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**The only national Australian organisation  
for the brain tumour patient, family and  
caregiver.**



## **BRAIN TUMOURS – SOME QUICK FACTS**

### **General**

- There are more than 120 different types.
- Three main categories: primary, “benign”, brain metastases (arising from a cancer elsewhere in the body).
- Malignant brain tumours have a very poor prognosis. More men are affected by primary tumours than women but more women develop meningioma (benign) brain tumours. Benign brain tumours are not published in Australian cancer registry statistics but can be lethal.
- They are a “less common cancer” but high in terms of impact and person years of life lost.
- The only cancer to affect both mind and body, they strike at the very essence of a person.
- Causes generally unknown; cannot be prevented by lifestyle changes or anything else; no early detection or general community screening possible. They can strike anyone e.g. US Senator Ted Kennedy and Spanish golfer Sev Ballesteros were both diagnosed with brain tumours in 2008.

### **Worldwide**

- 200,000 people worldwide develop a primary malignant brain tumour each year.
- About 70% are in less developed countries where many cannot access standard therapy.

### **Australia**

- 1422 people in Australia were diagnosed with a malignant primary brain tumour in 2005 (latest available figure) (Page 14, Cancer in Australia: an overview, 2008 AIHW).

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- 1050 people in Australia with a malignant primary brain tumour died in 2005 (latest available figure). (Page 39, Cancer in Australia: an overview, 2008 AIHW). This figure is expected to increase to 1277 people by 2010 (Page 51, Cancer in Australia: an overview, 2008 AIHW).
- During 1998-2004 brain tumours had the fourth-lowest five-year relative survival (19%) of all cancers (Page 83, Cancer in Australia: an overview, 2008 AIHW).
- There was no significant change in five-year survival for brain tumour patients between 1982-86 (20%) and 1998-2004 (19%) (Page x, Page 19, Cancer Survival and Prevalence in Australia, July 2008, AIHW, CA, AACR, and Page 83, Cancer in Australia: an overview, 2008 AIHW).
- People with brain tumours have the second highest (after leukaemia) estimated lifetime treatment cost of \$40,732 (Page 19, Cost of Cancer in NSW, CC NSW, April 2007)
- Although ranked only 19<sup>th</sup> in terms of incidence (Pages13-14, Cancer in Australia: an overview, 2008 AIHW), brain tumours ranked 4<sup>th</sup> in terms of person years of life (PYLL) lost to age 75 (Pages 38-39, Cancer in Australia: an overview, 2008 AIHW).
- In 2006-2007 brain tumour patients had the highest average length of hospital stay (11.4 days) of all cancer patients (Page 107, Cancer in Australia: an overview, 2008 AIHW).
- Brain tumours are the second most common cause of death in children after leukaemia (Page 42, Cost of Cancer in NSW, CC NSW, April 2007)
- There are only a handful of experienced brain tumour-specific patient care coordinators in Australia.

### **The future**

- The development of the chemotherapy temozolomide during 2000-2007 has slightly improved survival for those who benefit from it but only by several months.
- Brain tumours were one of the three most intransigent cancers (lung and ovarian being the others) selected for detailed analysis under the international Cancer Genome Atlas project and early results have identified some promising new genetic markers which might lead to more effective targeted therapies but these developments will take time.
- Brain tumour research in Australia receives a lower proportion of funding from Governments than most other cancers when compared with its devastating impact. Brain tumour researchers are more heavily dependant on community funding.