

Date 01/08/2025
Your Ref
Our Ref 10304

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Dear

FREEDOM OF INFORMATION – BRAIN TUMOUR

I write in response to your request for information in relation to brain tumour diagnosis.

Question:

- Please provide the number of patients diagnosed with a brain tumour in each of the last 5 years.
- Please provide this information broken down by the number of (i) malignant and (ii) benign tumours.

Answer:

Year	Benign Brain (D33)	Malignant Brain (C71)
2019	21	65
2020	9	62
2021	10	86
2022	10	78
2023	7	75

Question:

- Please outline the referral and diagnosis process for a patient presenting with brain tumour symptoms resident in your health board area.

Answer:

Primary Referral Routes:

- From Secondary Care (Most Common): The majority of patients are referred by physicians after imaging has confirmed a brain tumour.
- From A&E: Patients presenting with pressure symptoms who have had a scan may be referred directly.

Tumour-Specific Pathways:

- High-Grade Gliomas: These cases are typically referred directly to on-call Neurosurgery.

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Chair Professor John Connaghan CBE
Chief Executive Professor Caroline Hiscox
Lothian NHS Board is the common
name of Lothian Health Board

- Low-Grade Gliomas: These often present with seizures and are often referred to the Neuro-oncology MDM by Neurologists who arrange scans for such patients after they have had new onset seizures.
- Metastatic Tumours: Patients with known primary tumours elsewhere in their body have investigations arranged by their clinical oncologist and then referred onwards to Neuro-oncology.

Next Steps:

- Most patient cases are discussed at the Neuro-oncology MDM. They are then assigned to a surgeon or oncologist in a specialist clinic and scheduled for intervention.

Notes: This analysis uses SMR06 data for brain tumour diagnoses from the five-year period of 2019 to 2023. As 2023 is the latest year for which complete data is available, the 2024 period was excluded. The dataset includes patients registered with NHS Lothian who had an incidence date for either a malignant brain tumour (ICD-10 code: C71) or a benign brain tumour (ICD-10 code: D33) during this timeframe.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive