Statistics fact sheet
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How to use

- We’ve rounded some figures to make messages clearer, and in some cases because this is more honest – many of the big numbers are best estimates.
- If you round any of the numbers further, please use additional words like ‘approximately’, ‘about’, ‘over’, ‘more than’, ‘less than’ or ‘under’. And where we’ve used these words already, please do the same in your copy.
- If you have any questions about using evidence, please contact evidence@macmillan.org.uk.
Glossary of terms

**Cancer prevalence** – The number of people living with and after cancer, i.e. people who have been diagnosed with cancer and are still alive. Cancer prevalence can be expressed as a number of individuals, or as a rate (per head of population).

Cancer prevalence can be:
- ‘Complete’. This estimates the count of everyone who has ever had a cancer diagnosis and is still alive at a point in time. The ‘3 million people living with cancer in the UK’ is complete prevalence. This is the total number of people who have ever had a cancer diagnosis and are expected to be alive on 31st December 2020.
- ‘Time-limited’ (e.g. ‘23-year prevalence’). This counts everyone who was diagnosed with cancer in a set time period (e.g. 23 years) and is still alive at a point in time. We can’t estimate complete prevalence at a regional level or for rare cancers because of the modelling involved, so we use time-limited prevalence when talking about detailed statistics.

**Cancer incidence** – New cases of cancer in a population within a period of time, usually a year. It can be expressed as a number of new diagnoses, or as a rate (per head of population). It usually refers to primary cancers (recurrences are not included).

**Cancer mortality** – Deaths from cancer in a population within a specific period of time, usually a year. It can be expressed a number of deaths, or as a rate (per head of population). It is usually deaths where cancer is mentioned as the underlying cause on the death certificate.

**Avoidable mortality** – Deaths considered ‘avoidable’ are based on a list of diseases which should not (or should only infrequently) result in death in the presence of a good healthcare system. Avoidable mortality is monitored as an indicator of the success of a healthcare system.

**Crude cancer survival** – The percentage of people still alive after a specified amount of time, often 1, 5 or 10 years, following a cancer diagnosis. It usually refers to primary cancers (recurrences are not included).

**Median survival** – The length of time from cancer diagnosis when half of people diagnosed are still alive (or half have died).

**Net survival** – Net survival is the probability of survival derived solely from the risk of death from cancer so ignores all other causes of death (background mortality). This is survival in the hypothetical world where it is not possible to die from anything other than cancer. This gives an indication of how much more likely people living with cancer are likely to die compared to the general population (relative survival).

**Registration of non-melanoma skin cancer** – The policies and practices for the registration of non-melanoma skin cancer have varied widely across the cancer registries and over time. So you'll find that many statistics, including the incidence figure for ‘all cancers’ excludes non-melanoma skin cancer.
Prevalence – People living with cancer

Macmillan’s estimates of complete cancer prevalence

The following are estimates, calculated by Macmillan, of ‘complete’ cancer prevalence – everyone alive in the UK who has ever been diagnosed with cancer:

- We estimate there are 3 million people living with cancer in the UK. We predict this number will rise to nearly 3.5 million by 2025, 4 million by 2030, and 5.3 million by 2040.
- This increase is partly due to the UK’s growing and ageing population but also due to improvements in cancer diagnosis and treatments.

Estimated number of people living with cancer by nation, at the end of 2020, 2025, 2030 and 2040

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>2,400,000</td>
<td>2,800,000</td>
<td>3,300,000</td>
<td>4,400,000</td>
</tr>
<tr>
<td>Wales</td>
<td>170,000</td>
<td>200,000</td>
<td>230,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Scotland</td>
<td>250,000</td>
<td>300,000</td>
<td>350,000</td>
<td>460,000</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>82,000</td>
<td>97,000</td>
<td>114,000</td>
<td>150,000</td>
</tr>
<tr>
<td>UK</td>
<td>2,900,000</td>
<td>3,400,000</td>
<td>4,000,000</td>
<td>5,300,000</td>
</tr>
</tbody>
</table>
  (“almost 3 million”) | (“almost 3.5 million”) | (“almost 4 million”) | (“almost 5.3 million”) |

Note: UK totals may not sum up due to rounding. These are approximate figures, so please say ‘almost’.

For more information on our cancer prevalence estimates, why the number is rising and to download further breakdowns by top-four cancer types (female breast, prostate, colorectal and lung) and sex, please visit ‘Calculating cancer prevalence’.
Detailed national breakdowns of time-limited cancer prevalence

**England**
Transforming Cancer Services Team for London (TCST) and the National Cancer Registration and Analysis Service (NCRAS), PHE have published figures on the number of people living up to 24 years post a cancer diagnosis in England in 2018. The data, split by demographics and local areas, is available through [CancerData](#).

**Wales**
Detailed prevalence data on people in Wales living up to 21 years after a cancer diagnosis at the end of 2015 is available on Macmillan's [LCI Wales](#) tool, provided by the Welsh Cancer Intelligence and Surveillance Unit (WCISU).

**Scotland**
The latest prevalence data for Scotland is published on the [Public Health Scotland website](#), including detailed breakdowns by cancer type, age, sex and time since diagnosis at 31 December 2017, up to 20 years.

**Northern Ireland**
Up-to-date information on 25-year cancer prevalence in Northern Ireland in 2019 can be found on the [NICR website](#), by cancer site.
Incidence – New cases of cancer

The latest comparable published incidence figures for the UK are for 2018\textsuperscript{ii}. Based on these, we can say:

- Around 385,000 people are diagnosed with cancer every year, in the UK
- On average someone is diagnosed with cancer every 90 seconds in the UK

Rounded numbers of yearly new cases of cancer: by nation

<table>
<thead>
<tr>
<th></th>
<th>Every year</th>
<th>Every month</th>
<th>Every week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>England (2018)</td>
<td>320,000</td>
<td>26,700</td>
<td>6,100</td>
<td>880</td>
</tr>
<tr>
<td>Scotland (2019)</td>
<td>34,100</td>
<td>2,840</td>
<td>650</td>
<td>90</td>
</tr>
<tr>
<td>Wales (2018)</td>
<td>20,100</td>
<td>1,670</td>
<td>390</td>
<td>60</td>
</tr>
<tr>
<td>Northern Ireland (2019)</td>
<td>10,200</td>
<td>850</td>
<td>200</td>
<td>30</td>
</tr>
<tr>
<td>UK (2018)</td>
<td>385,000</td>
<td>32,100</td>
<td>7,400</td>
<td>1,050</td>
</tr>
</tbody>
</table>

- Incidence in the UK has risen by 38\% between 2002 and 2018. The increase is likely due to the growing and aging population, who are more likely to develop cancer, and improvements in diagnosis initiatives and public awareness.

- Research suggests that almost one in two people will receive a diagnosis of cancer at some point in their lives.\textsuperscript{iii}
Mortality –
People dying with and from cancer

From the latest officially published mortality figures for the UK\textsuperscript{iv}, we can say:

- Over 165,000 people in the UK die from cancer every year.

<table>
<thead>
<tr>
<th>Nation</th>
<th>Every year</th>
<th>Every month</th>
<th>Every week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>England (2018)</td>
<td>136,000</td>
<td>11,400</td>
<td>2,600</td>
<td>370</td>
</tr>
<tr>
<td>Scotland (2018)</td>
<td>16,200</td>
<td>1,350</td>
<td>310</td>
<td>40</td>
</tr>
<tr>
<td>Wales (2017)</td>
<td>8,900</td>
<td>740</td>
<td>170</td>
<td>20</td>
</tr>
<tr>
<td>Northern Ireland (2019)</td>
<td>4,400</td>
<td>370</td>
<td>80</td>
<td>10</td>
</tr>
<tr>
<td>UK (2017)</td>
<td>165,000</td>
<td>13,800</td>
<td>3,200</td>
<td>450</td>
</tr>
</tbody>
</table>

- The number of deaths from cancer in the UK per year are increasing slightly and have risen by 7% since 2001.

- In the UK, cancer is the leading cause of avoidable death and the most common cause of death\textsuperscript{v}, by broad disease group, for both men and women. This is a change from a decade ago, when circulatory diseases (including heart disease and stroke) were the most common cause of death.

- Recent analysis\textsuperscript{vi} on mortality by ethnic group in England and Wales found that, for 2017-2019, men from a Black Caribbean background are around two-thirds as likely (88 per 100,000) to die from prostate cancer as White men (52 per 100,000), while Black women are twice as likely (21 per 100,000) to die from womb cancer as White women (10 per 100,000). Additionally, people from a Bangladeshi background are more than twice as likely (23 per 100,000) to die from liver cancer as those from a White background (10 per 100,000). Although the White group also presented higher mortality rates than other ethnic groups for many causes of death, including a range of cancers, these findings highlighted worrying variations in mortality for people from minority ethnic backgrounds, being just one example of the inequalities they face.
Survival – The consequences of cancer and its treatment

Median Survival

The latest data we have on median cancer survival is from 2011:
- In the early 1970s the median survival time after a cancer diagnosis was one year, by 2007 it was six years\textsuperscript{vii} and by 2011 it was ten years\textsuperscript{viii}.

From this, we can say:
- Average survival is now 10 years+.

Net Survival

- For patients diagnosed with cancer in England in 2007 there was a 44% 10-year net survival index\textsuperscript{x}.

In England\textsuperscript{x}:

- Cancer survival is usually higher in younger people than older people.
- Melanoma skin cancer recorded the highest 1-year age-standardised net survival rate in both men (98%) and women (99%), followed by prostate (97%) and testicular (96%) in men and breast (96%) in women, diagnosed between 2014-2018.
- Among men, melanoma (90%), prostate (88%) and thyroid (83%) and among women, melanoma (95%), thyroid (89%) and breast (86%) cancer recorded the highest 5-year age-standardised net survival rates for people diagnosed between 2014-2018, in England.
- For both men and women, pancreatic cancer presented the lowest 1-year (26%) and 5-year (7%) combined age-standardised net survival rates, followed by liver (39%) and lung (42%) for 1-year and mesothelioma (7%) and liver (13%) for 5-year survival, in England.

Macmillan’s Think, Improve, Change, blog outlines further information on UK-wide cancer survival, particularly for its relatively poor performance on survival for several cancer types, including bowel, lung and pancreatic, in international comparisons, according to the latest SURVMARK-2 study.

Consequences of cancer and its treatment

While it is clearly good news that more people are surviving cancer, progress can be a double-edged sword. Throwing Light on the Consequences of Cancer and its Treatment (and the accompanying lay summary report Cured – But at What Cost?) reveals another vital aspect of the changing cancer story.

- We estimate around one in four (25%) people with cancer are living with the long-term consequences of cancer or its treatment\textsuperscript{xi}. 
Diagnosing and starting cancer treatment quickly

Routes to Diagnosis

In England in 2016:
- Around 1 in 5 (19%) cancer diagnoses in England happen through an emergency presentation.
- Those in the most deprived quintile were 50% more likely to be diagnosed via an emergency presentation compared to the least deprived quintile.
- Males were more likely to be diagnosed via a GP (both urgent and non-urgent referrals) with 64% of males being diagnosed this way.
- 9% of females are diagnosed through screening compared to 1% of males. This is due to the rate in breast cancer (27% screen detected) and cervical cancer (26% screen detected).
- Between 2012 and 2016, female breast cancer patients diagnosed via the two week wait pathway had a one-year net survival rate of 98%. In female breast cancer patients diagnosed via emergency presentation, one-year net survival rates fell to 59%.

Cancer Waiting Times

The Cancer Waiting Times Annual Report presented the following results for the percentage of patients meeting each of these nine targets in the NHS business year between 1st April 2020 and 31st March 2021, against the set standards:

<table>
<thead>
<tr>
<th>CWT Target</th>
<th>Performance (%)</th>
<th>Operational Standard (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen by a specialist within 14 days of being urgently referred for suspected cancer by their GP</td>
<td>88.7%</td>
<td>93%</td>
</tr>
<tr>
<td>Seen by a specialist within 14 days of being urgently referred by their GP with exhibited breast symptoms where cancer was not initially suspected</td>
<td>76.0%</td>
<td>93%</td>
</tr>
<tr>
<td>Received a first definitive treatment for cancer within 31 days from a decision to treat</td>
<td>95.0%</td>
<td>96%</td>
</tr>
<tr>
<td>Received second or subsequent treatment using anticancer drug treatments within 31 days from a decision to treat</td>
<td>99.1%</td>
<td>98%</td>
</tr>
<tr>
<td>Received second or subsequent treatment using surgery within 31 days from a decision to treat</td>
<td>88.0%</td>
<td>94%</td>
</tr>
<tr>
<td>Received second or subsequent treatment using radiotherapy within 31 days from a decision to treat</td>
<td>96.6%</td>
<td>94%</td>
</tr>
<tr>
<td>Received a first definitive treatment for cancer within 62 days following an urgent GP referral for suspect cancer</td>
<td>74.3%</td>
<td>85%</td>
</tr>
<tr>
<td>Received a first treatment for cancer within 62 days following referral from an NHS cancer screening service</td>
<td>75.1%</td>
<td>90%</td>
</tr>
<tr>
<td>Received a first treatment for cancer within 62 days following a consultant decision to upgrade their priority</td>
<td>82.5%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

For further information on NHS England’s Cancer Waiting Times, including an explanation of how they are measured and their performance, please read Macmillan’s Think. Improve. Change. blog post. Other data is also available from NHS England.

Correspondent datasets on cancer waiting times are published by Public Health Scotland, GOV.WALES and the Department of Health in Northern Ireland.
Cancer Patient Experience

This is measured though the Cancer Patient Experience Survey (CPES).

In England in 2019:\[iv\]:
- When respondents were asked to rate their care on a scale of zero (very poor) to 10 (very good), respondents gave an average rating of 8.8
- 71% of respondents said that they were told that they could bring a family member or friend with them when they were first told they had cancer, 19% said that they were not told this
- 86% of respondents said that they felt the way they were told they had cancer was done sensitively
- 73% of respondents said they completely understood the explanation of what was wrong with them; 2% said they did not understand it and 25% said they understood some of it
- 81% of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- 85% of respondents said that it had been ‘quite easy’ or ‘very easy’ to contact their Clinical Nurse Specialist
- 58% of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment
- 30% of the respondents said they had been given a care plan that sets out their needs and goals for caring for their cancer
- Respondents from Asian, Black, Mixed and Other ethnicity groups reported statistically significant differences with lowest scores on multiple questions in the survey (15, 5, 3 and 13 questions, respectively), in contrast with White respondents (who reported a lower score on only 1 question compared with the other groups).

For a summary of the results from the latest CPES publications from each nation, please visit the dedicated Cancer Patient Experience Survey on Macmillan’s website.
The reach of Macmillan services

In 2019, we estimate that 1.9 million people received personal (face-to-face and phone services), high impact support from one or more of our Macmillan Professionals or services\(^v\)\(^v\). This 1.9 million includes:

- 1.4 million people living with cancer
- 136,000 carers of people with cancer
- 336,000 other people affected by cancer (including family, friends, colleagues, and worried well)

We also helped many more through our information and support resources – both printed and online.

We reached an estimated 5.7 million people affected by cancer through our printed Macmillan information resources.
We reached an estimated 7 million people affected by cancer in the UK through online support

Analysis of survey data indicates that 69% of people helped by at least one Macmillan service used more than one Macmillan service in 2019.

Our reach figure was calculated by adding up the number of unique people helped by each of our services. This figure was then adjusted to take into account people using more than one of our services. In 2019, the adjustment was a discount factor of 13% for personal services based on the analysis of survey data asking people what Macmillan services they had used.

Our analysis shows that currently we are reaching 53% of people living with cancer through personal support.

For more information see our ‘Reach of Macmillan’s Services fact sheet’ [here](#) and Macmillan’s Annual Report and Accounts [here](#).

\(^{\text{v}}\)Interaction meaning when someone has been helped by or got in touch with one of our services
References

1 Analysis based on time-limited cancer prevalence published for each nation in the UK. The relationship to complete cancer prevalence is derived from 2013 complete prevalence (Macmillan-NCRAS Cancer Prevalence Project). This is projected forwards using the UK growth rates in Maddams et al. (2012). This includes all people who have ever had a cancer diagnosis, some people in this group may no longer consider themselves to be living with cancer. See also https://www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/calculating-cancer-prevalence.html#355989


xv Macmillan Cancer Support estimates.