



# **Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services**

## **Brain and CNS Cancer Network Clinical Advisory Group**

### **Clinical Guidelines**

**2025**



## VERSION CONTROL

**THIS IS A CONTROLLED DOCUMENT. PLEASE DESTROY ALL PREVIOUS VERSIONS ON RECEIPT OF A NEW VERSION.**

Please check the SWAG website for the latest version available [here](#).

| VERSION   | DATE ISSUED                | SUMMARY OF CHANGE   | OWNER'S NAME               |
|-----------|----------------------------|---|----------------------------|
| Draft 0.1 | April 2017                 | First draft   | H Dunderdale               |
| Draft 0.2 | April 2019                 | Addition of link to NICE Guidelines and subsequent reduction of content             |                            |
| 1.0       | 28 <sup>th</sup> June 2019 | Finalised   | CAG members / H Dunderdale |
| 1.1       | June 2022                  | Biennial update (delayed due to workload pressures caused by the COVID-19 pandemic) | H Dunderdale               |
| 1.2       | June 2025                  | Biennial update (delayed due to workload pressures)                                 | H Dunderdale               |



## Brain and CNS CAG Clinical Guidelines Contents (measure B13/S/NS-16-003)

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## 1. Introduction

The following guidelines pertain to the local management of Brain and CNS malignancies for the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Network Brain and CNS Clinical Advisory Group (CAG). The CAG refers to the National Institute for Health and Care Excellence (NICE) Guidance, *Brain Tumours (primary) and brain metastases in adults* (January 2021): <https://www.nice.org.uk/guidance/ng99>

The guideline includes recommendations on:

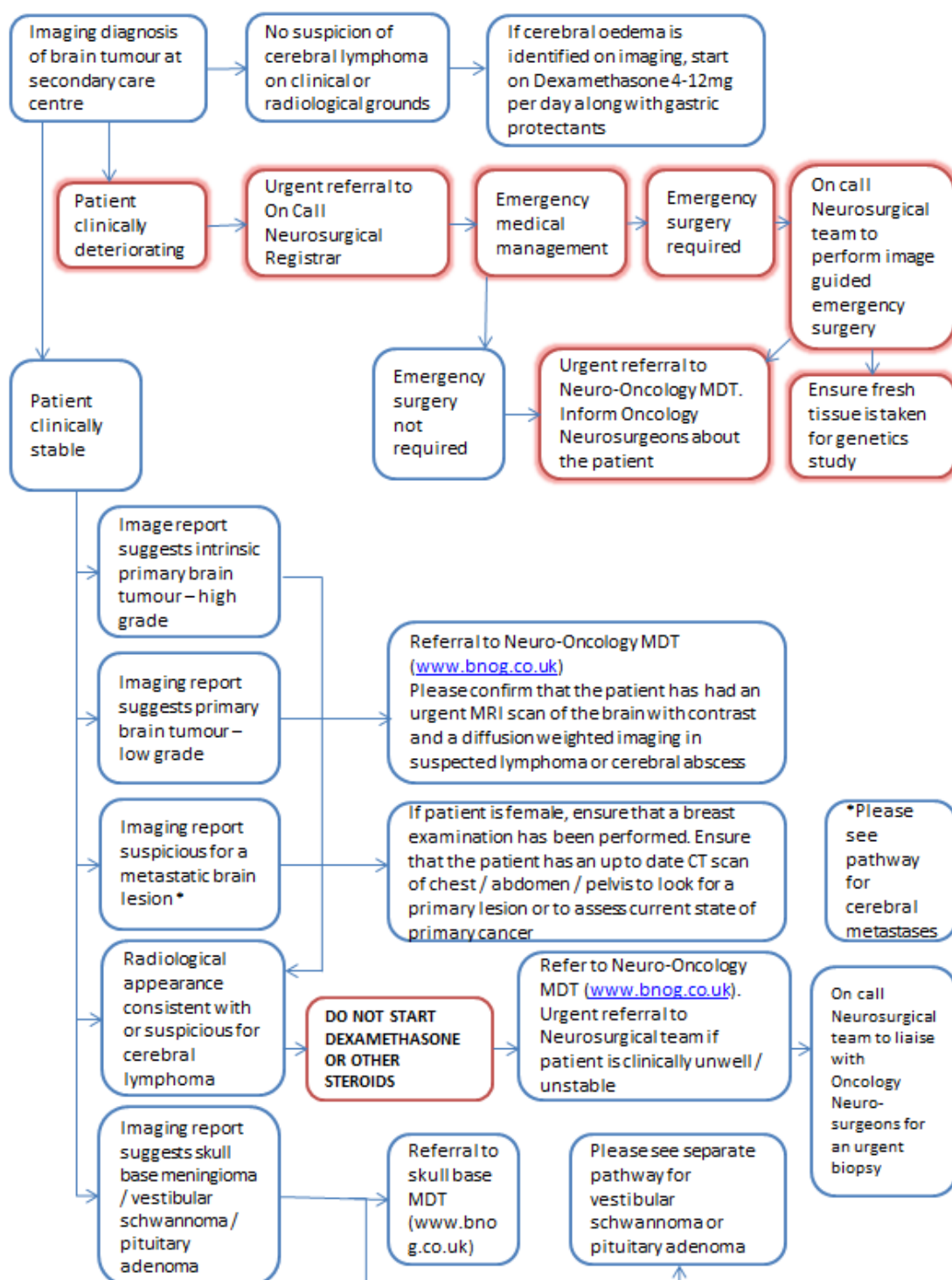
- investigation of [suspected glioma](#), [meningioma](#) and [brain metastases](#)
- management of [suspected glioma](#), [meningioma](#) and [brain metastases](#)
- [follow-up](#) and [supportive care](#)
- [neurorehabilitation](#)
- [surveillance for late-onset side effects of treatment](#)

Primary care clinicians should refer to the NICE guidelines *Suspected Cancer: recognition and management of suspected cancer in children, young people and adults* (2015) <https://www.nice.org.uk/guidance/qs124> for the signs and symptoms relevant when referring to neuro- oncology services. Further details on the two week wait referral process can be found in the CAG constitution.

The CAG is committed to offering all eligible patients entry into clinical trials where available. Consent to provide tissue for research purposes will also be sought wherever appropriate.



## 2. Clinical Protocol for the Management of Brain Tumours





### 3. Imaging

#### 3.1 Minimum standard dataset for magnetic resonance imaging for patients suspected or diagnosed with a brain tumour

The following sequences should be performed on patients suspected or diagnosed with a brain tumour:

- T2 axial Fast Spin Echo (FSE)
- T1 axial Spin Echo (no gadolinium)
- Diffusion weighted imaging axial
- Fluid-attenuated inversion recovery (FLAIR) Coronal
- Volume T1 (post gadolinium) isovolumetric 1mm (OR triplanar – Sagittal, Axial, Coronal 4mm).

This does not need to be the full extent of the protocol; additional sequences can be performed as required for clinical reasons or to serve local preferences.

*Ratified by the SWAG Brain and CNS Cancer Network Group: Wednesday, 25<sup>th</sup> April 2018*

### 4. Surgery

- All patients with a radiological diagnosis of Brain and CNS Tumour are seen by the designated consultant in a clinic as soon as possible after the MDT. The diagnosis is discussed and an appropriate treatment plan is formulated.
- On the day before or day of surgery all patients will be given the opportunity to ask any further questions before the consent form is signed and counter signed by the consultant.
- All operative procedures will be performed either by the Consultant or a trainee under their direct supervision.
- The inpatient wards for neuro surgery are wards 6B and 25A at Southmead Hospital and wherever possible patients for surgery are accommodated here.
- Oncological treatments if required are delivered at the Bristol Haematology and Oncology Centre or Weston General Hospital for Bristol and North Somerset patients, and the Royal United Hospital, Bath, for Bath and Wiltshire residents.



## 5. Pathology

SWAG refers to the WHO Classification of Tumours of the Central Nervous System (2016), and the Consortium To Inform Molecular and Practical Approaches to CNS Tumour Classification (cIMPACT, 2018).

## 6. Radiotherapy

Radiotherapy guidelines are available on request from individual provider Trust clinical document services.

## 7. Chemotherapy

Systemic anti-cancer protocols are available on the SWAG website [here](#).

## 8. Follow up

SWAG refers to NICE guidance for follow up. Neuro-rehabilitation guidelines are due to be published in the coming year.

**-END-**