1. **The five-year relative survival rate for all primary childhood brain tumors is 82.5%**
2. **World brain tumour day is observed on 8th of June every year since 2000**
3. **This daywas first observed by German Brain Tumour Association (Deutsche Hirntumorhilfe e.V.), which is a  non-profit organization**
4. **40% of all cancers spread to brain**
5. **Metastatic brain tumors occur when cancer located in another organ of the body spreads to the brain**
6. **Unnecessary growth of cells when body doesn’t require them is known as tumour**
7. **There are two main types of tumours namely, malignant and benign (nonmalignant) tumours**
8. **risk factor for the development of brain tumours is exposure to radiation especially if having previous cancer treatment**
9. **Family history and high dose X-rays are risk factors for brain tumour.**
10. **Brain tumours are diagnosed by the doctor based on the results of a medical history and physical examination and various specialized tests of the brain and nervous system.**
11. **symptoms of presence Brain Tumour are headaches, seizures, problem with vision, vomiting**
12. **Approximately 70% of all brain tumors are benign**
13. **Approximately 30% of all brain tumors are malignant**
14. **Approximately 58% of all brain tumors occur in females**
15. **Approximately 42% of all brain tumors occur in males**
16. **The median age at diagnosis for a primary brain tumor is 60 years**
17. **For non-malignant brain tumor patients, the average five-year survival rate is 91.7%**
18. **For malignant brain tumor patients, the five-year relative survival rate following diagnosis is 36%**
19. **Approximately 4.3% of all brain tumors cases diagnosed each year occur in children ages 0-14**
20. **The most prevalent brain tumor types in children are :- Pilocytic astrocytoma ,Glioma, malignant, Embryonal tumors**
21. **Approximately 6% of all brain tumors occur in the pediatric population**
22. **Approximately 1.8% of all brain tumors occur in the adolescent (15-19) population of pediatric brain tumor patients**
23. **Pediatric brain tumors are the leading cause of cancer-related death among children and adolescents ages 0-19 years**
24. **The most prevalent brain tumor types in adolescents (15-19) are tumors of the pituitary**
25. **Overall, for all primary pediatric brain tumors, incidence rates are higher in females compared to males, and white people compared to other races/ethnicity**
26. **Among adolescents only (15-19), brain tumors are the most common form of cancer, accounting for 21% of diagnoses in this age group each year**
27. **Brain tumors are the leading cause of cancer-related death in males aged 20-39 and the fourth leading cause of cancer-related death in females in this age group**
28. **The rate is 72.5% for malignant tumors and 97.3% for non-malignant tumors**
29. **Brain tumors are the eighth-most common cancer overall among persons age 40+ years, ninth-most among males, and fifth-most among females in this age group**
30. **Brain tumors are the third-leading cause of cancer-related death in individuals 40 years and older**
31. **Gliomas (such as glioblastoma, ependymomas, astrocytomas, and oligodendrogliomas), which make up 81% of malignant brain tumors in adults**
32. **White – 16.25/100,000**
33. **Hispanic / Latino/a / Latinx – 15.78/100,000**
34. **Asian and Pacific Islander American (APIA) – 11.65/100,000**
35. **American Indian and Alaskan Native (AIAN) – 10.64/100,000**
36. **Overall, incidence rates for all primary brain and CNS tumors are higher in females (58% of diagnoses) than in males (42%)**
37. **Non-malignant brain tumors occur significantly more often in females (64%) than in males (36%)**
38. **Malignant brain tumors occur slightly more often in males (56%) than in females (44%)**
39. **Incidence rates for specific brain tumor types vary, for example, glioblastoma diagnoses are more common in males, while meningioma diagnoses are more common in females**
40. **Overall, males have higher mortality rates from malignant brain tumors than females, with the exception of glioblastoma, embryonal tumors, and germ cell tumors**
41. **Not all brain tumours are cancers, some are completely benign or harmless masses of cancerous cells**
42. **Malignant brain cells can be cancerous cells and can spread to the other organs of the body.**
43. **Only two or three out of 1,00,000 people are affected accounting for less than 2% of the total number of malignancies diagnosed.**
44. **Overall, the chance that a person will develop a malignant tumor of the brain or spinal cord in his or her lifetime is less than 1%.**
45. [**Glioblastoma multiforme (GBM)**](https://www.nfcr.org/focus-areas/gbm-agile/)**is the deadliest type of brain cancer, accounting for 45% of all malignant brain tumors.**
46. **A primary malignant brain tumor is a rare type of cancer accounting for only about 1.4%**
47. **The risk of a brain tumor increases as you age.**
48. **People who have been exposed to ionizing radiation**
49. **Cell phones aren’t proven to cause brain cancer.**
50. **there is no definitive evidence that cell phone use increases the risk of cancer**
51. **There are different types of primary brain cancer and survival rates vary significantly depending on the type of cancer.**
52. **Some types of brain cancer, such as meningioma, anaplastic ependymoma and oligodendroglioma, are highly treatable**
53. **Some cacer are treatable while others are less responsive to treatment.**
54. **NFCR is part of a robust, international coalition working on innovative ways to defeat GBM utilizing a rigorous adaptive trial platform known as GBM**
55. **GBM AGILE is re-engineering the way clinical trials are conducted to develop more effective treatments faster than ever before.**
56. **Research has been studying the role angiogenesis plays in glioblastoma multiforme (GBM), the deadliest form of brain cancer**
57. **new drugs that target and could extend the benefits of anti-angiogenic therapies for patients.**
58. **Research is identifying genes and pathways that facilitate vessel co-option in order to prevent invasion and improve GBM therapies.**
59. **Dr. W.K. Alfred Yung’s research focused on drugs that target a gene called PI3K, which is a key factor in about 30% of GBM (Global Brain Tumour) cases**
60. **A greater inhibition of cell growth and the cancer cells were induced into cell suicide in a research**
61. **Findings reveal molecular targets and designs for combination therapies that could lead to new treatments for GBM patients**
62. [**meningioma**](http://www.hopkinsmedicine.org/healthlibrary/conditions/adult/nervous_system_disorders/meningioma_134,23/)**is the most common brain tumor, accounting for about 30 percent of them.**
63. **Meningioma tumors are often benign: You may not even need surgery.**
64. **A meningioma diagnosis may occur when the doctor is looking for something else**
65. **When a doctor diagnoses a meningioma, you will get further tests to find out how the tumor is likely to behave**
66. **a neurosurgeon will recommend removing the tumor or just watching it to see if it grows**
67. **tumor cells are not likely to spread to other parts of the body.**
68. **meningiomas can quietly grow for years without causing any problems — and they can get surprisingly large.**
69. **Sometimes, believe it or not, your doctor may recommend observation for meningioma, especially if it’s small and not causing problems.**
70. **You’ll have regular MRIs to check on small detections of bain tumour**
71. **Depending on where the tumor is, each approach will be different**
72. **umors close to the surface are typically easier to access than those located along the skull base.**
73. [**Skull base tumors**](https://www.hopkinsmedicine.org/health/conditions-and-diseases/b/brain-tumor/21/skull-base-tumors)**are those located deep in the skull, behind the nose or eyes and call for surgeons with skill and expertise in this kind of surgery**
74. **There are a number of new techniques in brain tumor surgery, even for tumors located deep in the skull, and some of these are less invasive.**