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| **Treatment Options for Patients with a Suspected Low Grade Glioma** |
| **Frequently asked questions** |
|  | **Active Surveillance** | **Biopsy**  | **Craniotomy & Tumour Removal** |
| **For whom does this treatment work best?** | Patients who have no symptoms.Patients with small lesions.Younger patients. Patients who do not wish to have invasive treatments with possible side effects & risks. | Patients who want a diagnosis and/or wish to have active treatment.Patients who don’t want the risks or side effects of major neurosurgery.Patients with a tumour that cannot be safely removed. | Patients with tumours that can be removed either mostly or completely.Patients with headaches or symptoms due to the pressure of the tumour. |
| **What will this** **involve?** | Regular MRI scans to check for growth or change of the lesion. | A small day-case operation under local anaesthetic and sedation to obtain a sample of the tumour with a needle. | Admission to hospital for a more major operation to remove as much tumour as safely possible.  |
| **What are the** **advantages?** | Avoids the risks and side effects of invasive treatment.Focus is largely on symptom control. | Achieves a diagnosis to plan further care and give information on prognosis.Avoids an overnight stay in hospital. | Achieves a diagnosis.Should improve any symptoms due to pressure of the tumour.If you have seizures these may be better controlled after surgery.May improve overall prognosis. |
| **What are the** **disadvantages?** | If the lesion is a low grade glioma it is likely to grow/change with time. | Doesn’t reduce symptoms due to pressure of the tumour.Will not help to control seizures.Life expectancy may be shorter than if the tumour were completely/mostly removed. | Quality of life may be impaired for up to 6 weeks after surgery whilst recovering.Requires on overnight stay in hospital |
| **What are the risks?** | Little immediate risk.It might grow and cause symptoms over time. | 1 in 100 risk of major complications such as stroke/bleeding/death. | 10 in 100 overall complication risk:1-2 in 100 risk of stroke1-2 in 100 risk of infection1-2 in 100 risk of bleeding< 1 in 100 risk of death  |

 **Supplementary Table 2** Detailed information about treatment options craniotomy and tumour removal, biopsy and active surveillance is listed in parallel.

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