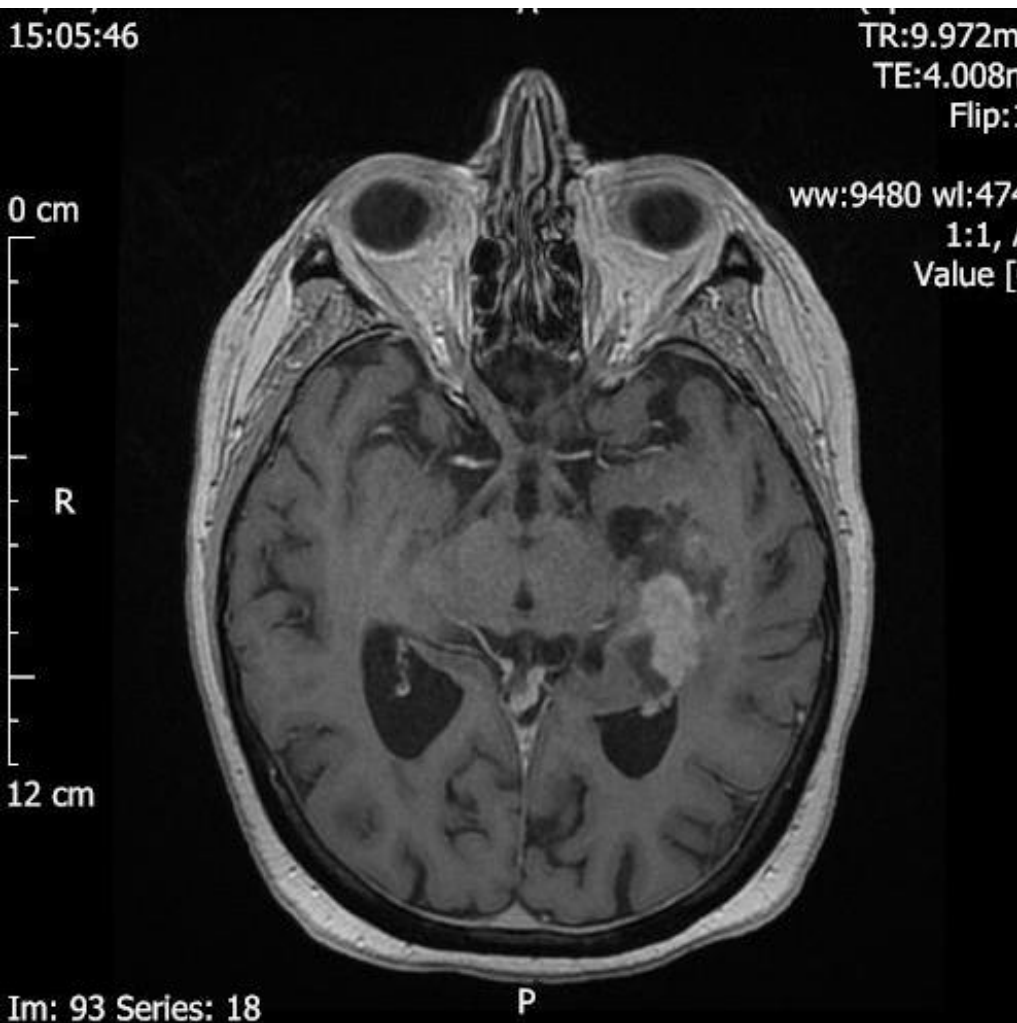


52 year old right handed woman presents with weakness of her right leg.

Describe the scan

Enhancing lesion left parietal lobe involving lateral ventricle for a 3



52 year old right handed woman presents with weakness of her right leg.

She makes a full recovery on steroids

At the neurosurgical MDT the surgeons suggest a biopsy only

Do you agree ?

Must agree or a 1, far too deep and eloquent area for a resection
But if some concern about disability following surgery could come up to a 2
If asked biopsy will be stereotactic

Biopsy:
Glioblastoma multiforme

MGMT promotor non methylated

What do you advise ?

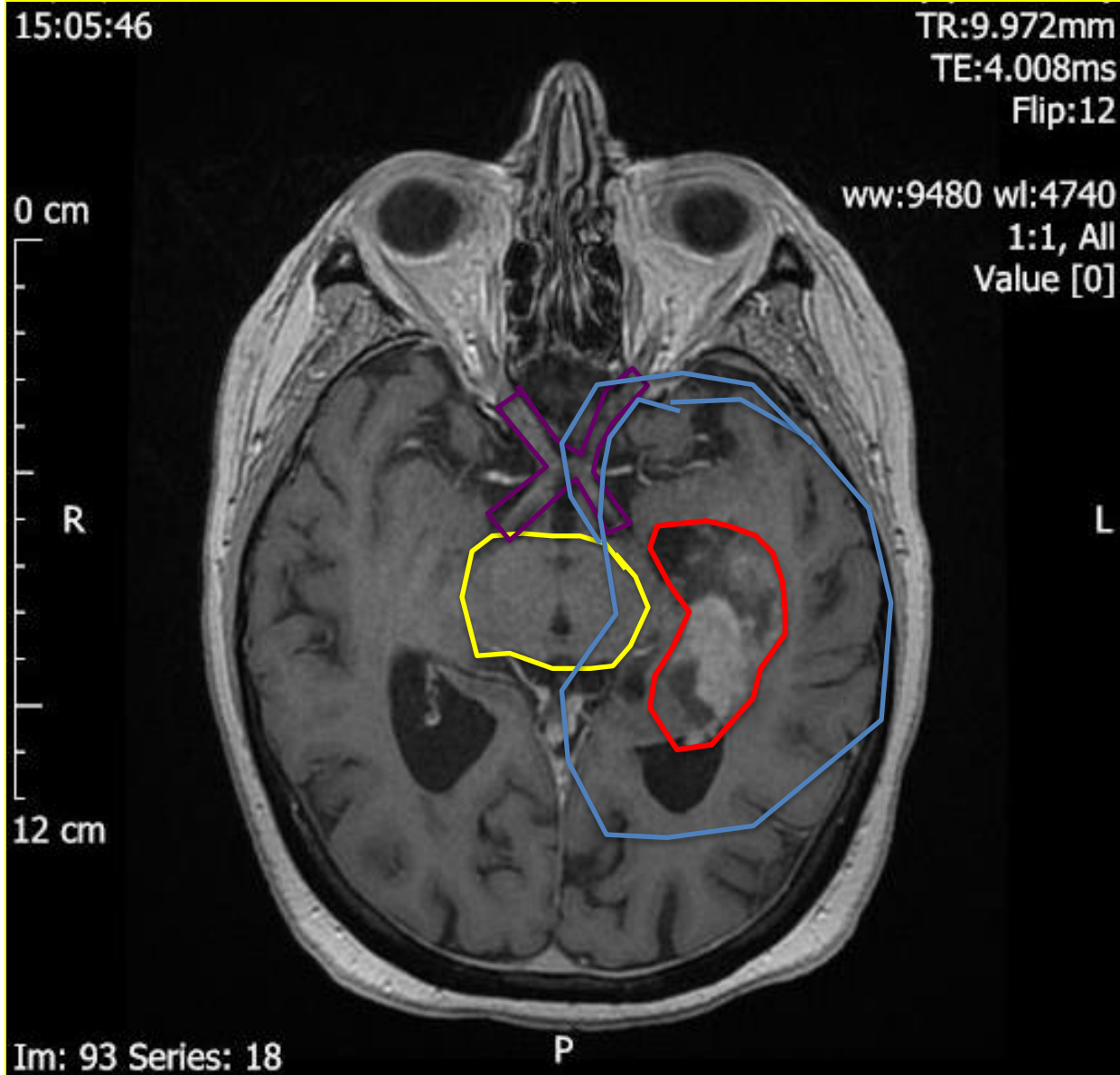
Radiotherapy 60Gy in 30F with concomitant
Temozolomide daily with RT 75mg/m²
Prophylactic Cotrimoxazole and 6 cycles of
Temozolomide after chemoRT for a 3

Outline the GTV, CTV and 2 OARs most relevant to this case

Must outline brainstem and chiasm or a 1

GTV within 5mm red lines for a 3

Chiasm and brainstem same rules apply



What radiation technique do you advise ?

State dose fractionation and treatment schedule

Will need to recognise that it is impossible to treat the entire CTV to 60 GY or a 1

This was used in 2015 when IMRT was not universal.

Now all would use IMRT with a dose constraint on the chiasm and brainstem.

For a 4 would describe an arc technique with IMRT to limit the dose to the brainstem and chiasm.

CTV outlining should add 2.5cm to GTV and crop off bone, could crop off brainstem as there is a natural barrier less so with the chiasm, but needs a PRV of 3mm which must not exceed tolerance

What radiation technique do you advise ?

State dose fractionation and treatment schedule

60 Gy in 30 F with temozolomide daily for 7 days per week at a

Dose of 75mg/m²

Follow with 150mg/m² for 1st post chemoRT cycle and
then 200mg/m²

Must use co trimoxazole as PCP prophylaxis

What are the tolerance doses for the main Organs at Risk here?

Brainstem	54 Gy in 30 F
Chiasm	55 Gy in 30F
Optic nerve	55 Gy in 30F
Retina	50Gy in 30 F

If correct on brainstem and chiasm is a 3 and could mitigate a very poor answer on previous question if seems likely that they would reject a plan exceeding these doses, No DVH for this one.

She is reviewed in clinic after 8 days of Temozolomide and radiotherapy.

She has got confused about her chemotherapy tablets and instead of taking 130mg per day has only been taking 30mg.

What do you advise ?

Will never be able to adjust

Start correct dose as soon as the error is appreciated

Do not take any tablets after the final fraction of radiotherapy and return the remaining tablets for a 4

If tries to modify to make up or continue TMZ after the last radiotherapy is a 2

For info NOT question TMZ comes in 100mg, 20 and 5mg so here they forgot the 100mg tablet

4 months after the last cycle of chemotherapy she remains on 4mg dexamethasone and complains of low back pain.

What possible diagnoses do you to record on the MRI request ?

Diagnoses which need to be ruled out are crush fracture due to steroids, drop metastasis or simply degenerative maybe made worse by weight gain on steroids all 3 for a 4, drop mets and collapse for a 3, only one for a 2

4 months after the last cycle of chemotherapy she remains on 4mg dexamethasone and complains of low back pain.

What does the MRI scan indicate ?

Must see lesion
at L3 or a 1

Says drop met
for a 4

Unsure is a 3 if
mentions
meningioma, or
metastasis



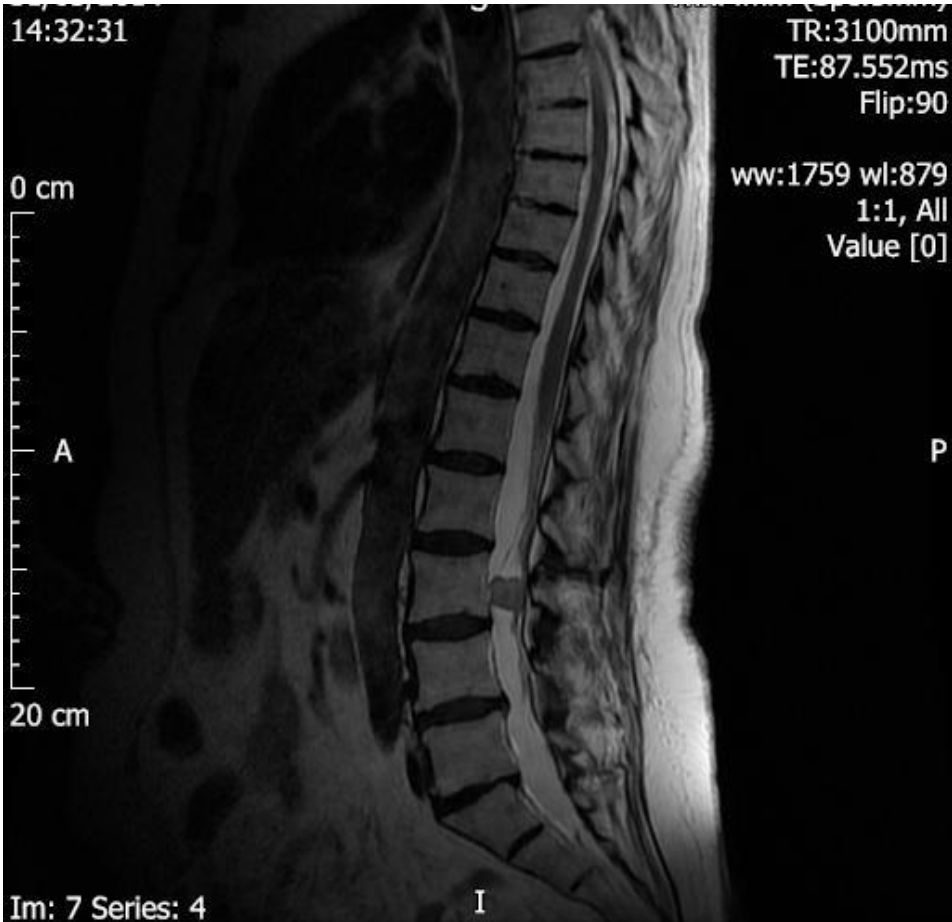
MRI

Intradural lesion at L3 level

How would you investigate further ?

MRI Brain or a 2

CT TAP is OK if suggested is a 3



She has low back pain.

MRI Brain shows some new enhancement and persisting abnormality near the left lateral ventricle.

What do you advise ?

Palliative RT is a 4
Chemotherapy is a 2 but if offered after palliative RT is a 4 or argued on basis of brain disease as well is a 3



Biopsy is ok but not really Needed
If suggested say was glioma

Debulking Surgery is a 2

Essentials

- Describes enhancing lesion and involvement of left lateral ventricle
- Agrees to biopsy only or a 1
- Correct chemoradiation for a 3
- Outlines optic chiasm and brainstem correctly or a 1
- GTV accurate for a 3
- Radiation technique treats brainstem to 60Gy is a 1
- If adjusts total dose to PTV to enable safe treatment within brainstem tolerance is a 4
- Correct on OAR doses for a 3
- Accepts drug error cannot be adjusted and reintroduces correct dose for a 4

Essentials

- Drop metastasis for a 4, metastasis/meningioma for a 3 misses lesion is a 1
- Requests MRI brain to assess situation with the primary or a 2
- Palliative RT is a 3 Chemo after palliative RT is a 4 biopsy is a 2, Straight to chemotherapy is a 2
- Outlines spinal canal as CTV is a 3, outlines whole vertebra is a 2