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Report of the EANO Educational

Visit to Austria 2010

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Report of the EANO Educational Visit to Austria 2010

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■ Background

In February 2008, I started a PhD programme at the VU University Medical Center aiming to explore the end-of-life (EOL) phase of high-grade glioma (HGG) patients. The EOL phase begins when the patient's condition deteriorates and no further tumour treatment is possible. Since there is to date no cure for high-grade glioma patients, everyone of them will eventually reach this phase. There is only limited data on this EOL phase.

For this reason, we performed a retrospective chart study in the Netherlands aiming to detect symptoms and problems in the EOL phase [1]. Furthermore, we started a large, systematic, historical cohort study interviewing relatives and physicians of deceased HGG patients who were diagnosed in 2005 and 2006 in 3 Dutch hospitals (VUMC Amsterdam, MC Haaglanden The Hague, AMC Amsterdam). The aim of this study was to further explore the EOL phase of HGG patients with respect to symptoms, signs, quality of life, caregiver burden, quality of EOL care provided, and EOL decision-making.

Health care provisions in the EOL phase vary by country. Legislation and opinion regarding medical EOL decisions vary among countries and cultures. This underscores the importance of comparing these issues among various countries and cultures.

In 2008, Dr Wolfgang Grisold and Dr Stefan Oberndorfer from the Kaiser-Franz-Josef Hospital in Vienna published one of the first papers examining the end-of-life phase of HGG patients [2]. During the 2008 EANO conference in Barcelona, we discussed the extension of our project with 3 Austrian centres, Kaiser-Franz-Josef (KFJ) Hospital, Vienna (Drs Grisold and Oberndorfer), Vienna General Hospital (Dr Christine Marosi), and Medical University of Innsbruck (Dr Günter Stockhammer), as well as one Scottish centre (Edinburgh Center for Neuro-Oncology, Dr Robin Grant).

I applied for the EANO Educational Visit Grant to visit the 3 Austrian centres participating in our international study. My goal was to help start up the project abroad, get better acquainted with our foreign colleagues, and gain insight into the care in the EOL phase for Austrian patients. Furthermore, it would add to my personal development to observe the care for neuro-oncological patients and the practice of neurologists in a foreign country.

■ Educational Visit

In August and September 2010, I visited Austria for 3 weeks. I spent the first week of my visit in Innsbruck visiting the centre of Dr Stockhammer. Afterwards, I spent 2 weeks in Vienna,

visiting 2 different neuro-oncology groups: the group of Drs Grisold and Oberndorfer, neurologists at the KFJ hospital, and the group of Dr Marosi, oncologist at the Vienna General Hospital.

The International Project

In Innsbruck, I met the project participants, Dr Stockhammer, Dr Schauer-Mauer, Dr Holzner, and Dr Giesinger, to discuss the protocol and practical aspects of carrying out the study. During my visit, our study protocol was presented to the ethics committee and accepted conditionally. Drs Holzner and Giesinger, medical psychologists highly active in quality-of-life research, showed me some of the projects they are working on which added to my knowledge on this research topic.

A central Viennese ethics committee had already approved our study protocol and both centres started inclusion of relatives. At the KFJ hospital, the first questionnaires to relatives had recently been sent out. Response was relatively low and it proved difficult to track relatives. We discussed how best to enhance the response rate. At the Vienna General Hospital, a PhD student (Dr Birgit Flechl) worked on the study and the inclusion process went quite well. It was helpful to share experiences and discuss (future) data analysis.

Neuro-Oncological Care in Austria

At the 3 different neuro-oncological centres, I attended ward rounds, neuro-oncological outpatient clinics, and multidisciplinary neuro-oncological tumour board meetings. Furthermore, I joined a radiotherapist for a day at the KFJ hospital. It was interesting to compare the various tumour board discussions with our own tumour board at the VU University Medical Center. Although the initial approach varies between hospitals, the decisions taken are quite similar. The same holds true for treatment of brain tumour patients at the various outpatient departments.

Social Events

There was also time for social events: with Dr Marosi I visited the "Kunsthistorische Museum" and afterwards we had a traditional Austrian dinner. On the last night of my visit in Innsbruck, I was invited for the yearly barbecue with the neuro-oncology group on a mountain close to Innsbruck. A great night of Austrian hospitality!

■ Progress of the Study

In the meanwhile, the identification and inclusion of relatives and physicians of Austrian patients progressed well. By December 1, 2011, the inclusion of relatives and physicians from patients treated at the Medical University of Innsbruck was

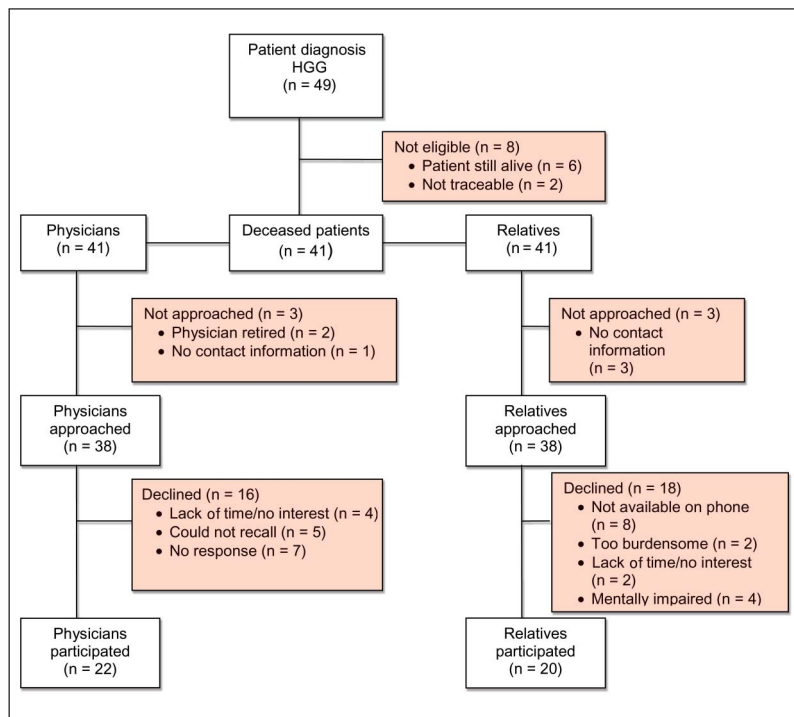


Figure 1: Identification of subjects

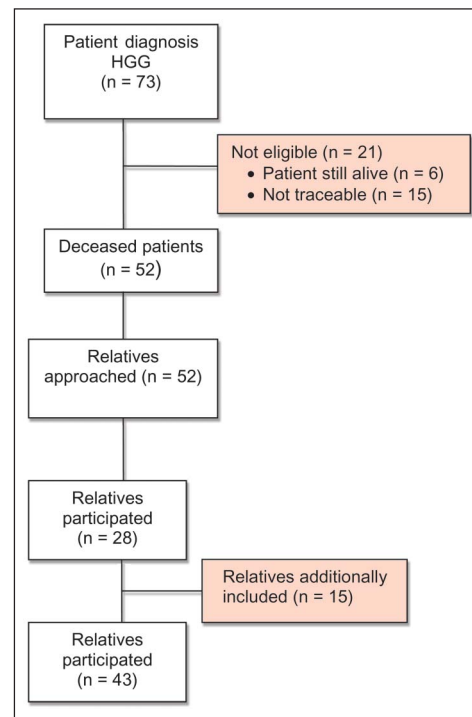


Figure 2: Inclusion of relatives in Vienna

completed (Figure 1). The 2 Viennese centres completed the inclusion of relatives (Figure 2), the inclusion of physicians in Vienna is still ongoing.

Furthermore, we are obtaining data from relatives and physicians of patients treated at the Edinburgh Centre for Neuro-oncology, Edinburgh, Scotland. Comparative data analysis is planned for the second half of 2012.

Conclusion

My visit to Austria was a great opportunity to get better acquainted with the colleagues involved in our international project. I was able to help start up the project, share experiences, and discuss future directions. Data collection advanced in the year after my visit.

I saw different aspects of neuro-oncological care in various Austrian hospitals, which added greatly to my personal and professional development. The health care system in Austria varies from the Dutch system, and even in between the Austrian centres I noticed differences in approaches. However, there are many similarities as well and I think in the end, patients are treated more or less the same in both countries.

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