

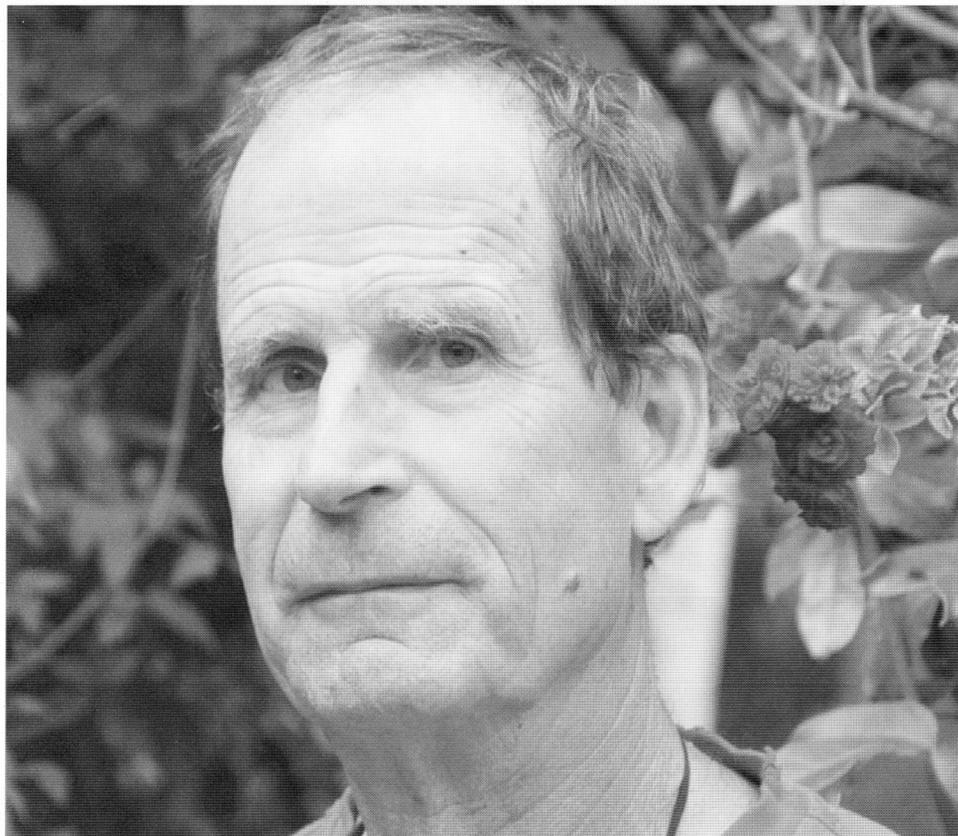
# AMNET NEWS

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# Peter Lawrence and his Acoustic Neuroma



Regular readers may remember that I was found to have an acoustic neuroma in June 2006 and that I saw 4 different specialists who suggested 4 different courses of action (surgery, fractionated radiosurgery, gamma knife radiosurgery or wait and watch). After this advice and reading of the medical literature I decided to wait and watch with a plan to go for the gamma knife if the tumour grew. By summer 2008 the tumour was shown to have grown and I was treated in June 2008 with the gamma knife machine in Sheffield by Mr Jeremy Rowe and his team (see previous Amnet reports).

By winter 2008 I had some problems with balance and some vertigo on exertion, and so I saw Dr Sarah Jefferies who advised an MRI in January 2009 that showed nothing alarming, a little swelling, and this was put down to the irradiation itself. I was advised not to worry and indeed these problems waned within a few months. In January 2010 I had another MRI and this showed no further growth of the tumour within the accuracy of measurement. Not only that the tumour looked sick. Normally they look rather evenly white from the contrast

enhancement but mine had a black centre. This is thought to mean that the cells are dying in the middle and in most cases tumours that look like this go on to shrink. So I am hopeful that I will not have to worry about the damned thing any more, although I will have to have an MRI scan from time to time to make sure.

In 2008 a paper reported on the effects of the gamma knife on more than 300 cases like mine. Typically, about 6 months following irradiation some swelling is followed by a stabilisation of size (ie no growth) over the next years, and after about 5 years in nearly all the cases they shrink dramatically. The unlucky minority (about 5%) do grow again, usually within the first few years following treatment, but it now appears that even these can be treated successfully a second time with the gamma knife.

I have not found recent evidence that would contradict a good quality paper of 2006 that stated that "radiosurgery should be considered the best management strategy for the majority of VS patients": I guess this statement refers especially to acoustic neuromas smaller than about 2cm in diameter.

# Cell Phones and Acoustic Neuroma

This article comes from the American Acoustic Neuroma's newsletter

*The widespread use of cell phones and many studies on cell phones and possible associated health risks prompted the ANA Board of Directors to initiate a statement regarding cell phone usage and acoustic neuroma.*

*This statement is endorsed by our ANA Medical Advisory Board.*

*This is intended as a cautionary alert. This information is not intended to take the place of advice and guidance from your personal physician. You should always consult with your physician with questions and concerns. It is important to remember that early diagnosis of small tumors provides more treatment options and greater success, with the greater possibility of fewer long-term complications.*

There has been much interest and controversy in the past decade regarding the possible role of mobile phones as a cause of brain tumours. The use of cell phones has become ubiquitous around the world and if they played a causative role in a disease process, even such as causing a benign tumour like an acoustic neuroma, it would have tremendous public health implications. According to the Telecommunications Union, by 2006, 91 out of 100 were cell phone subscribers in developed countries. As many as 32 persons per 100 were subscribers in the developing world. There have been 25 epidemiologic studies published between 1999 and 2008 trying to examine the role of mobile phones in the etiology of brain tumors, including ANs. Most notably, a large study from Sweden by Hardell and colleagues, and a multi-institutional study involving 16 centers in 13 countries called INTERPHONE, have