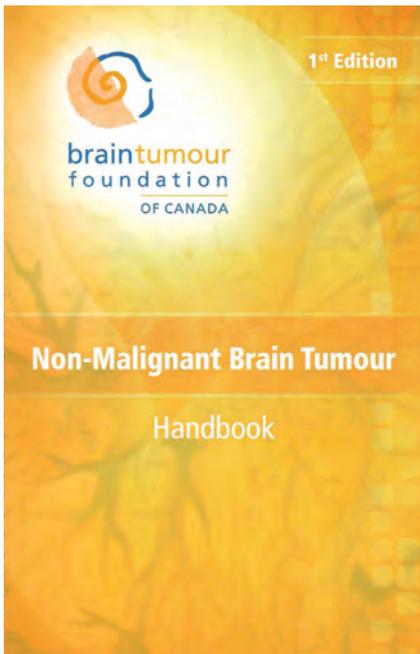


'Benign' versus 'non-malignant'

Non-Malignant Brain Tumour Handbook. 1st Edition.

Brain Tumour Foundation of Canada. 2011. 45 pps. www.braintumour.ca

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Above: The cover of the Non-Malignant Brain Tumour Handbook

THE word "benign" has bedevilled discussion in the brain tumour community in many countries. Because the word emerges from within the historical classification of cancers its use in the

brain tumour context can be misleading.

The diagnosis of a benign tumour in other cancers can be relatively straightforward. If say, for example, it is a benign tumour on one's leg then there is every possibility that its removal through surgery will represent the end of the story, unless it recurs.

Not so with any brain tumour within the skull. Even if it has been described as "benign" its location and its growth or recurrence after surgery can have a devastating effect.

The editors of this handbook are well aware of the problem of language: "This resource aims to diminish the misconception that non-malignant or 'benign' tumours do not alter the lives of those affected. In fact, non-malignant or 'benign' tumours do have a significant impact on your health and well-being."

The resource has been compiled by five well-qualified editors and draws on material gathered during the Canadian "Experience of Non-Malignant Brain Tumour Survivors" exercise in 2010, various brainstorming sessions, individuals, and focus groups.

It consists of nine short chapters of generic information about brain tumours and a useful Appendix describing the various types of non-malignant brain tumour, their signs and symptoms and treatment.

These types are: acoustic neuroma, choroid plexus papilloma, craniopharyngioma, ependymoma, hemangioblastoma, meningioma, pilocytic astrocytoma, and pituitary adenoma.

A person diagnosed with one of these eight tumours listed above will undoubtedly want more information but this Handbook is only intended as an introductory text.

One hopes that the existence of the Handbook will go a long way in changing the language of common usage from "benign" to "non-malignant". Changing words will change concepts and could lead to greater attention by clinicians and staff in cancer centres which deal with all cancers and where "benign" has a certain historical meaning. Another useful move would be insistence that the so-called "benign" brain tumours are included in the statistics counted for all brain tumours in cancer registries. ■ DS

Rain on the walk didn't dampen enthusiasm



Stan Shrodo (Central New Jersey Brain Tumor Support Group) and Bruce Blount (Ocean and Monmouth County Brain Tumor Support Group) let us know that a walk was held in New Egypt, New Jersey (USA) on 15th May 2011. Stan commented: "It was a rainy, grey morning but the light rain didn't start again until we were about halfway

through the walk. Almost everyone was in good spirits and I heard several comments like: "I had a great time walking in the rain." and "I can't wait to do this again next year when it's sunny." Bruce Blount said: "We had a "Walk to END Brain Tumors" In New Egypt last week. There were 23 walkers, and the course was three miles. That totals 69 miles which we have donated to the

IBTA's "Walk Around the World for Brain Tumours". ■



Photo by Patrick Riordan