Immediate Postoperative Rehabilitation for Patients with Newly-Diagnosed Glioma

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BACKGROUNDs: Importance of early intensive rehabilitation is recently emphasized not only for Stroke Unit but for Intensive Care Unit. We have started such early comprehensive rehabilitation for patients after brain tumor surgery. Rehabilitation therapists were specially assigned to our brain surgery unit as members of the ward staffs. The purpose of this study is to show how this rehabilitation trial works for post-surgery patients with glioma. METHODS: Thirty-two patients with glioma (20 males and 12 females) who were admitted to our institution in the year of 2018 were included. Median age was 61.8±13.3 years; glioblastoma was the major tumor type (24 patients). We retrospectively analyzed rehabilitation outcome focusing on improvement of the Functional Independence Measure (FIM) scores during hospitalization. RESULTS: Mean duration from surgery to the first rehabilitation intervention was 2.4±1.2 days, and mean hospital stay was 74.4±3.1 days. Twenty patients were discharged to home (62 %) and 12 were transferred to other hospitals for convalescence. Motor, cognitive and total FIM scores were 41.0±22.2, 18.0±7.5, and 59.1±27.3 before surgery, whereas they were 61.4±28.6, 21.5±9.4, and 83.2±36.9, respectively, at discharge. Motor FIM items revealed more remarkable improvement than those of cognitive ones. Since starting the early intensive rehabilitation trial, patients with brain tumor have been systematically rehabilitated with an organized manner before and after surgery. CONCLUSION: Early intensive rehabilitation for patients with brain tumor is recommended to be done by on-ward therapists who are assigned to work specially as members of the ward. Both motor and cognitive improvement is expected during hospitalization even in patients with malignant brain tumor.

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PROGNOSIS AND DELAYED COMPLICATIONS OF MEDULLOBLASTOMA IN KOBÉ CHILDREN'S HOSPITAL

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Medulloblastoma is the most common pediatric malignant tumor and about 84.2% of cases are under 13 years old. With a current combined-modality approach that includes surgical approach, chemotherapy and radiation therapy, 5 year-survival rates have become 70-85% and also the so-called long-term survivors have increased in our country. This report reviews the prognosis and delayed complications of medulloblastoma in our institute. Cases were 14 boys and 11 girls from January, 2010 to May 2019. Mean age was 3.9 years old (4 months to 14 years old), 18 cases received gross total removal and 12 cases were high risk group. Exclude recent 4 cases, 15 cases have indicated complete resection though 6 cases had relapsed or new tumor. The results are that 5 year-survival rates in our institute is 88.8%, but 4 cases had neuro-psychological complications, 5 cases had residual, 5 cases had from endorheal disorders which were not confirmed after the end of all treatments. 2 secondary cancer had appeared 5 and 8 years after the first treatments. The more the survivor in medulloblastoma cases increase, neurosurgeons have to consider long term follow up more than 5 years and pay more attention to support activity of daily life of these patients.

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END-OF-LIFE PHASE OF GliOBLASTOMA

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BACKGROUND: Despite aggressive treatment with surgery and chemoradiation therapy, it is difficult to cure patients with glioblastoma (GBM). The end-of-life (EOL) phase of patients with GBM, and related problems, however, have not yet been adequately studied. Most patients died in the hospital (84%) in 2017, but the Japanese government has recommended palliative home-care and the number of deaths at home has recently been increasing. This study explores the current situation of EOL care for GBM patients in our hospital. METHODS: We retrospectively examined all clinical course and EOL phase of 166 consecutive patients who were treated in our hospital between 2010 and 2017. RESULT: In total, 107 patients died; 28 (26%) at home, 25 (23%) in hospice care, 9(9%) in nursing homes, 21(20%) in long-term care hospitals (LTCs), 13(12%) in our hospital, and 11(10%) in other neurological hospitals. The median survival time and length of EOL phase for patients who died at home were 596 and 77 days; 469 and 103 days in hospice care; 528 days and 149 days in LTCs; 388 days and 52 days in our hospital; 802 and 91 days in other neurological hospital; and 565 days and 53 days in nursing homes, respectively. The KPS of patients who transferred to LTC or was started palliative care in other neurological hospital was 60. That of other patients was 50. The patients who died at home entered deep coma in the last 3.5 days (n=24) of life and could not take oral feeds for 7 days (n=26). CONCLUSION: According to our patient study, the home-based palliative care team group was 59 days. EOL phase of GBM may be longer than other cancer. We must consider the problems of the EOL phase and improve the quality of EOL care.