	Most common age	most common location	main histologic criteria	Genetic mutations	Prognosis	Notes
Pilocytic astrocytoma	Children	Cerebellum	Micro cysts Rosenthal fibers low cellularity	BRAF	Excellent, grade I tumour	
diffuse astrocytoma	adults 40-60	Cerebral hemispheres	Astrocytic cells in fibrillary background GFAP positive	IDH 1 or 2 Mutation	Mean survival more than 5 years	to be called grade III: increased cellularity, mitosis and polymorphism.
Glioblastoma	Adults Primary: over 55 years Secondary : younger: 50	cerebral hemispheres	Necrosis, usually palisading OR vascular proliferation	IDH mutated have better prognosis than IDH wild type	mean survival 15 months	Enhancing lesions on radiology. Can be primary (90%) or secondary (10%)
oligodendroglioma	Younger than astro 40-50	white matter	Rounded nuclei surrounded by a clear halo (fried egg appearance)	IDH PLUS 1p 19 q cpdeletion.	grade II: 10-20 years survival grade III : 5-10 years	grade III: same histological criteria of grade III astro
Ependymoma	adults and children	Adults: spinal cord <20 years: near fourth ventricle	True rosettes around empty spaces (canals) Pesudoreosettes around blood vessels		better if resectable Spinal tumors easily resectable, so better prognosis than posterior fossa ones	
Medulloblastoma	Children	Exclusively in the cerebellum	Primitive cells(small round blue cells) Homer Wright rosettes around neuropil	Myc : poor prognosis WNT: beter prognosis	grade IV tumors highly aggressive Can metastasise to bone	WNT mutation can be tested by B catenin stain.
meningioma	Middle age	Dura based lesions	Meningeal cells Psammoma bodies		generally good Depends on grade	

CNS tumors/. H Awad
Pease note: this table is for revision purposes only. Please study the lectures well then use this table.