Is epilepsy care in low-grade glioma patients meeting best practice?

Freya Waite-Taylor1, Tim Jones2, Hannah Cock1,2

1Institute of Medical & Biomedical Education, St George’s, University of London, Cranmer Terrace, London SW17 0RE

2St Georges University Hospitals NHS Trust, Atkinson Morley Regional Neuroscience Centre, Blackshaw Rd, London SW17 OQT

Corresponding Author: Freya Waite-Taylor, [m1102386@sgul.ac.uk](mailto:m1102386@sgul.ac.uk)

**Abstract**

Patients with low grade gliomas (LGGs) are typically referred for a neurosurgical opinion early on, as part of a neuro-oncology multi-disciplinary pathway. Observations from clinical practice suggested that despite national guidance the epilepsy management in such patients was often sub-optimal. We undertook an audit at a regional neuroscience centre. All patients seen within the Departments of Neurology or Neurosurgery in a 5 year period commencing Xxx 2010 with a new diagnosis of LGG and a seizure at any point were identified. Data from electronic and paper records were collected retrospectively on a structured profoma and analysed using Graphpad Prism. 88 patients were identified, on whom analysis is now almost complete. 39% of patients had not been referred to a neurologist/epilepsy specialist at any point during the course of their treatment; of the remainder a substantial proportion had no documented evidence they had ever been seen, or referral was undertaken only when seizures proved refractory, sometimes over several years. Levetiracetam was first drug used in 64% of patients. Current practice with respect to the management of seizures LGG at a leading neuroscience centre is not in keeping with national guidance, and likely not atypical. Recommendations to improve care will be presented.