Craniopharyngioma Follow Up

Pediatric Oncology Education

History

After surgery and or cranial RT, check for:

- Level of energy, general health
- Any new & ongoing symptoms including:
    - Visual problems
    - Neurological symptoms (headaches, seizures, strokes & TIA type episodes)
    - Short term memory changes
    - Depression
- Alcohol, tobacco & illicit drug use
- Social & employment
- Current medications
- List of physicians/HCPs involved in follow up

Examination

Always Check:

- **Blood pressure**
- Weight & height (BMI)
- Visual acuity, visual fields & fundoscopy
- Scalp for hair thinning/loss & skin cancers (e.g. basal cell carcinomas)
- Examine neck to exclude thyroid nodules
- Neurological examination
- General examination of respiratory, cardiovascular & GI systems

Testing

Neurocognitive Testing

Important to demonstrate problems with higher mental function in order to obtain vocational or recreational rehabilitation or to be eligible for a disability pension

Blood Work

- Routine blood work (CBC, lytes, creatinine, BUN & LFTs)
- Hep C if transfusion prior to 1994
- Pituitary function should be supervised by an endocrinologist
- Panhypopituitarism almost invariable with GH, ACTH, TSH, FSH & LH deficiency. Diabetes insipidus is uncommon, but can occur.
- For metabolic syndrome:
    - Fasting serum glucose & lipids

Radiology

- MR of the head at least every 2 - 3 years or so in long term follow up to exclude recurrence & RT induced meningiomas
- Ultrasound scan of the thyroid every 3 years after cranial RT.

DISCLAIMER: This document gives examples of the way in which patients previously treated for craniopharyngioma might be followed for educational purposes only. These examples are NOT guidelines for patient care.

Authors: D. Lawless, F. Howard & K. Goddard: www.pedsoncologyeducation.com

Specialist Follow-up

Patient should be assessed every year by:

- Endocrinologist
- Ophthalmologist or Neuro-Opthalmologist
- May benefit from family counseling, psychology and psychiatry consultations

Advice

ACTH deficiency:

- Craniopharyngioma survivors with hypopituitarism & ACTH deficiency need support with extra steroid medication during infections, surgery & illness
- Medic Alert bracelets are advised to warn about ACTH deficiency

Second Malignant Neoplasms (SMNs):

The patient should be advised to seek immediate medical help if:

- A new swelling (painless or painful) appears within the previous RT field as this may be due to a SMN
- Severe, persistent headaches develop associated with possible nausea and vomiting (may be associated with a new intracranial mass lesion)

Visit the COG guidelines website for more information

http://www.survivorshipguidelines.org

Lifestyle

- Advise about diet, exercise & lifestyle choices (such as smoking)
- Diet should contain adequate number of dairy servings, Vitamin D & calcium to help prevent osteoporosis
- Avoid sunburn & wear a hat to protect scalp in bright sunlight

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