



**MACMILLAN
CANCER SUPPORT**

Living with and beyond cancer in 2045: see the future, support the people

Informed by Macmillan
Cancer Support,
powered by
Scottish Widows



**SCOTTISH
WIDOWS**

Key points to note

Cancer incidence, survival, and prevalence

Complete cancer prevalence is a measure of how many people are living at a specific point in time, having had a cancer diagnosis at some point in their lives. The diagnosis may be recent or have been several years ago. This differs from incidence, which measures the number of new cases of cancer diagnosed over a given time period, usually a year.

Over time, cancer prevalence can increase for several reasons. Higher incidence results from increased exposure to risk factors that lead to cancer, such as smoking and obesity rates¹. Meanwhile, improved detection capabilities within the health system can increase the number of new diagnoses. Additionally, the growth and ageing profile of the nation's population also contributes to a rise in incidence.

Finally, prevalence can increase because people live for longer after receiving a diagnosis. Detecting more cancers at earlier stages, such as via screening programmes and innovations in treatments, results in improved survival rates.

The methodology

Projections of cancer prevalence are based on statistical continuation of trends rather than analysis of the underlying drivers and were calculated using publicly available, detailed cancer incidence and cancer survival statistics across a set of cancer types and for each of the four nations in the UK². All data sources used aggregated and non-identifiable statistics.

Differences between nations or population groups in these projections reflect previously observed patterns in cancer incidence, survival and demographic structure. The reasons for those patterns are complex and varied, and are outside the scope of this report.

Any missing data for a country was estimated by inferring from trends observed in other nations or from different time periods in the same nation. Statistical modelling techniques were used to extrapolate past trends to create future estimates of incidence and survival, which were combined to give projections of cancer prevalence rates. These were then applied to published population projections, resulting in a set of statistics describing cancer prevalence up to the year 2045, for each country and for a prescribed set of cancer types.

The modelling did not make any assumptions about the causes of past trends or the specific drivers of future changes.

The scope included all types of malignant cancer, and excluded non-melanoma skin cancer (ICD10 codes C00-C97, excluding C44).

The statistics in this report are derived from published health datasets that classify individuals as male or female according to the recording practices and processing rules in place at the time. These publications do not consistently distinguish between sex assigned at birth and gender identity and only include binary categories. In some places in this report we have used the terms 'men and people assigned male at birth' and 'women and people assigned female at birth' to use inclusive language, and in other places we have used 'men' and 'women', however the underlying data used for both types of wording is the same. The methodology document contains further information and guidance for interpreting these statistics.

[A detailed description of the methodology is available on the Scottish Widows website.](#)

At Macmillan Cancer Support, we work closely with people who have lived experiences of cancer who are generous enough to share their stories and bring context to what it's like to navigate a diagnosis in the UK. For this report, we've chosen four individuals to share their stories, representing the four most common cancers, while recognising that their perspectives cannot fully represent the diversity of people and experiences across the UK.

Contents

Forewords	
Rose St Louis, Protection Director, Scottish Widows	4
Professor Richard Simcock, Chief Medical Officer, Macmillan Cancer Support	5
Setting the scene	
The UK cancer landscape: today and tomorrow	6
Understanding prevalence across the UK	
What the data shows across the UK nations	8
Living with the most common cancers	
Living with breast cancer	10
Living with colorectal cancer	12
Living with prostate cancer	14
Living with melanoma	16
Ensuring fair and joined up care	
Individual treatment, universal access	18
Looking ahead	
Preparing for the future we know is coming	20
Supporting people through cancer and building financial resilience	21
References	23

**MACMILLAN
CANCER SUPPORT**

In partnership with


**SCOTTISH
WIDOWS**



Between 2025 and 2045, we can expect to see a 58% increase in cancer prevalence in the UK. In real terms, that means by 2045 there will be 5.4 million individuals and their families who will have had to deal with the emotional, physical, and financial impact of their cancer diagnosis and treatment. In 2025, with the health and social care system facing significant pressure, that number was 3.4 million.

The power of partnership

This report shows the impact of partnership, which goes beyond fundraising and sponsorship. Working together, leaning into Scottish Widows' actuarial expertise, we have been able to produce the most comprehensive cancer prevalence projections yet for the UK, which we have also projected to 2045 for the first time. Projections, we believe, that will help inform future government policy, the provision of services such as Macmillan Cancer Support – and improve how the financial services industry designs protection products and advice that help people plan with confidence. Most importantly, they help us focus on what matters: giving people greater clarity, better support, and the confidence to plan for their financial future, whatever life brings.

The insight gives us the chance to prepare. From individuals, charities, employers, insurers and financial advisers, we can take steps today to make sure we are better prepared to support people living with, and beyond, cancer in the years ahead.

Foreword



Rose St Louis

Protection Director,
Scottish Widows

Alongside the physical and emotional toll, cancer brings a financial burden that many people simply aren't prepared for

Contending with money worries when your focus should be on your treatment is a cruel reality, one that far too many people living with cancer face every day. That's why this report matters so much, and why I feel so strongly about the work behind it. These projections give us the clearest picture yet of what cancer prevalence could look like across the UK in the years ahead. And with that clarity comes a responsibility: to start the conversations we all tend to put off.

If these projections tell us one thing, it's that we can't keep delaying those conversations any longer.

Every person's experience of cancer is unique, but I believe there's one thing we can make universal: removing money worries from an already overwhelming time. That starts with planning early and being willing to have those uncomfortable "what happens if...?" conversations before life forces them upon us.

We all have a role to play in supporting those conversations

Anyone advising on people's finances, whether mortgages, protection or broader financial planning, needs both the confidence and the empathy to start these conversations earlier and more often. Employers also have a critical role, making sure their policies genuinely support people who tell them they're living with cancer, including making reasonable adjustments.

Cancer treatment is evolving rapidly. Advances in technology and science mean more people are being diagnosed earlier, more people are surviving, and more

people are living with, and beyond, cancer for many years. Financial resilience is part of that journey too: having income when work pauses, funding travel or care, and keeping long term plans on track even when life takes an unexpected turn.

" Anyone advising on people's finances, whether mortgages, protection or broader financial planning, needs both the confidence and the empathy to start these conversations earlier and more often. "

And with an additional two million people projected to be living with and beyond cancer projected in 2045 compared with today, our collective responsibilities — personal, professional, legal and regulatory — have never been clearer. We cannot sleepwalk into this future; preparation must start now.

It remains a privilege to work with Macmillan on research that has the potential to make such a meaningful difference. By combining our expertise with their extraordinary insight, we can help more people feel informed, supported and financially prepared for whatever the future brings.

Foreword



Professor Richard Simcock

Chief Medical Officer,
Macmillan Cancer Support

When the future is better understood, we are better equipped to plan for it – these comprehensive prevalence projections provide the basis for that planning

We now have the most comprehensive picture of projected cancer prevalence in the UK and it clearly shows the extended reach cancer's impact is going to have across each of the four UK nations. What we now do with that insight is key.

No one should underestimate the scale of the challenge facing cancer care in the UK. We've seen the number of people living with cancer reach almost 3.4 million in 2025³. Alongside this, other figures from Macmillan show one in three people with cancer found it was harder to have cancer now than at 'any other time they can remember'⁴.

Today, many people diagnosed with cancer aren't getting the treatment or support they need. At Macmillan, we hear from people with cancer that waiting times are too long and they have to travel too far to access care. Complications also arise when they encounter multiple people and departments without anybody to support them in joining the dots. For people who have cancer, especially those who also have additional long-term health conditions, it is often hard to know which treatment is best, that is compounded by inadequate emotional support and poor staffing levels.

" The number of people living with cancer is set to reach 5.4 million by 2045, adding pressure to a system already buckling. "

The data in this report shows that the number of people living with cancer is set to reach 5.4 million by 2045, adding pressure to a system already buckling.

We need to plan for this future and the years in between

Macmillan wants these projections to help guide the NHS and policymakers to make the significant system changes required for society to face the challenges in the years to 2045. This comprehensive picture means that we can better predict where the demand for service and workforce will arise, to make sure the system has capacity to support people to live as well as possible with and after cancer.

Meanwhile, the voluntary sector and communities can work together to support those who need it most.



UK-wide: Incidence and survival trends projected to account for half of the increase in complete prevalence in 2045

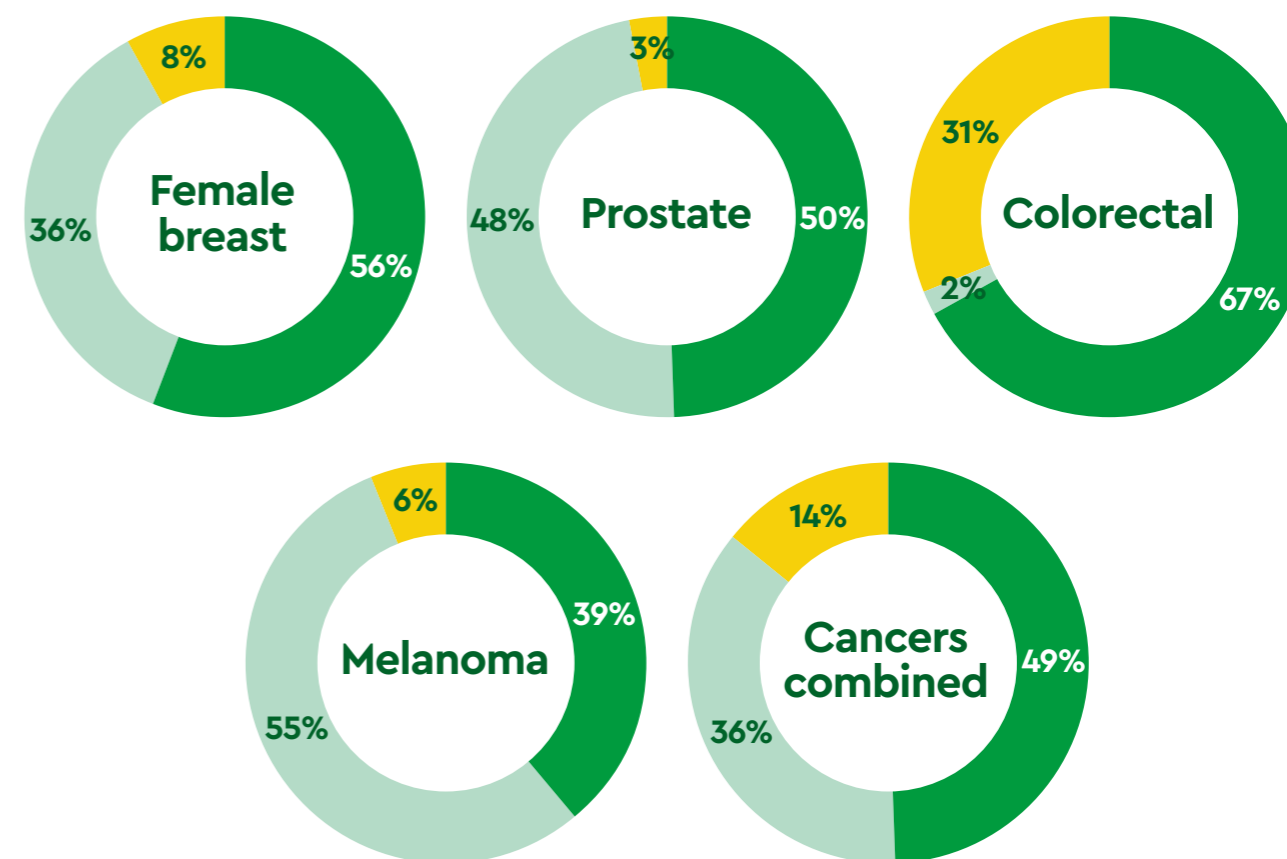
Changes in complete cancer prevalence – the number of people alive who have had a cancer diagnosis at some point in their life – are not simply caused by population growth and ageing. The projections for prevalence of all cancer types combined for 2045 show an increase of 58% from 2025, of which more than one third (36%) is modelled to be attributed to increases in incidence rates and around one seventh (14%) as a result of improving survival rates. Population growth and ageing is projected to account for the remaining half (49%). A higher proportion of people will be diagnosed with cancer, and more people will be living with cancer for longer.

That has huge consequences for each of the 5.4 million people who will be living with and beyond cancer in 2045. It also means two million more people needing to adjust for life with and beyond cancer than there were estimated to be in 2025. And increasingly more workplaces needing to find ways to best accommodate the needs of a growing number of staff impacted by cancer.

Projections show the four most prevalent cancers in the UK in 2045 will be **female breast cancer, prostate cancer, colorectal cancer, and melanoma**. The split for what is driving the changes in prevalence for each of those cancer types is markedly different, as can be seen in the graph below. Notably, for colorectal cancer we are likely to see incidence trends making a very small contribution (2%) towards increasing prevalence and a larger influence arising from survival rate increases (31%) and population growth and ageing (67%). Whereas for melanoma a projected surge will see increases in incidence rates account for 55% of prevalence growth by 2045. For prostate cancer, incidence trends are projected to account for 48% of the rise in prevalence, and for female breast cancer 36% – as shown on page 7.

Drivers of change (2025 to 2045) for complete prevalence of the top 4 cancer sites and all cancers combined

■ Population change (to 2045) ■ Incidence trends (to 2045) ■ Cancer survival trends (to 2045)



Trends in recently diagnosed cancers

In this report, we focus on complete prevalence. However, it is important to acknowledge the impact **5-year prevalence** increases will have on the provision of healthcare and support.

Five-year prevalence counts how many people are living with a cancer that was diagnosed in the previous five years. People more recently diagnosed often have a high need for support and are particularly likely to need NHS and Macmillan services.

Our projections suggest that 5-year prevalence for all cancers combined will have increased by

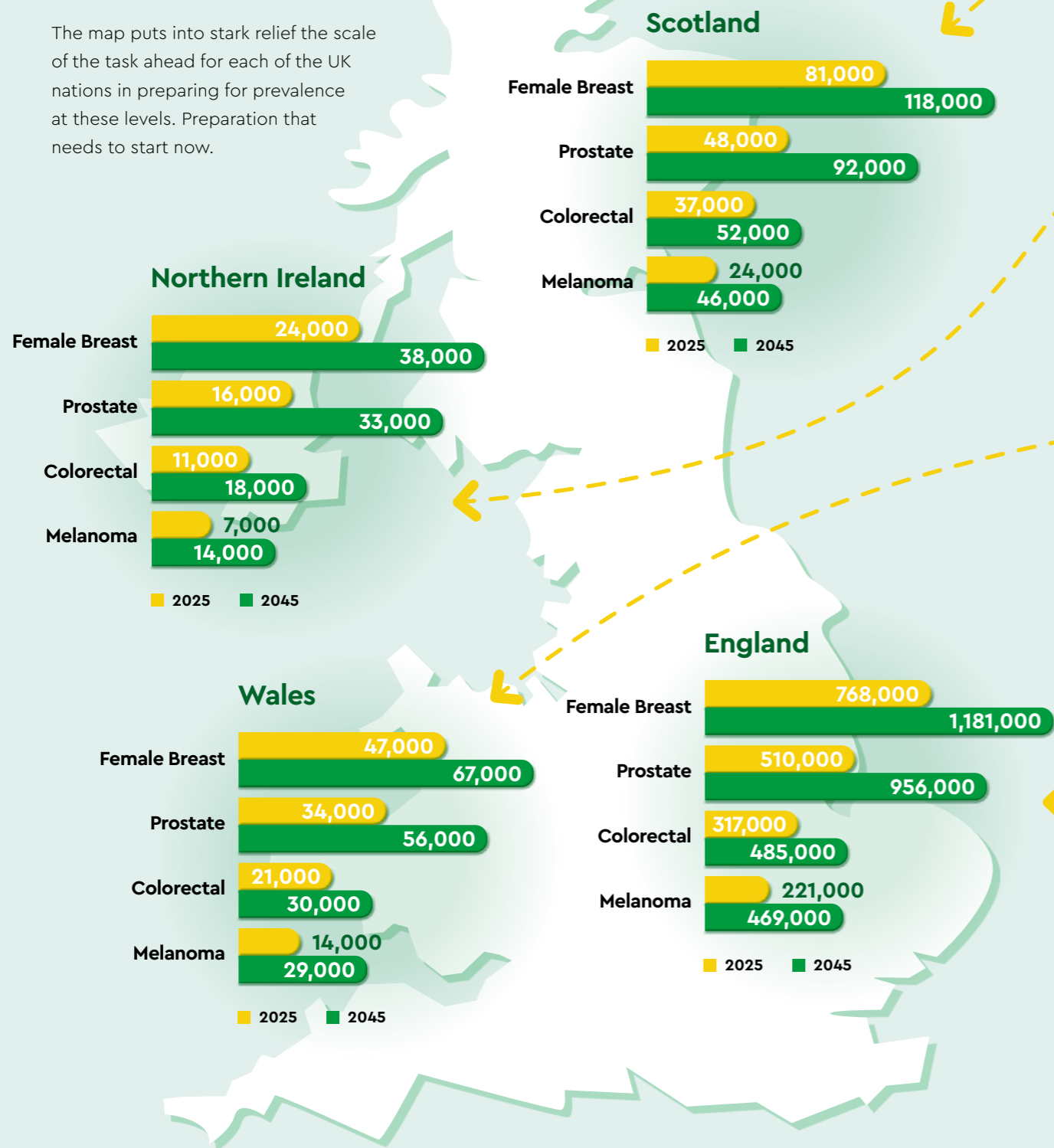
50% over the next 20 years. By 2045, there will be over two million people living with a cancer diagnosed in the previous five years, many of whom will be in the process of receiving care or treatment for their condition.

This growth rate will vary between cancer types, for example a 34% and 38% increase for 5-year prevalence of colorectal and female breast cancers but a larger rate of growth seen for prostate cancers (63%) and melanoma (86%). These differences would result in prostate cancer surpassing breast cancer by 2045 and becoming the most common type of cancer (5-year prevalence).

Prevalence trends in each of the four UK nations

We expect to see the increases in cancer prevalence lead to 7–8% of the population in each of the UK nations to be living with and beyond cancer by 2045. This compares with approximately 5% in 2025. England will have to find the means to support 4.6 million people impacted by cancer, Scotland 448,000, Wales 236,000, and Northern Ireland 146,000.

The map puts into stark relief the scale of the task ahead for each of the UK nations in preparing for prevalence at these levels. Preparation that needs to start now.



Scotland

The number of women and people assigned female at birth living with and beyond gynaecological cancer in Scotland in 2045 is expected to rise to 40,000, the second highest increase after breast cancer. By 2045, 46,000 people in Scotland are expected to be living with and beyond melanoma. And 92,000 men and people assigned male at birth will be living with and beyond prostate cancer by 2045.

Northern Ireland

The number of people living with and beyond melanoma in Northern Ireland in 2045 is projected to rise to 14,000 – men will account for 6,000 of that total, which is a 131% increase from 2025. The number of people living with and beyond colorectal cancer is expected to reach 18,000, split evenly between men and women.

Wales

The number of men and people assigned male at birth living with and beyond prostate cancer in Wales is projected to reach 56,000 by 2045. People living with and beyond melanoma is projected to be 29,000. The number of women and people assigned female at birth living with and beyond breast cancer is projected to be 67,000. And people living with and beyond lung cancer in Wales is expected to reach 11,000 by 2045, of which 8,000 will be women.

England

The number of women and people assigned female at birth living with and beyond breast cancer in England is expected to exceed 1 million in 2045. The number of men and people assigned male at birth living with and beyond prostate cancer will be close to 1 million by 2045. Men in England living with and beyond head and neck cancer are set to increase to 155,000. Head and neck cancer is also among three cancers, alongside melanoma and lung, projected to double for women in England by 2045.

92,000

Men and people assigned male at birth in Scotland will be living with and beyond prostate cancer by 2045.

131%

People living with and beyond melanoma in Northern Ireland in 2045 is projected to rise to 14,000 – men will account for 6,000 of that total, which is a 131% increase from 2025.

67,000

The number of women and people assigned female at birth in Wales living with and beyond breast cancer is projected to be 67,000.

Exceed 1MILLION

The number of women and people assigned female at birth living with and beyond breast cancer in England is expected to exceed 1 million in 2045.

Over the next few pages, we hear from the people living with each of the cancers projected to be most prevalent UK-wide by 2045. We also hear from clinicians treating people with those cancers today on what living with that cancer will mean in future.

Living with breast cancer

What the future holds: We should expect to see an increase of almost half a million women and people assigned female at birth living with and beyond breast cancer in the UK between 2025 and 2045, representing a 53% increase, up from an estimated 920,00 in 2025 to 1.4 million by 2045. Within that 13,000 are expected to be 20–39 year olds and just under 260,000 40–59 year olds.

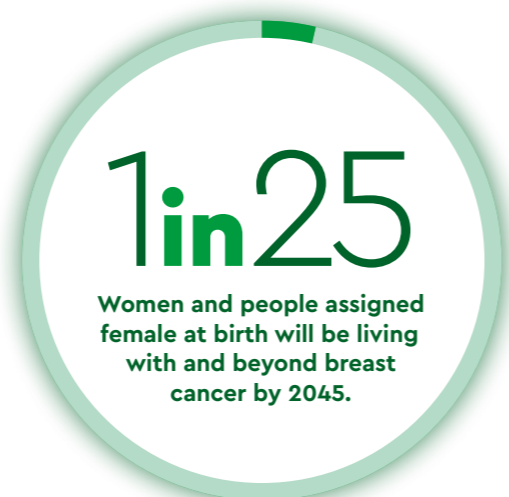
The bulk of the increase will be for those in their 70s (160,000) and 80s (150,000), with the number of women and people assigned female at birth living with and beyond breast cancer aged 80 or above more than doubling from 190,000 to 385,000.

One in 25 women and people assigned female at birth will be living with and beyond breast cancer by 2045, that rises to 1 in 9 for those over 70.

Professor Richard Simcock's view: The last decade has seen some incredibly welcome advances in the drug management of breast cancer, particularly in those with treatable but not curable cancer⁵. This has led to a huge increase in the number of people needing treatment. These new treatments lengthen lives and give great optimism, but they can also risk overwhelming understaffed services. The time and opportunity to connect with people with cancer, to ask how they are, to check in on their symptoms and problems can get deprioritised by the need to focus on delivering treatment.

Fatigue is a common side effect of these new treatments and alongside menopausal side effects of hormonal therapies for female breast cancer, these often make a return to work much more difficult, even if the cancer is controlled or cured⁶.

“These [side effects] often make a return to work much more difficult, even if the cancer is controlled or cured.”



Emma – 44 years old, diagnosed with breast cancer in 2023

Emma's experience

“Those initial consultations are overwhelming because you have a whole world of jargon thrown at you; you hear words and think, ‘I have no idea what you just said to me!’”

Tests revealed that Emma had the BRCA2 variant, a gene mutation which increases the risk of breast cancer.

“Due to delays in getting the BRCA2 test results, the decision was made for me to have a lumpectomy. If we'd have known at the time I had the gene, I would have had a mastectomy and might not have had the recurrence I eventually had.”

In 2024, scans revealed Emma's breast cancer had spread to her lungs, other breast and wrist. With cancer that had progressed to stage four and a predicted 12-month prognosis, she received a life insurance payout. This allowed her and her daughter to tick off a bucket list, travelling the world.

She credits support from Macmillan counselling and her workplace, who encouraged her to reduce her hours and take time to rest, as invaluable.



Living with prostate cancer

What the future holds: The number of men and people assigned male at birth living with and beyond prostate cancer is set to increase by 87%, rising from 600,000 in 2025 to 1.1 million in 2045. Of which, 66,000 people impacted are expected to be between 40–59 years old. The number of people living with and beyond prostate cancer who are 80+ is projected to more than double, increasing from 196,000 to 423,000.

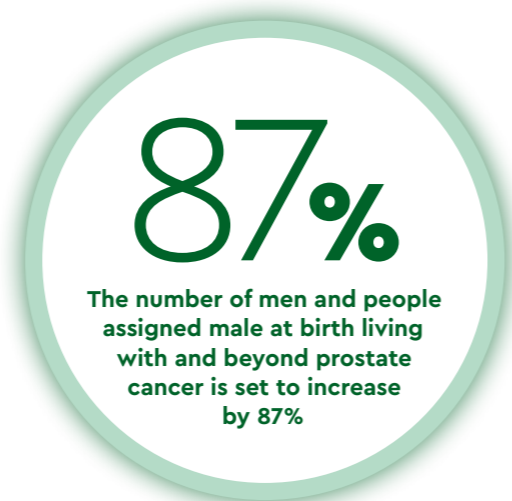
We could expect 1 in 32 men and people assigned male at birth to be living with and beyond prostate cancer in 2045, rising to 1 in 6 in the over 80s.

Professor Richard Simcock's view: Treatments for prostate cancer vary widely from active monitoring strategies through to major robotic surgery, with a range of different impacts. 'Watch and wait' policies reduce the need for immediate treatment but can create anxiety and worry for people with cancer.

Developing systems that allow people to get rapid access to results and advice is a major service need. Surgery and radiotherapy may cure prostate cancer but they can leave some people with lifelong urinary symptoms or impotence. This need can go unmet but availability of late effects services to help men and people assigned male at birth with living well after prostate cancer is highly varied in the UK.

Bowel and bladder effects of treatment can affect daily life at home and at work. People living with treatable but not curable prostate disease may require hormone therapies which contribute to low libido, bone loss (osteoporosis) and fatigue.

"Surgery and radiotherapy may cure prostate cancer but they can leave some people with lifelong urinary symptoms or impotence."



Nick – 54 years old, diagnosed with prostate cancer in 2022

Nick's experience

Nick was diagnosed with prostate cancer aged 50, having noticed blood in his semen. He underwent surgery as well as hormone therapy and radiotherapy. These treatments caused long-term physical side effects. The emotional side effects also took their toll.

"I've found it a constant and often exhausting rollercoaster of not-knowing, waiting, recovering, unwelcome surprises, bad news and uncertainty. It's affected people around me, my work, homelife and sense of self."

Nick made the difficult decision to leave a career he'd loved for thirty years and a job at an organisation that he'd been integral to running. This life change, along with the physical side effects, some of which Nick still lives with, led him to seek support from Macmillan.

"The first time I really struggled, it was the shock of the mental struggles as much as anything. It came out of the blue and hit me like a train."

Nick is passionate about instigating conversations around topics many shy away from.

"Prostate cancer can affect a whole range of functions, including fertility, erections, ejaculation and going to the toilet, all of which have an impact on your mental health. They are areas which are difficult to open up about but I want to help bring these conversations into the open."

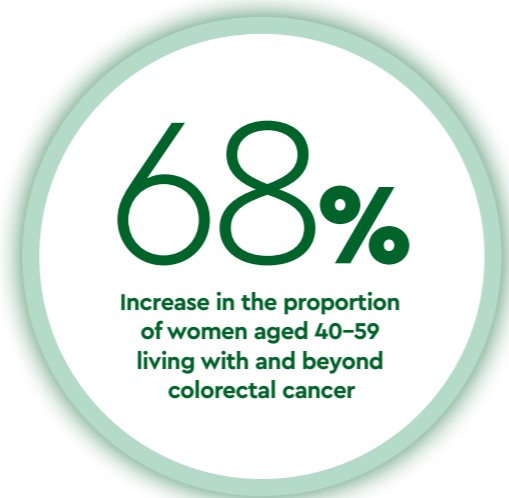
Living with colorectal cancer

What the future holds: Prevalence of colorectal cancer in the UK is projected to rise from 390,000 in 2025 to 580,000 by 2045, an increase of 51%. Among this group, 7,000 people are projected to be between 20–39 years old and 68,000 between 40–59.

The number of women living with and beyond colorectal cancer aged 80 or above will almost double – increasing 93%, from 62,000 in 2025 to 120,000 in 2045. For men 80 or above the increase is expected to be 74%, 63,000 to 109,000.

By 2045, a larger proportion of women will be living with and beyond colorectal cancer than men – 82 per 10,000 and 79 per 10,000 respectively. For women aged 40–59 the proportion is projected to increase by 68%, compared to 24% for men.

Professor Richard Simcock's view: The introduction of colorectal cancer screening has led to a welcome increase in early diagnosis of colorectal cancer but effective and efficient management requires rapid access to colonoscopy and imaging services for diagnosis, both of which need to be expanded. National Cancer Audit data already shows that too many people continue to live with a stoma after colon cancer surgery longer than is necessary. In England and Wales in 2023, more than 1-in-3 patients (38%) who were given a temporary stoma after surgery still had an unclosed stoma 18 months later⁷. Rates of chemotherapy usage and genetic testing required for optimal treatment also vary unacceptably across the UK. Increasing incidence without improved access and expansion of services will worsen these figures.



“The introduction of colorectal cancer screening has led to a welcome increase in early diagnosis of colorectal cancer.”

Azmina – diagnosed with colorectal cancer in 2001

Azmina's experience

“I was working in finance in the City when I became unwell – I was fatigued, suffered with diarrhoea and blood in my stools, and lost a dramatic amount of weight. At first, I put some of the symptoms down to my demanding work and a long-term condition I have called Crohn's disease.”

Doctors found high grade dysplasia (pre-cancerous) cells in Azmina's lower bowel. With a family history of colorectal cancer, she was keen to take every measure she could to stop the disease. It was only following the removal of her colon that doctors found the cancer cells.

Azmina chose to have radical surgery and now lives with an ileostomy bag.

“I now sleep knowing that I'm free of cancer. I didn't return to my job in the City, I went to university and trained in psycho-oncology. And I'm now a Macmillan professional.”

“As personalised cancer care lead, my work supports people to live well after cancer treatment. It takes the head and the heart a while to catch-up with what the body has been through, so often it's only after treatment ends that the true emotional impact of having cancer surfaces.”



Living with melanoma

What the future holds: By 2045, melanoma is expected to be the fourth most prevalent cancer in the UK. The number of people living with and beyond melanoma is set to rise from 266,000 in 2025 to 558,000, more than doubling 2025 numbers. Included in that number are 18,000 20–39 year olds and 107,000 40–59 year olds.

However, projections show the oldest age groups will be most impacted by the increase in prevalence, and men in higher numbers than women.

The number of men aged 80+ living with and beyond melanoma is projected to more than triple, rising from 25,000 to 86,000; for women aged 80+ it is expected to almost triple, rising from 27,000 to 79,000.

For men aged 80+ the proportion of people living with and beyond melanoma will increase from 1 in 63 to 1 in 31. For women aged 80+ the rate will rise from 1 in 81 to 1 in 44.

Professor Richard Simcock's view: Melanoma caught at the earliest stages can be very successfully treated with relatively simple surgery. More advanced disease is now also frequently treated with immunotherapy. While one of the great scientific advances in cancer treatment in this century, immunotherapy, unfortunately, also has particular side effects. These side effects require new acute services in secondary and tertiary care to manage them in order to avoid the worst outcomes of treatment. Therapies can also leave people with life-long side effects requiring ongoing medication and medical supervision.



“Therapies can also leave people with life-long side effects requiring ongoing medication and medical supervision.”



Jack – 33 years old, diagnosed with melanoma in 2020

Jack's experience

“I didn't want to put any undue pressure on an already stretched NHS, so I put off getting a mole that had changed checked out.”

Jack was first diagnosed with stage two melanoma during the COVID-19 pandemic after he noticed changes to a mole on his calf.

“Without the encouragement of my partner I doubt I would have pushed for further checks on the mole. Ignoring it would have made my treatment, a straightforward operation, much less smooth.”

Having received the all clear, in 2022, Jack felt a small lump close to the original site on his left leg. A biopsy and ultrasound showed that the lump was stage three melanoma.

Jack underwent an operation to remove the lump as well as five rounds of immunotherapy.

“The NHS staff were great throughout the process. I didn't have to wait long for treatment and I've had fantastic surveillance ever since.”

“The support of my family and wife has allowed me to deal with this in my own way, which has sometimes meant finding the lighter side.”

Jack also credits his workplace for their support during treatment, “I was told to take however long I needed to recover, which really took a weight off my shoulders. I now feel much greater loyalty to.”



People's experience of cancer, and its treatment, are as individual as they are – but access to the right care should be universal

Cancer affects more than people's health. It can impact their relationships, jobs, finances and more. And right now, cancer care in the UK isn't fair. Some have worse experiences and outcomes because of who they are or where they live. These include people with cancer who are disabled, LGBTQ+, come from an ethnically diverse community or background, or who live in the most deprived areas of the UK. This is unacceptable.

Macmillan hears from thousands of people with cancer every week, and from these conversations we know not everyone is getting the best possible care the UK has to offer and many feel left behind.

People with additional health conditions tell us they feel they enter a maze of healthcare professionals and treatments which can cause complications and add to their stress.

“ Macmillan is committed to doing whatever it takes to help everyone living with cancer across the UK. ”

Data also shows that cancer patients in England who are LGB or Black receive less support for their overall needs in hospital than the national average⁸. We also know that, on average, people from ethnically diverse backgrounds in England wait longer to be diagnosed for several types of cancer⁹.

A 'cancer postcode lottery' also exists in the treatment and support people receive. Macmillan data shows that 40% of people with cancer have experienced variation in treatment or care because of where they live¹⁰. New treatments and technology leading to treatment or care breakthroughs in patient care that should offer hope often do not reach the people or places that need them most. Many face increased costs, stress, anxiety and exhaustion as a result.

For everyone to have the best cancer experience and outcomes, we must put people with cancer at the heart of the decisions we make to transform cancer care. This means working with those with the worst experiences and outcomes to find the best solutions. We need data to understand these different experiences and use the insights to drive innovation that changes the health system, so that cancer care is joined up and fair across the UK.

The same principle should extend to financial safety nets. People from ethnically diverse communities or backgrounds face greater financial vulnerability and reduced access to vital financial safety nets¹¹. Ethnically diverse households are more likely to cancel or not renew insurance cover (19% vs 12% of white British). Only 15–16% of ethnically diverse households are classified as financially secure, compared with 30% of white British households, meaning people from ethnically diverse communities or backgrounds are disproportionately exposed to financial shocks at the very moment their health needs increase.

A revolution in cancer care

Macmillan is committed to doing whatever it takes to help everyone living with cancer across the UK get the support they need now and transform cancer care for the growing number of people that will be diagnosed up to 2045 and beyond.

This means expanding our community of nurses, cancer professionals and trained volunteer buddies to provide personalised emotional support and trusted information wherever people need it.

It also means working closely with partners across health, government and industry to tackle the biggest challenges in cancer care and remove barriers to vital support on a much larger scale.

And to spark a revolution in cancer care for the future, we will continue to invest in new ideas, evidence and technology that can improve every part of the healthcare experience for people living with cancer.

“ Not everyone is getting the best possible care the UK has to offer and many feel left behind. ”

Working towards the future we now know is before us

This report arrives at a crucial time. England has now joined Scotland and Northern Ireland in having a National Cancer Plan. At Macmillan we were proud to be involved and we support the plan's bold ambitions. I am very pleased that the plan not only looks at early diagnosis of cancer but also has a strong commitment to the experience of cancer.

When we talk to people affected by cancer we know that the diagnosis is not a simple binary about survival. The plan is not just about living but how well we live. To help people live well after cancer across the UK we need to understand the scale of the problem and the multiple ways in which this disease changes lives for people with cancer and the people close to them, whether they be partners, relatives, dependents, friends or employers.

Cancer is not lived in clinics, chemotherapy suites and operating theatres; it is lived in homes and offices, in shopping centres and parks, across all of our communities, in all of the UK. Our approach to cancer therefore has to respect those contexts.

At Macmillan we are working to make sure cancer support is available where people are, in their neighbourhoods. Helping people stay at work, to support those close to them, to understand their options and navigate sometimes excessively complex systems are all parts of the work we are doing.

Cancer prevalence tells us about those who are being treated but also those people who have had cancer and have the scars both literal and figurative to prove it. We understand that needs resulting from cancer and cancer treatment may present at any time and in a multitude of ways. We want to be ready for that by working with partners across health, voluntary sector, industry and in the community to make sure those needs are met. System change needs participation from all parts of the system.

A template for impactful charity partnerships

In this report we combine Scottish Widows' actuarial modelling expertise with Macmillan's practical insight. It shows what can be achieved when two organisations, aligned on supporting people when they need it most, work in genuine partnership.

We would love to see more businesses partner in this way in future.

Professor Richard Simcock,
Chief Medical Officer, Macmillan Cancer Support



“ To help people live well after cancer across the UK we need to understand the scale of the problem and the multiple ways in which this disease changes lives for people with cancer and the people close to them, whether they be partners, relatives, dependents, friends or employers. ”



Planning ahead ensures help is there when you need it most



How Macmillan supports people living with cancer

Every 75 seconds, someone in the UK is diagnosed with cancer¹². That is how common a cancer diagnosis has become. We are there for what

happens next, and we won't stop until everyone in the UK has access to the best cancer care the UK has to offer now and in the future.

Playing our part in this means growing our community of nurses, professionals and Macmillan buddies to provide more people with cancer with the emotional support and information they need, wherever they need it.

We are expanding our work with others to tackle the challenges in cancer care and break down the barriers to vital support at a much larger scale. This includes our partnership with Scottish Widows, who we're incredibly grateful to for analysing this landmark data.



How protection insurance can help people living with and beyond cancer

“What drives me, always, is knowing people have something firm to hold onto when life

doesn't go to plan. Whether that's money in their pocket, an income they can rely on, or simply providing emotional support — that, to me, is what genuine protection is all about.

“I'm incredibly proud of what we've built at Scottish Widows, and genuinely thankful for everyone across the industry who shares that same commitment. When we work with the same purpose, we can keep showing up for people exactly when they need us most”

Rose St Louis

Macmillan Cancer Support works in partnership with Scottish Widows. The partnership does not include providing insurance advice or recommending any specific insurance products.



Planning ahead means support is already in place when life changes unexpectedly.

A cancer diagnosis affects far more than health. It can disrupt work,

income, family life, living arrangements and long-term plans — often all at once. Protection insurance plays a crucial role in helping people stay financially stable, supported and in control during treatment, recovery and life beyond cancer.

Critical illness cover* – Financial breathing space when life is turned upside down

A cancer diagnosis can change everything — emotionally, practically and financially. Critical illness cover is designed to give people breathing space at one of the most challenging moments of their lives.

Critical Illness cover provides a one-off, tax-free cash payment when someone is diagnosed with a condition their policy covers. This gives people the freedom to use the money however they need most, whether that's: paying household bills, covering travel to treatment, arranging childcare, taking time away from work, or adapting their home.

Many policies also include early stage cancer payments, recognising that even an early diagnosis can bring disruptive costs and uncertainty.

Increasingly, Critical Illness cover includes practical guidance, emotional support and wellbeing services, sitting alongside the specialist help provided by partners such as Macmillan Cancer Support. These services offer reassurance at the moments it's needed most, from diagnosis through recovery.

Income protection* – Stability that lasts through treatment, recovery and beyond

When illness or injury stops someone from working, financial pressures can build quickly, particularly for people who are self-employed or don't receive long-term sick pay. Income protection insurance is there to help provide stability when life feels uncertain.

Income protection offers a monthly tax-free replacement income if a health condition prevents someone from working. There will always be a period of time between

the start of an individual's period of incapacity and them receiving any benefit. This is known as the deferred period. When an income protection policy is taken out there is an option to choose how long this will be.

Steady support helps people: maintain financial stability, protect their home and lifestyle, avoid relying on savings, focus on treatment and wellbeing.

Customers can typically choose between:

Level cover, where your monthly payments and the amount you're insured for stay the same throughout the policy.

Increasing cover, which rises each year in line with the cost of living, helping your cover keep pace with inflation.

This kind of long term stability means people can manage life with or beyond cancer without facing financial shocks at the same time.



The role of health and wellbeing services – Support that goes beyond finances

Protection now offers much more than financial cover. Many

policies include access to services that support people throughout their cancer journey

Many policies now offer access to: virtual GPs and nurse helplines, counselling and mental health support, rehabilitation and return-to-work guidance, second medical opinion services, family wellbeing resources.

These value added services provide reassurance and practical help at every stage of someone's cancer journey, from the moment of diagnosis, through treatment, and into life beyond cancer.

These services complement specialist support from partners like Macmillan Cancer Support, ensuring people never face cancer alone.

*Protection policies have no cash-in value at any time. If you don't pay your premiums on time your cover will stop, your policy will end and you'll get nothing back. If the sum assured has not been paid out by the end of the selected term, the policy will end and you'll get nothing back.

References

- Multiple research studies have shown a link between smoking, obesity and cancer. Examples of these have been summarised by the World Health Organisation's International Agency for Research on Cancer (IARC) as part of their [reports on carcinogenic hazards to humans](#).
- The prevalence projections in this report are based on analysis of the data listed below, and includes data provided by patients and collected by the NHS as part of their care and support. All data sources used for analysis feature aggregated and non-identifiable statistics. None of Macmillan Cancer Support's data was used for this analysis or shared with Scottish Widows.
 - Cancer Registrations for England (1971–2021; NHS England, NHS Digital, Public Health England and ONS)
 - Cancer Incidence for Scotland (1998–2022; Public Health Scotland)
 - Cancer Incidence for Wales (1992–2022; Public Health Wales)
 - Cancer Incidence for Northern Ireland (1993–2022); Queens University Belfast)
 - Cancer Survival for England (2001–2020; NHS England, NHS Digital, Public Health England and ONS)
 - Cancer survival for England and Wales articles (1986–2001; British Journal of Cancer, 2008)
 - Cancer Survival for Scotland (1993–2017; Public Health Scotland)
 - Cancer Prevalence for England (2021; NDRS)
 - Cancer Prevalence for Scotland (2019–2022; Public Health Scotland)
 - Population estimates for the four nations (1970–2024; ONS)
 - Population projections for the four nations (2022–2025; ONS)
 - General population mortality (1980–2020; ONS)
 - Projected background mortality (Scottish Widows' actuarial modelling)

Where we reference projected increases in prevalence between 2025 and 2045, it should be noted that the figures for 2025 are also projections, based on the data sources listed above that feature cancer statistics up to the year 2021/2.
- Macmillan Cancer Support. [Cancer prevalence](#). Accessed January 2026.
- Macmillan Cancer Support/YouGov survey of 2,078 adults in the UK who have had a cancer diagnosis, including 370 people with cancer with a serious disability. Fieldwork was undertaken between 11th and 30th June 2024. The survey was carried out online. The figures have been weighted and are representative of people living with cancer in the UK (aged 18+). Question wording was as follows: Thinking in general about issues related to cancer in the UK, to what extent do you agree or disagree with the following statements? Please select one for each statement. Relevant statement as follows: 'On balance, it feels harder to be living with cancer now than at any other time I can remember.' 32% of respondents agreed with this statement, 23% disagreed, and the majority of the remainder selected either 'neither agree or disagree' or 'don't know'.
- Chavez-MacGregor M, Gligorov J, Mouta J et al. Improving survival outcomes of people with ABC: a global expert review and call-to-action for 2025–2035 (Goal 1). *Breast* 2025: <https://doi.org/10.1016/j.breast.2025.104607>.
- Fatigue and sleep problems often occur together; NHS England's national Cancer Quality of Life Survey shows a third of people 18 months after diagnosis of breast cancer in England said they had difficulty sleeping at a level that might benefit from further investigation [Cancer Quality of Life Survey](#).
- National Bowel Cancer Audit. State of the Nation Report 2025: Summary of findings for the public and patients. October 2025 (accessed February 2026) <https://www.natcan.org.uk/wp-content/uploads/2025/10/NBOCA-State-of-the-Nation-Patient-and-Public-Report-2025.pdf>.
- NHS England. [2024 National Cancer Patient Experience Survey](#). Accessed July 2025. Refers to question 28: Do you feel you got the right amount of support with your overall health and wellbeing from hospital staff? Based on comparing population groups by the proportion that respond that they definitely got the right level of support. Please note: we have used the phrase LGB+ here rather than LGBTQ+ as the results showed a statistically significant difference in this question for people who are LGB; the response for people who are trans was also lower than the national average, but to a lesser degree and the difference was not statistically significant.
- Martins T, Abel G, Ukoumunne OC et al. Assessing ethnic inequalities in diagnostic interval of common cancers: A population-based UK cohort study. *Cancers* 2022; 14: 3085 <https://doi.org/10.3390/cancers14133085>.
- Macmillan Cancer Support/YouGov survey conducted in 2025 among 2,002 adults in the UK who have had a cancer diagnosis. Fieldwork was undertaken between 30th May and 24th June 2025. "For each of the following statements, please state whether you have experienced this or not in relation to your cancer tests or treatment." Answer options were as follows: Had to travel for an hour or more to have a test or scan; Had to travel for an hour or more to have treatment; Found out from a friend/family about other types of test or treatments for your cancer that are only offered in another part of the UK; Had to ask repeatedly to get a particular test or treatment that is not available in your local area. By local area we mean the area where you live; Considered not having a test or treatment because of the travel time; Had to turn down a test or treatment because of the travel time; Chose to travel to a hospital more than an hour away because it had shorter waiting times; Chose to travel to a hospital more than an hour away because it had better treatment options. 40% of respondents selected one or more of these options.
- Katie Cross, Jamie Evans and Sharon Collard – [Financial Wellbeing and Ethnicity: An overview of household finances in the UK by ethnic group](#) 2024.
- Derived from the sources below and includes all malignant neoplasms excluding non-melanoma skin cancer (NMSC) (ICD-10 codes C00–97 excl. C44. Scotland does not use C97):
 - [NHS England](#)
 - [Public Health Scotland](#)
 - [Public Health Wales](#)
 - [Northern Ireland Cancer Registry, Queen's University Belfast](#)

MACMILLAN
CANCER SUPPORT

© Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. A company limited by guarantee, registered in England and Wales company number 2400969. Isle of Man company number 4694F. Registered office: 3rd Floor, Bronze Building, The Forge, 105 Sumner Street, London, SE1 9HZ. VAT no: 668265007



SCOTTISH
WIDOWS

Scottish Widows Limited. Registered in England and Wales No. 3196171. Registered office in the United Kingdom at 25 Gresham Street, London EC2V 7HN.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 181655. 39728 02/2026