Supportive Care for Patients with High-Grade Gliomas

Dr Clare Jones, Monita Mesuria (CNC), Jacqueline Burgess (OT), Jade Kearsey (DT), Irene Stafidas (Pharm), Val Maynes (SP), Sharon Power (PT), Rebecca Thornley (SW)

Supportive Care Service (SCS). St George Hospital, Sydney, Australia.

Introduction

High-grade gliomas (HGG's) are life altering diagnoses. Patients experience high levels of functional and cognitive morbidity resulting in negative quality of life sequelae and an impact on families and carers.[1]

There is evidence **that early supportive care involvement** including proactive multi-disciplinary input is beneficial for these patients.[1-2]

St George Supportive Care Service (SCS)

Our Supportive Care Service (SCS) began in 2023; our scope was to provide multi-disciplinary home-based care to patients with life-limiting illnesses including HGG's.

Our team comprises a Palliative Medicine Staff Specialist (Dr), Clinical Nurse Consultant (CNC), Physiotherapist (PT), Occupational Therapist (OT), Pharmacist (Pharm), Social Worker (SW), Speech Pathologist (SP) and Dietitian (D).





Methods

We collected data on all high-grade glioma patients who were linked to our service over a 26-month period.

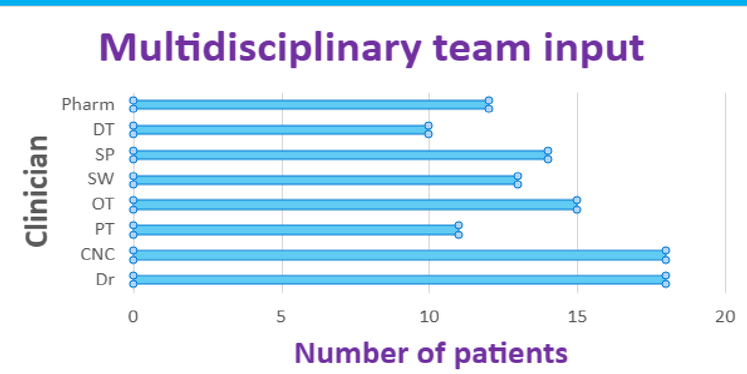
We recorded demographic information and details on symptom burden, the involvement of allied health professionals, rates of Advanced Care Planning (ACP) uptake, and ultimately, place of death.

Results

Over 26 months, we cared for 18 patients with high grade glioma; (the majority with WHO grade 4). All the patients were still on systemic therapy at the time of referral to the service.

56% were male. Median age was 71 years (range 27-80).

Most common symptoms experienced: mobility issues (94%) and cognitive changes (56%). All patients were seen by Dr and CNC. Most of the patients were reviewed by the allied health team.



Interventions undertaken

- Symptom management.
- Pre-empting complications
- Home equipment provision & carer training.
- Arranging aged care facility transfer.
- Use of medication management systems.
- Implementation of safe swallow strategies.
- Nutritional assessments and supplement prescription.
- CNC co-ordinating care, main point of contact.

Duration with SCS: Median duration was 6 months (range 1-20).

ACP discussions: 11 (61%) of patients had ACP discussions documented .

End of life care: 15 (83%) patients in the cohort have died. 13 (86%) of these died at home or in a palliative care unit (PCU).

Discussion

The introduction of a SCS provides HGG patients with multi-disciplinary support at home enabling:

- **Improved symptom management**
- **Provision of essential equipment** to support safe care at home
  Increased support for carers in the community
- **Reduction in avoidable hospital admissions**
- **Enhanced ACP discussions and documentation**
- **Smoother transitions** to end-of-life palliative care services

Our service continues to grow. Future work should focus on developing this model of care and promoting early referral for optimal results.
Team-work makes the dream work!

References

1. Pace et al. European Association of Neuro-Oncology (EANO) guidelines for palliative care in adults with glioma. Lancet Oncol 2017;18(6):e330-e340.
2. Golla H et al. Early palliative care for patients with glioblastoma: A randomized phase III clinical trial (EPOG). Neuro-Oncol 2026;28(1):226-240.

