



Driving

This table should help you to decide what action you need to take. It does refer only to Group 1 vehicles – cars and motorcycles.

Tumour type	Treatment	Action for DVLA	Next steps
Pituitary tumour	Craniotomy.	Must not drive and must inform the DVLA.	Driving may resume after 6 months provided there is no visual field defect.
	No need for treatment, or treated by either transsphenoidal surgery or therapy, such as drugs or radiotherapy.	Must not drive but need not inform the DVLA.	Driving may resume on recovery provided there is no visual field defect.
Non-malignant brain tumours			
Non-malignant supratentorial tumour (e.g. WHO grade I meningioma)	Craniotomy.	Must not drive and must inform the DVLA.	Driving may resume after 6 months if there is no residual impairment and no history of seizures. If the tumour was associated with seizures, then driving must cease for 12 months following surgery and 12 months from the date of most recent surgery.
	Stereotactic radiotherapy.	Must not drive and must inform the DVLA.	Driving may resume 1 month after treatment provided there is no residual impairment likely to affect safe driving. Further regulations apply if there is relevant seizure history.
	Fractionated radiotherapy.	Must not drive and must inform the DVLA.	Driving may resume on completion of treatment provided there is no residual impairment likely to affect safe driving. Further regulations apply if there is relevant seizure history.
Grade II meningioma	Craniotomy and/ or radiosurgery or radiotherapy.	Must not drive and must inform the DVLA.	Driving may resume 1 year after completion of treatment. Further regulations apply if there is relevant seizure history.

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Asymptomatic incidental meningiomas not needing treatment	No treatment required.	May drive and need not inform the DVLA.	
Non-malignant infratentorial tumours, e.g. meningioma	Craniotomy with or without radiotherapy.	May drive and need not inform the DVLA.	Driving may resume on recovery from treatment.
Asymptomatic suspected low-grade tumour	N/A	Must not drive and must inform the DVLA.	There will be an individual assessment for licensing with clear medical evidence, and any licence will initially be under regular, usually annual review.
Malignant brain tumours (The standards will apply to first occurrence, recurrence and progression.)			
Supratentorial			
WHO grade I & II glioma	Biopsy only.	Must not drive and must inform the DVLA.	Driving must cease for 6 months following a biopsy if there has been no other treatment.
	Treatment after biopsy.	Must not drive and must inform the DVLA.	Driving may resume 1 year after completion of primary treatment.
In instance of recurrence			
		Must not drive and must inform the DVLA.	Where there is imaging evidence of tumour recurrence or progression, licensing may be considered if: <ul style="list-style-type: none"> ● there has been a 1-year seizure-free period ● there is no clinical disease progression ● no further primary treatment (with the exception of chemotherapy) was required for the recurrence.
WHO grade III meningioma		Must not drive and must inform the DVLA.	Driving may resume 2 years after the completion of primary treatment.
WHO grade III or IV gliomas, metastatic deposit(s), or primary or secondary CNS lymphoma		Must not drive and must inform the DVLA.	Driving may resume at least 2 years after the completion of primary treatment.

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Solitary metastatic deposit		Must not drive and must inform the DVLA.	Relicensing may be considered 1 year after completion of primary treatment provided there is no recurrence and no evidence of disease progression elsewhere in the body. If these criteria cannot be met, then driving must cease for 2 years following completion of primary treatment.
Metastatic brain disease	Immunotherapy or other targeted therapies.	Must not drive and must inform the DVLA.	Relicensing may be considered 1 year after completion of primary treatment if there is evidence of improvement. If this criteria cannot be met, then driving must cease for 2 years.
Infratentorial			
WHO grade I glioma		Must not drive and must inform the DVLA.	Driving may resume on recovery.
WHO grade II, III or IV glioma		Must not drive and must inform the DVLA.	Driving may resume 1 year (grade II) or 2 years (grades III and IV) after the completion of primary treatment.
Medulloblastoma, low-grade ependymoma		Must not drive and must inform the DVLA.	Relicensing may be considered 1 year after completion of primary treatment if there was complete excision and provided there is no recurrence.
High-grade ependymomas, other primary malignant brain tumours, and primary or secondary CNS lymphomas		Must not drive and must inform the DVLA.	Relicensing may be considered normally only after 2 years from completion of primary treatment.
Brain metastases		Must not drive and must inform the DVLA.	Relicensing may be considered 1 year after completion of primary treatment if the patient is otherwise well.

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Metastatic brain disease treated by immunotherapy or other targeted therapies		Must not drive and must inform the DVLA.	For drivers with infratentorial metastatic brain disease who have received or are receiving immunotherapy or other molecular targeted treatment, relicensing may be considered 1 year after completion of primary treatment (or 1 year after commencement of the targeted therapy if no other primary treatment for the intracranial disease has been given) if there is clinical and imaging evidence of disease stability or improvement, with no deterioration both intracranially and elsewhere in the body. If these criteria cannot be met, driving must cease for 2 years. This standard can be applied both to isolated metastasis and to a driver with multiple brain metastases.
Malignant intracranial tumour in childhood: survival without recurrence		May apply to drive (or continue to drive) but must inform the DVLA.	A 'til 70 licence is normally granted or maintained.
Acoustic neuroma/schwannoma			
May drive and need not inform the DVLA unless there is sudden and disabling dizziness.			
Brain biopsy			
		Must not drive and must inform the DVLA.	Relicensing may be considered after 6 months if the biopsy shows insignificant (from a licensing perspective) histology and if there is no debarring residual impairment likely to affect safe driving. If a tumour is diagnosed on biopsy, please refer to the relevant tumour standard.

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Production of *brainstrust's* information is supported by the Anna Horrell fund. Anna, wife and mum, tragically passed away in August 2017 after a valiant fight against a glioblastoma. Throughout her life and her illness, she was an inspiration to us all, fighting bravely and cheerfully in the face of adversity. She was the beating heart of our family, and her loss left a hole in our lives that can never be replaced. In her incredible memory, we are passionate about helping others diagnosed with a brain tumour to navigate this most difficult of journeys.

Mike, Tom, Rebecca, Charlie & Sophie