



ACOUSTIC NEUROMA CLINICAL CARE PATHWAY



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PRESENT WITH TINNITUS/HEARING LOSS

PRESENTS WITH HEAD ACHE/FACIAL NUMBNESS/IMBALANCE

Family MD Arranges:
1. Audiogram
2. Referral to ENT Specialist
3. MRI

Family MD Arranges:
1. MRI
2. Referral to Neurologist or Neurosurgeon

Brain Imaging (MRI) consistent with Vestibular Schwannoma (VS)

Referral to Neurosurgeon/ENT Specialist
Have your case reviewed in a dedicated Multidisciplinary Team (MDT) that comprises: Neurosurgery, ENT, Radiosurgery/Radiation Oncologist Specialists

THE CHOICE OF THERAPY IS DEPENDENT ON VARIOUS FACTORS

TUMOUR RELATED

- Size of tumour: >2.5 cm considered for surgery or radiosurgery
- Effects on brain structures

TREATMENT RELATED

- Local regional treatments available

PATIENT RELATED

- Age
- General health/history of Neurofibromatosis
- Status of Hearing
- Individual patient preference/choice

OBSERVATION – “WATCH & WAIT”
A strategy for small VS that includes: annual follow-up MRI and hearing test. If evidence of tumour growth (>2.5 mm/yr.) or symptom progression consideration for surgical or radiosurgery intervention. **Contact ANAC for information and support (www.anac.ca)**

RADIOSURGERY
If VS is less than 3cm and has no compression of brain structures, radiosurgery can be considered following MDT review

SURGERY
If VS is large (>3cm), compressing neural structures or other symptoms of concern, surgical intervention is recommended (surgical debulking followed by radiosurgery) **OR** If patient has a personal choice to have surgery (this should be discussed)

Expect these steps to take 2-3 months
Contact ANAC for information and support (www.anac.ca)

Expected wait time for consultation is 1-3 months. **ANAC can facilitate MDT review for registered members**