# Malignant brain tumours. The DVLA guidance.[1]

*"All doctors in cancer care must appreciate the recent DVLA update on driving with brain tumours, especially ALK lung cancer brain metastases. Establishing a DVLA specialist medical board to review referred cases on an individual level is an excellent development. Safely restoring the capacity to drive could potentially have the greatest improvement to a patient's quality of life."*

**Dr Rohit Lal**
Consultant Medical Oncologist at Guys and St Thomas' Hospital
Honorary Consultant Medical Oncologist for Kings College Hospital

This leaflet has been produced by ALK Positive Lung Cancer (UK) to assist oncologists. Please refer to the information below if you believe the patient you are treating may now be well enough to resume driving a car or riding a motorcycle. For guidance referring to bus and lorry drivers please visit www.gov.uk/dvla/fitnesstodrive

| Supratentorial | **Group 1. Car and motorcycle** |
|---|---|
| **WHO grade I or II glioma** | Must not drive and must notify the DVLA. Driving must cease for 6 months following a biopsy, if there has been no other treatment. Driving may resume 1 year after completion of primary treatment if:<br>• there has been a 1 year seizure free period<br>• there is no clinical disease progression<br>• no further primary treatment (with the exception of chemotherapy) was required for the recurrence.<br>If these criteria cannot be met, a further 1 year off driving will be required following completion of primary treatment or following seizure. A 1 year licence will usually be considered. |
| **WHO grade III meningioma. WHO grade III or IV gliomas, metastic deposit(s), or primary or secondary CNS lymphoma** | Must not drive and must notify the DVLA. WHO grade III meningioma, driving may resume 2 years after the completion of primary treatment. WHO grade III or IV gliomas, metastic deposit(s), or primary or secondary CNS lymphoma, driving may resume at least 2 years after the completion of primary treatment. |
| **Solitary metastatic deposit** | Must not drive and must notify the DVLA. Relicensing may be considered 1 year after completion of the primary treatment provided there is no recurrence and no evidence of disease progressionelsewhere in the body. If these criteria cannot be met thendriving must cease for 2 years following completion of primary treatment. |
| **Metastatic brain disease treated by immunotherapy or other targeted therapies** | Must not drive and must notify the DVLA. For drivers with supratentorial metastatic brain disease who have received or are receiving immunotherapy or other molecular targeted treatment, relicensing may be considered one year after completion of primary treatment (or one year after commencement of the targeted therapyif 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. |
| **Infratentorial** | |
| **WHO grade I glioma** | Must not drive and must notify the DVLA. Driving may resume on recovery. |
| **WHO grade II, III or IV glioma** | Must not drive and must notify 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 notify the DVLA.Relicensing may be considered 1 year after completion of the primary treatment if there was complete excision, and provided there is no recurrence. |
| **High-grade ependymoma, other primary malignant brain tumour, or primary or secondary CNS lymphoma** | Must not drive and must notify the DVLA.Relicensing may be considered normally only after 2 years from completion of the primary treatment |
| **Brain metastases** | Must not drive and must notify the DVLA.Relicensing may be considered 1 year after completion of the primary treatment if the patient is otherwise well. |
| **Metastatic brain disease treated by immunotherapy or other targeted therapies** | Must not drive and must notify 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 one year after completion of primary treatment (or one 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. |

**Reference:** 1. Assessing fitness to drive – a guide for medical professionals. www.gov.uk/dvla/fitnesstodrive. Last accessed 10 May 2019