

## ESMO Checklist: Glioma Patient Related Treatment Workflow\*

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA			
Last Name:		First Name:	
Date of birth: __/__/__		Gender:	
<b>DATE OF REFERRAL/1<sup>ST</sup> CONSULTATION:</b> __/__/__			
__/__/__ <b>MEDICAL HISTORY AND RISK FACTORS</b>			
Past personal medical history and vascular risk factors:			
Past surgical history:			
Concurrent medication:			
Allergies:			
Smoking history: __pack/y from age__ to age__			
Alcohol consumption:			
Normal weight:		Height:	
__/__/__ <b>PRESENT MEDICAL CONDITIONS</b>			
Main symptoms:			
ECOG Performance Status:			
Neurocognitive assessment (MMSE/MoCA):			
Geriatric assessment (if indicated):			
Supportive treatment need (corticosteroids, anticonvulsants,...):			
Other relevant clinical conditions:			
__/__/__ <b>DIAGNOSIS AND CLINICAL STAGING</b>			
__/__/__ Physical examination (including neurologic exploration):			
__/__/__ MRI (T2, FLAIR, 3D-T1):			
__/__/__ Diagnosis and grade (based on histology):			
__/__/__ <b>HISTOLOGICAL ANALYSIS</b>			
Acquisition:		Biopsy	
Surgery		Open biopsy	
Complete resection (clinical/MRI)		Stereotaxic biopsy	
Partial resection (clinical/MRI)			
Biomarker analysis			
Diagnostic / Prognostic markers			
Basic			
IDH2/1 mutation:	1p/19q codeletion:	ATRX loss:	
MGMT promoter methylation			
Optional			
H3K27M mutation:	H3.3 G34R/V mutation:	CDKN2A/B deletion:	
EGFR amplification:	TERT mutation:	+7/-10 cytogenetic signature:	
Treatment markers			
MGMT methylation:		BRAF <sup>V600</sup> mutation:	
Tissue material available/stored for future molecular analyses		YES	NO
__/__/__ <b>LAB TESTS</b>			
FBC	Coagulation parameters	Liver Function	Renal Function
<b>Timeline for further work-up has been checked and it is tight enough</b>			

_/_/_/_	<b>MDT discussion and decision have been reported (primary malignancy centered)</b>
	<p>Surgery</p> <p>Biopsy:</p> <ul style="list-style-type: none"> <li>Open biopsy</li> <li>Stereotaxic biopsy</li> </ul> <p>Watch and wait</p> <p>Radiotherapy</p> <p>Radiotherapy followed by chemotherapy (temozolomide/PCV)</p> <p>Chemoradiotherapy followed by chemotherapy (temozolomide)</p> <p>Systemic chemotherapy</p> <p>Supportive and palliative care</p> <p>Enrolment in a clinical trial</p>
_/_/_/_	<b>Treatment options have been discussed with the patient and strategy accepted</b>

<b>COMPILER INFORMATION</b>	
Name:	Date: _/_/_/_
Comments:	

This checklist is a self-assessment questionnaire aimed to provide you with basic quality issues you should consider in everyday oncology practice, and is brought to you by the ESMO Practising Oncologists Working Group. The issues covered in this list are derived from the [EANO Clinical Practice Guidelines\\*](#) available at the time of publication of this checklist (October/2021). ESMO doesn't collect completed sheets and doesn't bear any responsibility related to the outcomes of individuals and care standards in different environments.

\* Weller, M., van den Bent, M., Preusser, M. et al. EANO guidelines on the diagnosis and treatment of diffuse gliomas of adulthood. Nat Rev Clin Oncol 2021) 186–170 , 18). <https://doi.org/10.1038/s-41571-00447-020z>