

MONTREAL NEUROLOGICAL INSTITUTE AND HOSPITAL McGill University

NEUROLOGIQUES DE MONTREAL Université McGill Rolando . Del **Maestro** MD, PhD, FRCS(C), FACS, DABNS William Feindel Chair of Neuro-Ocology Director, Brain Tumour Research Centre Professor, Division of Neurosurgery and Oncology

## March 19, 2009

By e-mail: <u>mdelyasa@gmail.com</u> Dr. Mohamed Elyasa

Re: Banat, Mohammed MNH No. : 1566145 Date of birth : January 27,1978 Date of admission: February 19, 2009 Date of discharge: February 22, 2009 Diagnosis: Left temporal astrocytoma Grade II - MGMT promotor methylation Operative procedure: February 19, 2009 - Left temporal craniotomy and excision of tumour

Dear Dr. Elyasa:

This is a note to inform you that Mr. Banat was admitted to my service at the Montreal Neurological Institute and Hospital on February 19, 2009. As you know he initially had presented with a seizure disorder and was found to have a mass in the posterior portion of the temporal lobe on the left side. After discussion related to the risks and benefits of a number of options he felt that he would like to proceed with resection of the tumour.

He was therefore brought to the operating room on February 19, 2009 and under neuroleptic anaesthesia, had the tumour resected. He had previously had a PET scan and a functional MR scan carried out and his speech center was somewhat more posteriorly displaced. During the operative procedure he was continuingly tested by Dr.

Denise Klein from the speech therapy department along with having his neuro-cognitive function assessed. He did well during the operative procedure however he did have some difficulty associated with recognition of various words. He could identify the actual letters involved with the words but had difficulty with some complex words. Because of these difficulties, it was felt reasonable that we not resect any more tumour.

Post-operatively he did well. His neuro-psychological assessments at that time demonstrated that again he was having difficulties with object naming and other problems. These however were significantly improving quickly.

3801, rue University Suite 109 Montreal, Quebec Canada H3.A 2B4

Telephone : (514) 398 5791 (office) (514) 398 8293 (lab) Telecopieur/Fax : (5/4) 398 2811 Courrier/E-mail: rolando. delmaestro@mcgill.ca

# Post-operative MR scan

This demonstrated a substantial resection of the tumour. There is still some areas of abnormalities seen on the T2 and he has a CD which has his pre-operative and postoperative MR scans on it.

# **Pathology**

The pathology is consistent with an astrocytoma Grade II and his MGMT promotor is methylated. This would suggest that his tumour would respond to Temozolomide in the future.

I have heard back from him after he has returned to Jordan and his speech is improving as are his other components of his overall function.

He did not have any seizures while he was under my care in hospital or in Canada but when he was gone back to Jordan he has had occasional seizures but since we have restarted his previous medication and decreased his Dilantin he is doing better.

# **Impression**

- 1. Astrocytoma Grade II involving posterior left temporal lobe MGMT promotor methylation
- 2. Seizure disorder

# **Recommendation**

I have informed Mr. Banat concerning his pathology and I am going to send this letter to him.

My recommendation at the present time would be:

- 1. That this is an astrocytoma Grade II and therefore he has had a reasonable resection. I therefore do not believe at this point in time that I would consider any other form of therapy, either radiation therapy or chemotherapy.
- 2. I do suggest however that his MR scans be done on a 6 months basis and if there is any change in the tumour, consideration be given to further therapy. Because his MGMT promotor is methylated, it may be reasonable to consider, if the tumour recurs, either treating him with Temozolomide by itself or considering the treatment with Temozolomide plus radiation therapy followed by Temozolomide. At this point however I do not think that he needs any further treatment.
- 3. My suggestion would also be that it might be reasonable for him to be seen by a speech pathologist in Jordan since they would be able to help his speech although my basic belief is that he will need some more time and he should continue to improve.

Thank you very much for allowing me to be involved in his care. If you have further questions related to his care, please let me know.

Yours sincerely,

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Rolando Del Maestro, MD, Ph.D., FRCS(C), FACS, DABNS William Feindel Chair of Neuro-Oncology Director, Brain Tumour Research Centre Professor, Division of Neurosurgery and Oncology Tel: (514) 398-5791 /Fax: (514) 398-2811 Website: <u>www.delmaestro.org/rolando</u> E-mail address: <u>rolando.delmaestro@mcgill.ca</u>

RDM:cc

cc: Mr. Mohammed Banat Brain Tumour Clinic Medical Records