**Brain Tumour Types Info Sheet**

**Juvenile Pilocytic Astrocytoma (JPA)**

**Overview:**

**Tumour Group:**
Gliomas and Pediatric Brain Tumours

**WHO Grade:**
Grade I

**Prevalence/Incidence:**
Pilocytic astrocytomas comprise approximately 5-6% of all gliomas. This tumour type has an overall incidence of 0.37 per 100,000 persons per year.

**Typical Age Range:**
Pilocytic astrocytomas are typically seen in children and young adults. They can occur at all ages in children and teens, but the median age for a juvenile pilocytic astrocytoma (JPA) is 5 to 14 years. This tumour type is unusual in infants and very rare in adults.

**Description of Tumour:**
JAPs are also known as pilocytic astrocytomas. These tumours grow in the cerebrum, optic nerve pathways, brainstem and cerebellum. They are slow-growing and are the most common subtype of a low-grade glioma.

- In children they are very common in the cerebellum and may lead to raised intracranial pressure
- Pathologically they have relatively well-defined borders and Rosenthal fibers are seen under the microscope.
- These types of astrocytomas typically stay in the area where they started and do not spread. They are considered the most non-malignant of all the astrocytomas.

... continued on Page 2
**Symptoms:**
Symptoms depend on the size and location of the tumour and may include:

- Change in behaviour
- Headaches and vomiting (due to raised intracranial pressure)
- Lack of coordination and loss of balance (due to cerebellar involvement)
- Memory loss
- Seizures.

**Treatment/Standard of Care:**
- Surgery is usually the most important treatment type for JPA. Complete surgical removal is generally possible for JPAs arising in the cerebellum and then no further treatment is necessary.
- If total removal is not possible, chemotherapy is often used to shrink these tumours. Sometimes then surgery is possible and sometimes the tumour will not progress further after chemotherapy.
- Occasionally radiation therapy is necessary (for example if the tumour has grown into the brainstem).

The role of chemotherapy is changing in JPA treatment. Some response has now been found with chemotherapeutic agents.

**Prognosis:**
For low-grade astrocytomas, like JPA, the 10-year overall survival was 83% in a large retrospective series. There was improved survival with:

- Pilocytic astrocytoma
- Hemispheric tumour location
- Greater extent of resection.

For more details, please refer to braintumour.ca.