Brain tumour facts 2026: **Our challenge**

Introduction

When *brainstrust* was founded in 2006, following one family's experience of a brain tumour diagnosis, the scientific and political landscape for people living with the disease offered almost nothing. There was little political will, minimal investment in research and few voices advocating for change.

Today, despite growing political interest, a better balance between care and cure, and advances in science and treatment, people living with a brain tumour still face unacceptable inequalities in quality-of-life outcomes and experience.

Here, *brainstrust* outlines the challenge that those diagnosed, as well as the wider brain tumour community, are facing.

The big picture

The impact on society is significant, with diagnoses both frequent and widespread:

- The number of brain tumour diagnoses per year for both primary and secondary brain tumours is over 28,000.[1]
- This is made up of at least 12,746 primary brain tumours and 16,000 brain metastases.
- That is equivalent to 79 diagnoses every day, with 35 being primary brain tumours and 44 being metastases.[2]
- Each year around 5,800 people are diagnosed with a malignant (cancerous) brain tumour in the UK.[1]
- There are 102,000 people living with a brain tumour in the UK today.[3]
- Over 400 children a year are diagnosed with brain, CNS or intracranial tumours in the UK.[4]

What these people need

In our research (1,730 responses), people report feeling alone, unsupported, under-resourced, unable to navigate clinical care, not in control and without a sense of community.[5]

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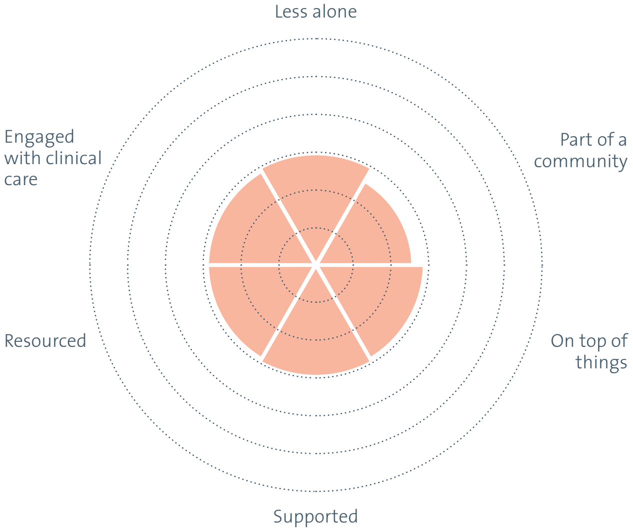
Average well-being indicator scores when people first contact *brainstrust*

This data represents 1,828 brain tumour patients and caregivers, and the data was analysed 17 February 2026.



Key healthcare gaps persist

The evidence base for early palliative interventions – such as addressing fatigue, pain control and cognition disorders – indicates that resources remain insufficient.[6]

- A third of neuroscience centres have no dedicated allied health professional (AHP) resource to support patients with diagnostic, preventive, therapeutic and rehabilitative services.[7]
- 40% of centres lack access to neuropsychological support.[7]
- Only 25% of centres offer a dedicated clinical nurse specialist for low-grade brain tumour patients.[7]
- A quarter of centres provide no outpatient rehabilitation at all.[7]

Financial impact

A brain tumour diagnosis brings a significant financial burden to patients and their families:

- Brain tumour patients and their families face an £11,081 net loss of income.[8]
- Brain tumour patients face additional costs of £3,702 per year.[8]
- Brain tumour patients are on average £14,783 worse off per year, whereas for all cancers, the average cost is £6,840 per year.[8]

As well as affecting people of working age and causing neurological impairments that prevent continued employment, brain tumours demand long and complex treatment, costly travel to specialist centres and significant ongoing rehabilitation needs, which add further expense. Limited access to welfare support and caregiver income loss also add to the financial strain.

Isolated by diagnosis

There are over 100 types of tumour that can develop in the brain or central nervous system.

Brain tumour subcommunities, such as the low-grade community and brain metastasis community, are under-represented and underserved when it comes to support, information and research efforts.

We know:

- Only 53% of people diagnosed with a grade 2 brain tumour have a single point of contact at their hospital.[9]
- The lack of clinical trials for patients with low-grade and non-malignant diagnoses means there are few new treatments on the horizon.

Our own research indicates that mental health support is not routinely integrated into care pathways for the low-grade community, with up to 50% not being offered mental health support.[10]

The needs of these brain tumour communities and those with alternative, nuanced or more complex symptom burdens remain an issue yet to be adequately addressed.

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Mortality and survival

Brain tumours continue to carry devastating outcomes. Data highlights the degree to which brain tumours are a survival challenge:

- Brain tumours remain the biggest cancer killer of children and young adults under 40.[11]
- Each year, 5,456 people in the UK lose their lives to a brain tumour, equivalent to 15 deaths every day.[2]
- The average years of life lost per brain tumour patient is over 20 years, compared to 12.5 across all cancers.[12]
- Only 11.2% of people diagnosed with brain cancer in England survive 10 years or more.[2]

These dire statistics highlight the need for change, both for those living with a brain tumour today and for those who could benefit from improved treatment and care in the future.

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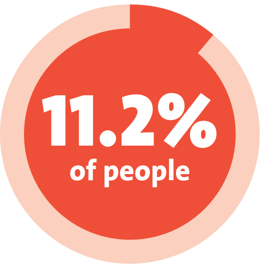

The research landscape

Ensuring that research into brain tumours meets real patient need and is appropriately funded is a priority for us and other charities in this space.

We know:

- There have been over 1,000 brain cancer clinical trials over the past two decades, but these have not yielded significant breakthroughs.
- Fewer than one in four neuroscience centres conduct research specific to low-grade glioma (LGG).[7]
- Brain cancer research represented only 5.5% of total NCRI cancer research spend in 2021 (up from 3.7% in 2017), compared to 16% for breast cancer, 12% for bowel cancer and 11% for lung cancer.[13]
- Only 5% of brain tumour patients enter clinical trials.[13]

The economic burden

We're also aware of the economic burden.

Brain tumours diagnosed in the UK in 2025 are projected to impose an £18.7b burden on the UK economy, or £1.47m per diagnosis.[14]

Breaking this down further:

- lost productivity: £4.44b
- welfare system costs: £358m
- formal and informal care: £78m
- direct healthcare costs: £288m.[14]

In summary

Despite progress over the last two decades, people living with a brain tumour continue to face stark inequalities in care, support, and outcomes. The statistics outlined here represent real lives disrupted by fragmented services, limited access to rehabilitation, inconsistent clinical support and a lack of research that reflects patient priorities.

Only through collaboration between policymakers, clinicians, researchers, and those directly affected can we build a future where no one with a brain tumour feels forgotten.

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