



Advice to patients with brain tumours during COVID-19 outbreak

These are extremely difficult times for everyone in the health service and for our patients with brain tumours. Although our aim would be to run a normal neuro-oncology service, it is unlikely that we are going to be able to do this in the coming weeks / months due to the potential shortage of medical and nursing staff, theatres and critical care beds.

This document has been prepared in response to patients contacting brain tumour charities for advice. Patients should contact their treating team for any specific questions about their tumour.

Self-isolating

- Please follow the UK Government advice on self-isolating and social contact
- This advice applies to:
 - all patients on active treatment (e.g. chemotherapy, radiotherapy)
 - all patient being monitored with MRI
 - all carers, relative and friends
- <https://www.gov.uk/coronavirus>
- The most vulnerable patients with brain tumours are those who are on or have recently finished chemotherapy – full isolation at home is advised

Regular Medication

- Patients should continue taking all their medication as prescribed by their treating doctors – this includes steroids (dexamethasone) and anti-epileptic drugs
- Patients should **not** stop their steroids abruptly or reduce them without medical guidance
- It is not known whether steroids increase the risk of getting Coronavirus or the severity of the infection but patients should continue on treatment as this will help neurological symptoms
- Medication can often be delivered directly to homes (contact your GP / pharmacy)

Surgery treatment

- It is likely that surgery will be prioritised for patients with aggressive malignant tumours (e.g. glioblastoma) - all cases will be assessed on an individual risk-benefit analysis

Document prepared by:

Michael Jenkinson, Anna Crofton, Paul Grundy, Andrew Brodbelt, Omar Al-Salihi, Susan Short & Colin Watts and approved by BNOS committee on 27th March 2020.

- Surgery for patients with low grade glioma and meningioma is likely to be deferred until after the COVID outbreak – this should not adversely affect your overall treatment
- Patient with shunts are not at increased risk of COVID-19 infection
- There is no known increase in the risk of post-operative wound infections

Radiotherapy - chemotherapy

- Patients currently having radiotherapy will continue to complete the course where possible
- For new patients, If radiotherapy is recommended you may receive a shorter course if the treating team feel this is in your best interest
- Patients on chemotherapy may have this stopped or changed to a less intensive regime because it suppresses the immune system – decisions will be made on a risk-benefit analysis on a case-by-case basis
- For new patients chemotherapy may be deferred – decisions will be made on a risk-benefit analysis on a case-by case basis
- Radiotherapy for patients with low grade glioma and meningioma is likely to be deferred until after the COVID outbreak - this should not adversely affect your overall treatment

Epilepsy

- Patients should continue taking their anti-epileptic medication – these are not immunosuppressant drugs
- COVID-19 affects the lungs and does not increase the risk of seizures

MRI & CT scans

- Most hospitals have suspended 'routine' follow-up MRI scans, e.g. for meningioma and stable low-grade glioma patients who are not exhibiting symptoms
- MRI scans for patients on treatment, e.g. for glioblastoma, are likely to continue, but in some centres this has also stopped and imaging is only being done for symptomatic patients where there is a further treatment option

Follow up brain tumour patients

- Patients with malignant brain tumours should still be having follow up with the treating teams but this may be by, e-mail, telephone, or video (skype, zoom) instead – the majority of consultations will not be face-to-face in the coming weeks
- Patients with non-malignant brain tumours (meningiomas and low grade gliomas) are likely to have their appointments deferred at this time

Document prepared by:

Michael Jenkinson, Anna Crofton, Paul Grundy, Andrew Brodbelt, Omar Al-Salihi, Susan Short & Colin Watts and approved by BNOS committee on 27th March 2020.

- If people do become symptomatic from their brain tumour, then they can still contact their treating team, and a review (which may not be face-to-face as above) should still be possible

Final note

As the COVID-19 outbreak is a rapidly changing environment, we advise all patients to keep up to date with Government advice.