## **Statistics fact sheet**

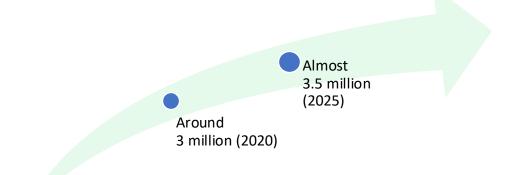
Last updated: February 2025

# MACMILLAN CANCER SUPPORT

#### **Prevalence**

#### The number of people living with cancer

We estimate that there are **almost 3.5 million people** living with cancer in the UK, an increase from around 3 million in 2020<sup>i</sup>. This number will continue to grow.



For more information, please visit our main **Cancer prevalence** webpage.

#### **Incidence**

## New cases of cancer diagnosed each year

More than **400,000 people** are diagnosed with cancer each year in the UK. On average someone is diagnosed with cancer at least every **90 seconds** in the UK.

Nation	Every year	Every month	Every week	Every day
England (2022)	346,200	28,900	6,660	950
Scotland (2022)	36,000	3,000	690	100
Wales (2021)	19,600	1,640	380	50
N. Ireland (2021)	10,500	880	200	30
UK	412,400	34,300	7,900	1,130

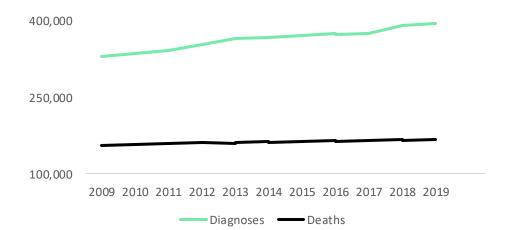
The number of people diagnosed with cancer increased by **20%** between 2009 and 2019<sup>ii</sup>. This is likely due to the growing and aging population who are at higher risk of developing cancer, as well as improvements in diagnosis initiatives and public awareness. Due to the disruption caused by the COVID-19 pandemic, cancer incidence in the UK decreased by 12% between 2019 and 2020, but increased again between 2020 and 2021.

### **Mortality**

## People dying from cancer

Each year, around **167,000 people** die from cancer in the UK, an average of **460 people** every day.

However, mortality has increased at a much slower rate in comparison to incidence, showing a rise of **7**% between 2009 and 2019.



Additionally, age-standardised rates of cancer mortality per 100,000 people, <u>allowing for comparisons despite the aging population</u>, decreased by **more than 8%**, on average across UK nations, between 2009 and 2019 iii. Cancer mortality statistics for 2020 and 2021 have been affected by the COVID-19 pandemic so have not been included here.



## **Diagnosis and treatment**

#### **Cancer waiting times**

For over a decade, published figures on the number of people waiting for a diagnosis or treatment for cancer have shown the huge challenge facing NHS cancer services, with tens of thousands of people waiting for too long for diagnosis or vital treat ment. This has been an ongoing issue, but has worsened further in recent years, partly as a result of ongoing staff shortages and the impact of the COVID-19 pandemic, across the UK.

Performance against cancer waiting times targets in all UK nations fell to among the worst on record in 2023. As of June 2024, two in three people currently having cancer treatment in the UK (66%) were worried about general pressures on the NHS affecting their chances of survival, according to a Macmillan/YouGov survey of over 2,000 adults diagnosed with cancer <sup>iv</sup>.

Further cancer waiting times data and information is available across the UK from <a href="NHS England">NHS England</a>, <a href="Public Health Scotland">Public Health Scotland</a>, <a href="Welsh">Welsh</a> <a href="Welsh">Government</a> and the <a href="Department of Health for Northern Ireland">Department of Health for Northern Ireland</a>. Our analyses of the national publications on cancer waiting times are regularly updated and included in Macmillan's <a href="press">press releases and statements</a>.

#### **Survival**

## Living beyond a cancer diagnosis

Based on data for median cancer survival in the UK, average survival is now estimated to be **over 10 years** from diagnosis <sup>v</sup>. This is up from the median survival time of one year in the 1970s and six years in 2007 <sup>vi</sup>.

However, there are some noticeable differences in age-standardised net survival rates between different cancer types, with melanoma of the skin recording the highest 1-year (98.0%) and 5-year (92.6%) age-standardised net survival rates and pancreatic cancer the lowest 1-year (27.7%) and 5-year (8.3%) survival among persons in England  $^{vii}$ .

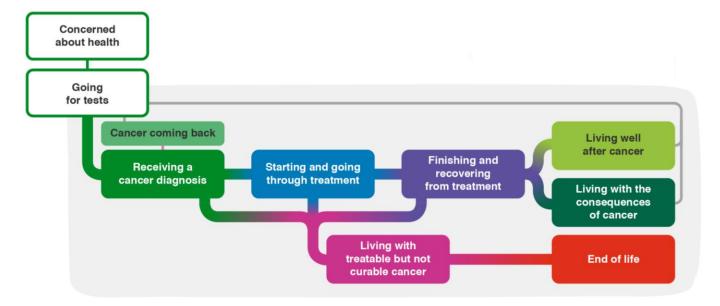
Recent Macmillan analysis shows that that UK cancer survival rates are up to 25 years behind other European countries.

While it is clearly good news that more people are surviving cancer, progress can be a double-edged sword unless those living longer after cancer receive appropriate support. 'Throwing Light on the Consequences of Cancer and its Treatment' (and the accompanying lay summary report 'Cured – But at What Cost?') revealed 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 viii.

#### Times of need

#### The cancer journey.

Macmillan has identified stages along people's cancer journey when experiences are commonly shared, with five key moments (<u>diagnosis</u>, <u>treatment</u>, <u>recovery</u>, <u>living with treatable but not curable cancer</u> and <u>end of life</u>) where there is a particularly high level of unmet need.





## **Experience**

#### **Holistic Needs Assessment (HNA)**

The <u>Holistic Needs Assessment</u> (HNA or eHNA, in its electronic format) is a questionnaire to identify the concerns of people living with cancer at any stage of the cancer pathway, to facilitate a conversation about their needs and to develop a Personalised Care and Support Plan, through their cancer journey.

In 2023, **59,000** eHNAs were carried out through Macmillan's platform, which helped identify tens of thousands of concerns from people living with cancer. This was a 13% increase on 2022 ix.

## **Cancer Patient Experience Survey (CPES)**

The Cancer Patient Experience Survey (CPES) is a survey to understand the experiences of people living with cancer, run by NHS England in England, and by Macmillan jointly with the Welsh Cancer network in Wales, Scottish government in Scotland and the Public Health Agency, and Health and Social Care Board in N. Ireland.

The most recent national surveys reported mostly positive results (on a scale of 0-10, where 10 is 'very good') with key areas for improvement:

- In **England**, although respondents to the most recent survey (2023) gave an average rating of 8.89 for overall care, only 72.2% of them said they were able to have a discussion about their needs or concerns prior to treatment.
- In Northern Ireland, on average respondents rated their overall care as 9 out of 10, in 2018.
- In **Scotland**, also in 2018, 95% of respondents to the survey said their care was positive overall, rating it 7 or more, with an area of improvement identified in the provision of emotional or psychological support by healthcare professionals during their treatment, due to 45% of respondents saying they didn't receive this.
- In Wales, 92% of more than 6,000 people living with cancer who took part in the 2021 survey, selected 7 or more out of 10 when rating their care during the first year of the COVID-19 pandemic, with 90% of people saying they were treated with dignity and respect when in hospital. However, 36% of people said that they had not been offered information about how to access financial help or benefits, which given the potential financial impact of a cancer diagnosis should be more widely addressed.

Unfortunately, in terms of variation in experience, analyses of CPES England highlighted that in terms of **ethnic and social variation**, CPES responses in England have consistently shown, since their first publication in 2010, that people from ethnically diverse groups, as well as the young, the very old and women, overall report a poorer experience of cancer services than White British people. In 2023, White patients gave a score of 8.92 out of 10 for overall experience of care, in comparison with scores of 8.57 (Mixed), 8.55 (Black), 8.62 (Asian) and 8.48 (Other ethnic groups), within the survey.

For a summary of the results from the latest CPES publications from each nation, please visit the dedicated <u>Cancer Patient Experience Survey</u> on Macmillan's website.

#### **Cancer Quality of Life Survey**

Conducted by NHS England, the <u>Cancer Quality of Life Survey</u> is a national survey composed of two questionnaires, focused on general health and quality of life, completed by people with cancer around 18 months after their diagnosis and, for compariso n, the general population, in England.

Results from the Cancer Quality of Life Survey including questionnaire responses received up to the beginning of February 202 4 highlighted a lowest score for its respondents with cancer on overall health (74 out of 100), in comparison to that of the ge neral population (90 out of 100), with respondents with cancer reporting the lowest average score in the quality of life functional categories of work or leisure (74.2 out of 100) activities. Furthermore, analyses of the survey indicated difficulty sleeping (26.3%) as one of the symptom experienced by respondents with cancer which may benefit from further investigation, for its impact on quality of life.

#### Data partnerships outputs

Macmillan's data partnerships with public health and government organisations across the UK have further contributed to understanding the experiences and subsequent needs of the cancer population, including:

- In collaboration with the National Cancer Registration and Analysis Service (NCRAS), sizing the population living with **treatable but not curable (TbnC) cancer** at over 110,500 people, in addition to around 52,000 people at end of life and a further 57,000 people at high risk of recurrence or having their life shortened by cancer, in England i<sup>x</sup>.
- In partnership with the Northern Ireland Cancer Registry, a <u>report</u> examining outcomes for more than 4,300 patients in the last year of their life dying of cancer, with a total of over 6,000 <u>emergency admissions</u> and featuring a late diagnosis in almost a quarter (23%) of reported cases.
- The <u>GP Cluster Network Dashboard</u>, published by the Welsh Cancer Intelligence and Surveillance Unit, reporting on an analysis finding respiratory (10%), diabetes (9%) and circulatory (7.8%) conditions to be the three most common comorbidities in people diagnosed with cancer.



#### **Services**

#### The reach and impact of Macmillan's services.

We estimate that 2.3 million people affected by cancer were reached and supported by Macmillan's services, in 2023:

- 943,000 people received 'Person to Person' support from our Macmillan Professionals or services.
- 112,000 people were supported by the Macmillan Support Line by email, phone or webchat.
- 3,600 people living with cancer were supported by Macmillan Buddies.
- £310 millions in financial gains for 84,000 people living with cancer were secured through Macmillan's services.

For more information see our latest Annual Report and Accounts.

#### References

- i. 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 (<u>Macmillan-NCRAS Cancer Prevalence Project</u>). This is projected forwards using the UK growth rates in <u>Maddams et al. (2012)</u>. 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. For more information see: Macmillan Cancer Support. <u>Cancer prevalence</u>.
  - Note that the diameter and distance of the circles in the presented diagram are approximate representations of these data for complete cancer prevalence.
- ii. Based on aggregated UK-wide figures from the sources below. Figures include all malignant neoplasms excluding non-melanoma skin cancer (NMSC) (ICD-10 codes C00-97 excl. C44. Scotland does not use C97):
  - NHS England's National Cancer Registration and Analysis Service
  - Public Health Scotland
  - Public Health Wales
  - N. Ireland Cancer Registry, Queen's University Belfast
- iii. Based on aggregated UK-wide figures and average of age-standardised rates are for 2009 and 2020, the earliest and latest year for which cancer mortality data is available for all countries in the UK. Figures include all malignant neoplasms excluding non-melanoma skin cancer (NMSC) (ICD-10 codes C00-97 excl. C44. Scotland does not use C97):

  <u>Cancer Registration and Analysis Service, NHS Digital (NHSD)</u>

Public Health Scotland

Welsh Cancer Intelligence and Surveillance Unit (WCISU)

N.Ireland Cancer Registry, Queen's University Belfast.

- iv. Macmillan Cancer Support/YouGov survey of 2,078 adults in the UK who have had a cancer diagnosis, including 215 people going through treatment. 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+). Survey question was as follows: How worried, if at all, are you about the following? 'General pressures on the NHS affecting my chances of survival'.
- v. Macmillan Cancer Support (2011). Living after diagnosis median cancer survival times. http://www.macmillan.org.uk/Documents/AboutUs/Newsroom/LivingAfterCancerMedianCancerSurvivalTimes.pdf
- vi. Quaresma M, Coleman MP, Rachet B. 40-year trends in an index of survival for all cancers combined and survival adjusted for age and sex for each cancer in England and Wales, 1971-2011: a population-based study. Lancet. 2015 Mar 28;385(9974):1206-18. doi: 10.1016/S0140-6736(14)61396-9. Epub 2014 Dec 3. Available at: <a href="https://www.ncbi.nlm.nih.gov/pubmed/25479696">https://www.ncbi.nlm.nih.gov/pubmed/25479696</a>
- vii. NHS Digital. Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021. https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2016-to-2020-followed-up-to-2021
- viii. Macmillan Cancer Support (2013). Throwing light on the consequences of cancer and its treatment. https://www.macmillan.org.uk/documents/aboutus/research/researchandevaluationreports/throwinglightontheconsequencesofcanceranditstreatment.pdf
- ix. Macmillan Cancer Support. Annual Report and Accounts 2023.
- x. White R, Stanley F, Than J, et al Treatable but not curable cancer in England: a retrospective cohort study using cancer registry data and linked data sets *BMJ Open* 2021;**11**:e040808. doi: 10.1136/bmjopen-2020-040808