

# FINDING QUALIFIED MEDICAL PROFESSIONALS

May 2006

When initially diagnosed, few patients have a clear idea of where to turn in their selection of a qualified medical professional for treatment of their tumour.

ANAC recommends treatment from a medical team with substantial acoustic neuroma experience. We encourage newly diagnosed patients to speak with a variety of medical professionals with demonstrated expertise and recent experience when choosing a treatment plan.

The following criteria are recommended:

1. The medical doctor is *certified* in the related specialty: neurosurgery, otolaryngology or radiation oncologist.
2. The medical doctor received *specialized training* or has significant ongoing *practice experience* related to acoustic neuroma treatment.
3. The medical doctor *uses a team approach* for preoperative investigations, ongoing observational management and post-operative management including complication management. Anyone suggesting they have not had complications probably has not had enough experience yet.
4. The medical doctor demonstrates *expertise and recent experience*, and is willing to share the number of cases and outcomes with the patient. The medical doctor may even be willing to provide an opportunity to establish contact with other patients who were treated (similar in age and tumour profile) to seek them out as mentors.
5. The physician is *willing to talk* about all treatment modes
  - a) Detailed observation protocol (imaging and audiology)
  - b) Microsurgical approaches (retrosigmoid, translabyrinthine, middle fossa, complete and subtotal resections). Intraoperative monitoring should be a routinely employed component of any microsurgical resection for acoustic neuroma.
  - c) Radiation for acoustic neuroma is delivered through a stereotactic (3-dimensional localizing) technique to concentrate the radiation dose at the target site and minimize dose to normal brain tissues. There are generally two modalities of "stereotactic radiation" delivery which are used presently:
    - i) a single high dose of focussed radiation (also known as "radiosurgery"). However, radiosurgery is not surgery (it does not involve a scalpel or an operation). Rather, it is a specialized radiation technique pioneered by neurosurgeons. Different radiation machines (e.g. Gamma Knife, LINAC, Cyberknife) are used to deliver radiosurgery.
    - ii) several small focused radiation doses given over 3 to 30 days (known as fractionated stereotactic radiation therapy). Fractionated

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stereotactic radiation therapy is delivered with a radiation machine known as a LINAC or Linear accelerator.

6. The medical doctor is *interested* in acoustic tumour treatment as demonstrated by attendance at meetings and publications in peer review journals.
7. The medical doctor encourages speaking to patients from *a variety of treatment options* and seeking support from an experienced support organization
8. Many patients now come well informed to their clinic appointments, often with extensive literature that they have researched. The medical doctors should demonstrate *thorough knowledge* and *willingness to discuss* these other sources of information.

We will provide newly diagnosed patients with contact to patients who have volunteered to share their personal experience. Speaking with other patients, when combined with some research and speaking to a variety of medical professions, will help with making your treatment choice.