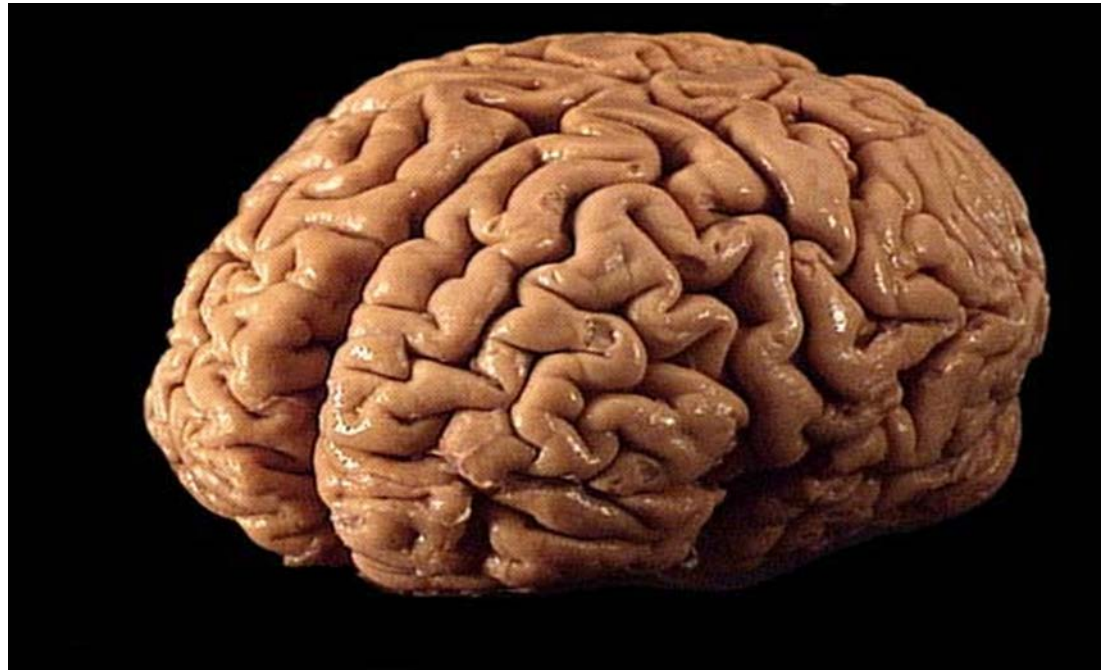



# Anne King

**Cancer Nurse Co-ordinator  
Neuro-Oncology**



# Objectives

- Discuss the role of the NCNC
  - Describe the challenges of patients with brain tumours
  - Case study to discuss patient management
- 

# High Grade Gliomas

- Most common adult primary brain tumours
- Treatment and management is complex
- Prognosis Poor
- Patients develop unique problems





# Brain tumour patient have unique needs

- Functional / motor impairment, seizures, visual disturbance
- Cognitive impairment
  - Memory, perception, judgement
  - Personality and behavioural changes
  - 45% with Sleep disturbances
- Loss of 'ROLE'
  - Provider, Parent, Partner
- 93% depression rate in HGG
- Patient / carer support issues



# How does Modern Healthcare deal with all of these Patient Issues?

Enter “The Brain Tumour Teams”

- General Practitioners
- Emergency Department
- Radiologists
- Neurosurgeons
- Neuropathologist
- Radiation Oncologists
- Medical Oncologists
- Palliative Care
- Pharmacists
- Dieticians
- Speech Pathology
- Physiotherapy
- Occupational Therapy
- Social Work
- Silver Chain / Hospice



Confusing?

# Neuro-Oncology Cancer Nurse Coordinator



Government of **Western Australia**  
Department of **Health**  
**WA Cancer and Palliative Care Network**

## **CPCN Nurses**

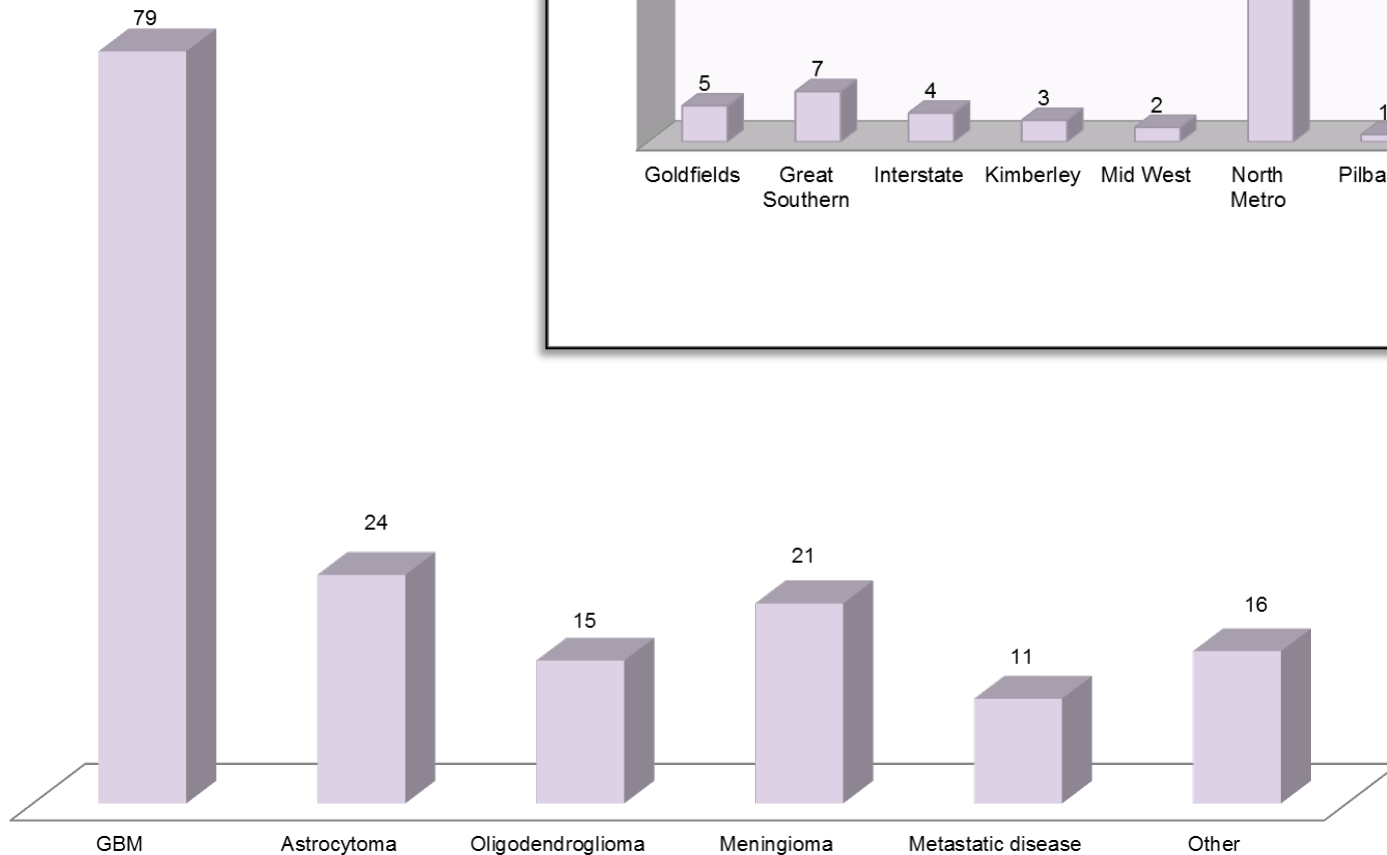
- Specialised clinical knowledge and practical skills in cancer nursing
- Additional knowledge in focused tumour sites, their treatment and side effects

## **Neuro-Onc CNC Role**

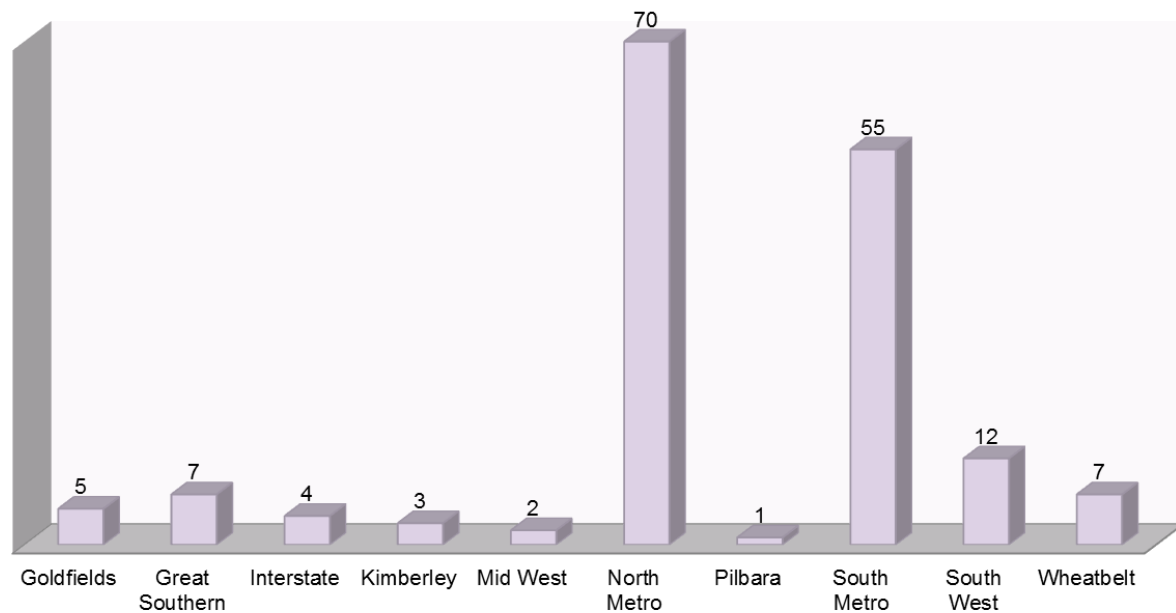
- Neurosurgical Oncology MDT
- Meet the patient EARLY in their diagnosis – ‘Results Clinic’
- Assess patient needs
  - Diagnosis and Prognosis
  - Assessment
  - Referral Pathway
  - Psychosocial support
- Try to be easily accessible
  - Contact details card
  - Often the first contact in patient/healthcare interactions

# State-wide Neuro-Oncology Service for Malignant Brain Tumours

## New Cases By Tumour Type



## New referrals by region



# Neuro-Oncology Cancer Nurse Coordinator



Government of **Western Australia**  
Department of **Health**  
**WA Cancer and Palliative Care Network**

## Along the Journey...

- Assist patients & carers from diagnosis until end of active treatment
- Help them navigate the healthcare system / Liaise between teams
- Provide Information on treatment modalities, radiation, chemotherapy, supportive care, at times of management change
- Monitoring and managing symptoms of the disease and side effects of treatments in between hospital visits
- Providing psychosocial support

## Additional Strategic Role

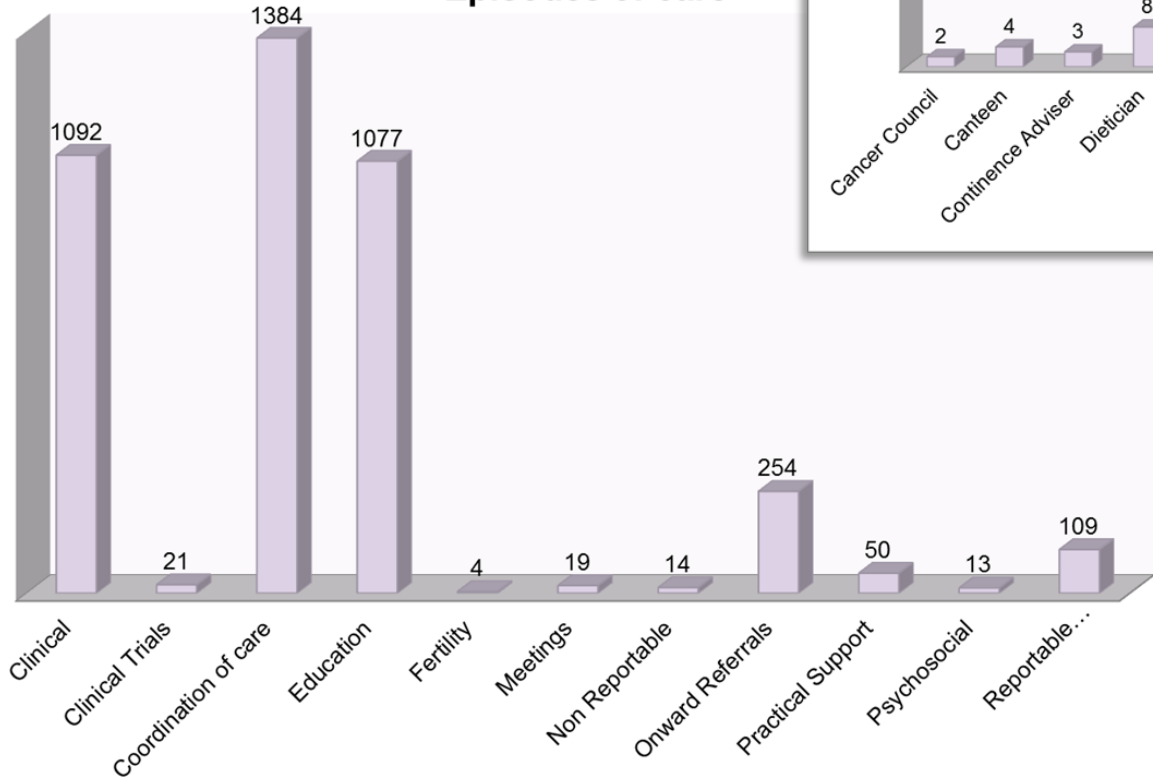
- Performing Audits, QI reports and Research
- Providing guidance and education to staff – local and statewide



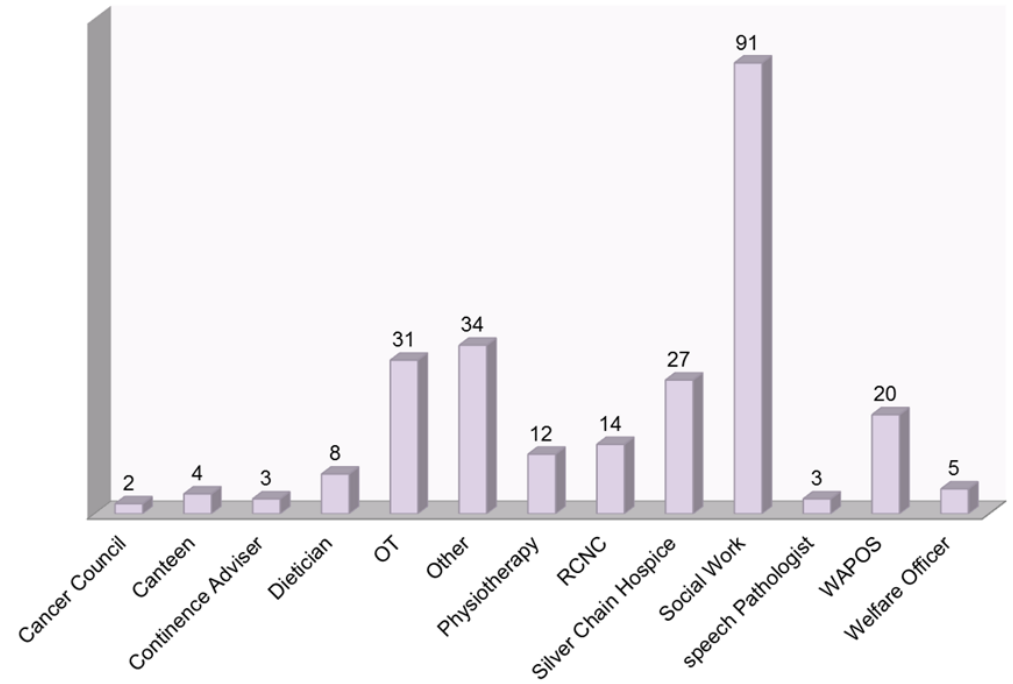
# Neuro-Onc CNC Audit

## Episodes of Care Escalations of Care and Onward Referrals

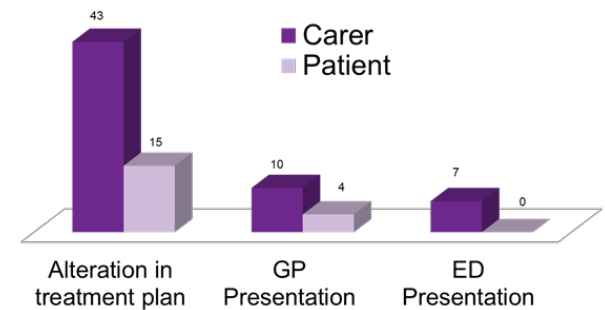
**Episodes of care**



**Onward Referrals**




**Patient/carer initiated calls  
requiring escalation of care  
over 6 month period**





# Take Home Messages

- Management of GBM is challenging, median survival at 12 -15 mths
  - Survival improved by
    - Surgical Resection
    - Adjuvant radiotherapy plus Temozolomide
    - Targeted therapy as 2nd line
  - GBM's have a Major impact on patient and the family .
  - Multidisciplinary team approach is paramount
  - The WA CPCN Neuro-Oncology Nurse is used as a resource for
    - the patient,
    - the carer,
    - the teams involved in treatment
- 
- A decorative purple wave graphic that starts from the bottom left and curves across the bottom of the slide.

# Thank you

