

Additional Terms Associated with Intracranial and Central Nervous System Tumors

ABTA: American Brain Tumor Association. ABTA is a not-for-profit organization dedicated to the elimination of brain tumors through research and patient education services. ABTA is the oldest organization furthering this effort, begun in 1973 by two mothers struggling to understand brain tumors. Since then, ABTA has funded over \$2 million in research awards to the most prestigious institutions in the United States.¹

ACoS: American College of Surgeons.

ANGIOGENESIS: The growth of new blood vessels from surrounding tissue into growing tissue.²

CAUDA EQUINA: The group of spinal roots that descends from the inferior portion of the spinal cord (literally “horse’s tail”).³

CDC: Centers for Disease Control and Prevention.

CEREBELLOPONTINE ANGLE: The angle between the cerebellum and the pons—a common site for the growth of acoustic neuromas.²

CoC: Commission on Cancer. Established by the American College of Surgeons (ACoS) in 1922, the multi-disciplinary CoC sets standards for quality multidisciplinary cancer care delivered primarily in hospital settings; surveys hospitals to assess compliance with those standards; collects standardized and quality data from approved hospitals to measure treatment patterns and outcomes; and uses the data to evaluate hospital provider performance and develop effective educational interventions to improve cancer care outcomes at the national and local level.⁴

CORPUS COLLOSUM: Literally “hard body.” A large bundle of white matter, found in the longitudinal fissure, forming a “commissure” by interconnecting the two cerebral hemispheres.³

CORTEX: The outer layer of a body or organ structure. From the Latin word for “bark.”³

CRANIECTOMY: Surgery performed on the skull where pieces of bone are removed to gain access to the brain, and the bone pieces are not replaced.²

CRANIOTOMY: Surgery performed on the skull where a portion of bone is removed to gain access to the brain, and the bone is put back in place.²

CAT SCAN: Computerized Axial Tomography. An X-ray device linked to a computer that produces an image of a predetermined cross-section of the brain. A special dye material may be injected into the patient's vein prior to the scan to help make any abnormal tissue more evident.²

EDEMA: Swelling due to an excess of water.²

EPIDEMIOLOGY: The study of the distribution of disease and its impact upon a population, using such measures as incidence, prevalence, or mortality.²

EXTRACEREBRAL: Located outside the cerebral hemispheres.²

EXTRADURAL: External (outside) to the dura mater.²

GFAP: Glial Fibrillary Acidic Protein. This protein, found in microfilaments of glial cells, helps distinguish glial from non-glial tumors. A laboratory stain is used to test for its presence.²

GLUCOCORTICOSTEROIDS: Medications used to decrease swelling around tumors.²

HYPERTHERMIA: The use of heat to kill tumor cells.²

HYPOPHYSIS: Pituitary gland.²

INTRACEREBRAL: Located within the cerebral hemispheres (cerebrum).²

INTRACRANIAL: Within the skull.²

INTRADURAL: Beneath the dura mater.²

INTRAVENOUS: Injection into a vein.²

INTRAVENTRICULAR: Injection into a ventricle.²

LASER: An acronym of light amplification by stimulated emission of radiation. A surgical tool that creates intense heat and power when focused at close range, destroying cells by vaporizing them.²

NPCR: National Program of Cancer Registries. The Centers for Disease Control and Prevention (CDC) has administered the NPCR since 1994. This program is currently helping states and U.S. territories to improve their cancer registries; meet standards for data completeness, timeliness, and quality; use cancer data to support cancer prevention and control programs; train registry personnel; establish computerized reporting and data-processing systems; and develop laws and regulations that strengthen registry operations.⁵

ADDITIONAL TERMS
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PHOTODYNAMIC RADIATION THERAPY: A light sensitive drug is given through a vein and concentrates in the tumor. During a surgical procedure, a special light activates the drug, which kills tumor cells.²

QUADRIGEMINAL PLATE AND CISTERN: The posterior part of the brainstem at the mesencephalon (midbrain) has four knobby bits: two superior colliculi and two slightly smaller inferior colliculi. The enlarged subarachnoid space posterior is called the Quadrigeminal Plate and Cistern (QP or Kewpee Cistern), and is contiguous with the ambient (circum-mesencephalic) cistern. The QP cistern looks like a smile. During brain herniation, the smile becomes crooked or disappears entirely, as the brainstem shifts and the subarachnoid space is obliterated.²

RECURRENCE: The return of symptoms or the tumor itself, as opposed to a remission.

SEER PROGRAM: The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute is an authoritative source of information on cancer incidence and survival in the United States. Case ascertainment for SEER began on January 1, 1973, in the states of Connecticut, Iowa, New Mexico, Utah, and Hawaii and the metropolitan areas of Detroit and San Francisco-Oakland. In 1974–1975, the metropolitan area of Atlanta and the 13-county Seattle-Puget Sound area were added. In 1978, 10 predominantly black rural counties in Georgia were added, followed in 1980 by the addition of American Indians residing in Arizona. Three additional geographic areas participated in the SEER program prior to 1990: New Orleans, Louisiana (1974–1977, rejoined 2001); New Jersey (1979–1989, rejoined 2001); and Puerto Rico (1973–1989). The National Cancer Institute also began funding a cancer registry that, with technical assistance from SEER, collects information on cancer cases among Alaska Native populations residing in Alaska. In 1992, the SEER Program was expanded to increase coverage of minority populations, especially Hispanics, by adding Los Angeles County and four counties in the San Jose-Monterey area south of San Francisco. In 2001, the SEER Program expanded coverage to include Kentucky and Greater California, and New Jersey and Louisiana once again became participants.

The SEER Program currently collects and publishes cancer incidence and survival data from 11 population-based cancer registries and three supplemental registries covering approximately 14% of the U.S. population. The expansion registries increase the coverage to approximately 26%. Information on more than 3 million *in situ* and invasive cancer cases is included in the SEER database, and approximately 170,000 new cases are accessioned each year within the SEER areas. The SEER Registries routinely collect data on patient demographics, primary tumor site, morphology, stage at diagnosis, first course of treatment, and follow-up for vital status. The SEER Program is the only comprehensive source of population-based information in the United States that includes stage of cancer at the time of diagnosis and survival rates within each stage. The mortality data reported by SEER are provided by the National Center for Health Statistics.⁶

SHUNT: A drainage system. Spinal fluid flows from a ventricle into a body cavity via a tube. Used to relieve increased intracranial pressure caused by brain tumors that block the flow of spinal fluid.²

TRIGONE (Lateral ventricle): The triangular area between the temporal and occipital horns at the junction with the body of the lateral ventricle.²

References

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