



## **Residual Enhancing Disease in Glioblastoma (RED-GB)** **A Prospective Multicentre Audit of Practice**

### **Introduction**

There is growing evidence that residual enhancing disease (RED) on early post-operative MRI scans (within 72h of surgery) in glioblastoma patients is associated with decreased overall and progression free survival (Watts et al unpublished data, Stummer et al. 2012). Early re-operation (within one week of surgery) for residual enhancing disease has been shown to be feasible and safe (Schucht et al. 2013).

The aims of this prospective audit are to identify current practices of neurosurgical oncology units in identifying and dealing with residual enhancing disease in glioblastoma patients intended for gross total resection (GTR) of their tumour.

### **Objectives**

1. Identify the proportion of patients at the neuro-oncology MDT intended to have a gross total resection that:
  - a. Undergo early post-operative MRI scans (within 72h of surgery)
  - b. Have RED on these scans
  - c. Are assessed to have operable RED
  - d. Subsequently undergo early reoperation (within 7 days of surgery)

### **Methods**

Three month prospective audit (May 1 – July 31<sup>st</sup> 2016) of all neurosurgical centres in the UK. All patients being discussed at the neuro-oncology MDTs within these dates will be eligible according to the following criteria. Patients will be followed up for a maximum of 6 weeks:

#### Inclusion criteria:

- All patients being discussed at the neuro-oncology MDT with a probable diagnosis of glioblastoma intended for GTR

#### Exclusion criteria:

- Final histology not glioblastoma
- Patient not intended for GTR

#### Outcome measures:

- Proportion of patients getting early post operative (<72h) MRI scans
- Proportion of patients with operable RED
- Proportion of patients undergoing early reoperation for RED
- Complications
- LOS
- Proportion of patients starting definitive radiotherapy within 6 weeks of initial operation