The Challenges of Long-Term Treatment Outcomes in Adults With Malignant Gliomas

Sandra Remer, RN, BS, OCN®, CCRP, and Mary E. Murphy, RN, MS, AOCN®, CHPN

Malignant gliomas are among the most devastating tumors, with survival only one to three years after diagnosis even with the best of treatments. For this reason, long-term follow-up has not been established. Patients who do survive have significant disabilities, which compromise patient and family quality of life (QOL). Side effects from a brain tumor are dependent on the location of the tumor in the brain and can cause significant cognitive, emotional, and social effects on patients and families. Surgical treatment options also are dependent on the location of the tumor in the brain, and some sites remain inoperable (e.g., brain stem, motor strip). Radiation therapy continues to remain the mainstay of treatment for this patient population. The advent of newer technologies in radiation and chemotherapy and the development of novel treatments have increased survival. As survival increases, QOL issues become more important to patients and families. Impairment, disability, and handicap are measurements of QOL used by healthcare professionals. A multitude of studies has produced evidence regarding the impact of tumor location and size on QOL, whereas other studies have demonstrated the effects that various treatment modalities have on QOL. Few studies actually have provided insight into the everyday consequences that tumors pose on patients. Understanding the significance and causes of these impairments, disabilities, and handicaps will assist oncology nurses in caring for this special population.

Key Words: brain neoplasms, quality of life, radiation-induced abnormalities

Submitted September 2003. Accepted for publication November 8, 2003. (Mention of specific products or opinions related to those products do not indicate or imply endorsement by the Clinical Journal of Oncology Nursing or the Oncology Nursing Society.)

Digital Object Identifier: 10.1188/04.CJON.368-376