ACOUSTIC NEUROMA ASSOCIATION OF CANADA

ACOUSTIC NEUROMA CLINICAL CARE PATHWAY

Present with Tinnitus/Hearing Loss

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

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

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

Treatment Related
- Local regional treatments available

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)

Present with Head Ache/Facial Numbness/Imbalance

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

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

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