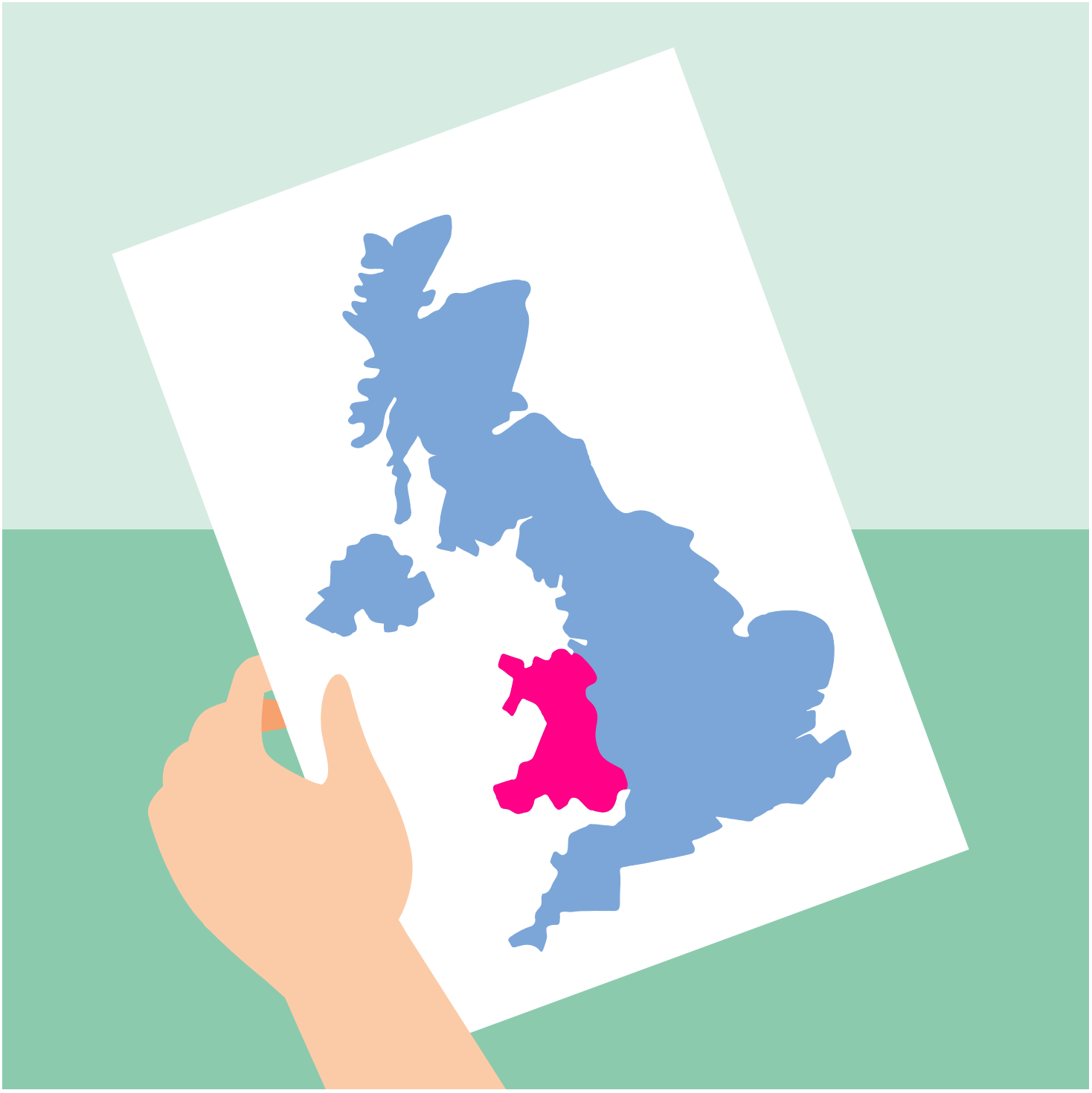


Cancer in the UK

Wales overview 2024

CANCER RESEARCH UK

Together we are beating cancer

Contents

Reference

This report should be referred to as follows:

Cancer Research UK. Cancer in the UK: Wales overview 2024. Published February 2024.

Authors

Produced by the Policy, Information and Communications directorate, Cancer Research UK, February 2024

Please send comments, questions or feedback to **stats.team@cancer.org.uk**

About Cancer Research UK

We're the world's leading cancer charity, dedicated to saving and improving lives with our research, influence and information. We fund research into the prevention, detection and treatment of more than 200 types of cancer, through the work of over 4,000 scientists, doctors and nurses.

In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half the world's essential cancer drugs. We want to bring about a world where everybody lives longer, better lives, free from the fear of cancer. And we're achieving this by funding the world's best scientists, carrying out cutting-edge research that saves and improves lives every day.

Our values

Our values help guide our behaviour and culture in an ever-changing world, building on the best of what we do today and what we aspire to be in the future. They unite and inspire us to achieve our ambitious plans and our mission of beating cancer, together.

Our values are:

Bold

Act with ambition, courage and determination

Credible

Act with rigour and professionalism

Human

Act to have a positive impact on people

Together

Act inclusively and collaboratively

Cancer in Wales

Summary

This summary provides an overview of key metrics and data across the cancer pathway in Wales, as part of the Cancer in the UK: Overview 2024 report, which provides the full UK picture. It looks at where progress is being made and what challenges remain in Wales.

Overview of key cancer statistics in Wales

Cases

19,847

New cases of cancer in Wales (2017–2019)

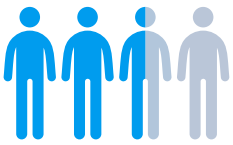
Deaths

9,090

Deaths from cancer in Wales (2018–2019+2021)

Survival

62%



People with cancer in Wales surviving their disease for 5 years or more (2016–2020)

The number of cancer cases is rising in Wales

Every day, 54 people are diagnosed with cancer in Wales and around 25 people die from the disease [1,2]. The number of cases is projected to rise by more than a tenth, from around 21,700 in 2023–2025 to around 24,800 new cases per year in 2038–2040 [3].

This increase will place an unprecedented burden on an already overstretched healthcare system.

Survival in Wales

More than 6 in 10 (62%) of people survive their cancer for at least five years in Wales. But there is variation in five-year survival by site [4]. For example, 9 in 10 (90%) women in Wales survive their breast cancer for at least five years and more than 9 in 10 (97%) men survive their prostate cancer. But for lung cancer, around 2 in 10 (18%) people survive their disease for five years or more.

Around 4 in 10 cancer cases in Wales can be prevented

Smoking and overweight and obesity are the two biggest preventable causes of cancer in Wales. They cause around 3,100 and 1,000 cases of cancer each year in Wales, respectively [5].

Smoking levels are at their lowest recorded point – but more than 1 in 10 (13%) of the Welsh adult population smoke [6]. And levels aren't declining fast enough. Wales isn't yet on track to meet its recently introduced target to be smoke-free (less than 5% adult smoking prevalence) by 2030. If the new Tobacco Control Strategy isn't properly implemented, we'll continue along the current trajectory and Wales won't reach 5% average adult smoking prevalence until 2042 [7].

Meanwhile, overweight and obesity is at its highest recorded level. Around 6 in 10 (61%) adults in Wales are overweight or obese [6]. If current trends continue, by 2040 around 1.9 million people will be overweight or obese [8].

The Tobacco Control Strategy for Wales and the Healthy Weight Healthy Wales strategy include important measures. These include proposed restrictions on price promotions on foods high in fat, salt and sugar (HFSS) and optimising smoking cessation support across Wales (including offering this support within secondary care settings). We need to see a renewed level of urgency from the Welsh Government to funding and implementing these measures and going further to preventing more cancers, such as by implementing proposed legislation on increasing the age of sale of tobacco products.

Bowel cancer screening uptake has increased since the introduction of a new test

There are currently three national screening programmes in Wales, for bowel, breast and cervical cancer.

Uptake of breast cancer screening is around 69% [9] and coverage of cervical screening is 70% [10].

Around 67% of people took up their bowel cancer screening invitation in the 2020/21 financial year, an increase of nearly ten percentage points over two years. This is likely driven by the introduction of a new faecal immunochemical test (FIT) in September 2019 that is easier for people to complete at home [11].

In 2022, the UK National Screening Committee recommended a UK-wide targeted lung screening programme for people identified with a history of smoking, as they are at an increased risk of lung cancer. The Targeted Lung Health Check programme has recently been piloted in one health board in Wales. The Welsh Government has also agreed to scoping work for targeted lung cancer screening across Wales. If fully implemented across the nation and uptake reached 50%, Cancer Research UK estimates that around 240 extra patients each year across Wales could be diagnosed at an early stage rather than a late stage [12], and that around 100 lung cancer deaths could be avoided each year through the programme [13].

Public Health Wales should support evidence-led activity to address barriers to screening participation and reduce inequalities in all cancer screening programmes. The introduction of new screening programmes and improvement of current ones must be brought in on time and with enough diagnostic capacity.

For example, the Welsh Government should commit to implementing a targeted lung screening programme, in line with the UK National Screening Committee's recent recommendation. This includes making sure smoking cessation is an integral part of this screening programme in Wales.

Early diagnosis saves lives

There is variation between cancer sites in the proportion diagnosed at early stage (stages 1 and 2). In Wales, around 28% of lung cancer cases, 41% of bowel cancer cases, 59% of prostate cancer cases and 84% of breast cancer cases are diagnosed at an early stage [1].

There must be concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Welsh Government should deliver on their commitment to earlier and faster diagnosis made in the Cancer Improvement Plan, and set a specific target for reducing the proportion of cancers diagnosed at a later stage.

People recognise many common cancer symptoms, but too few seek help if they experience them

Cancer Research UK data from 2023 using a Welsh representative sample found that people recognise 12 out of 15 common cancer symptoms [14]. The most commonly recognised symptoms were a change in the appearance of a mole and an unexplained lump/swelling. The least commonly recognised symptom was shortness of breath.

61% of people had noticed a potential symptom of cancer in the last six months [14]. But under half (48%) of those contacted their GP within six months, which is concerning. The biggest barriers to seeing a health professional included finding it difficult to get an appointment, not wanting to be seen as someone who makes a fuss and worrying about wasting the healthcare professional's time.

The Cross-Party Group on Cancer's 'All Things Being Equal' report highlights barriers to help-seeking for lower socioeconomic groups in Wales, which contribute to stark health inequalities. These barriers include, but are not limited to, medical literacy (eg, understanding the signs and symptoms of cancer).

The Welsh Government should invest in regular cancer awareness campaigns, which seek to address cancer inequalities, and focus on signs and symptoms of cancer alongside tackling barriers to contacting a GP. This work should hold continuous evaluation to help strengthen further campaigns and interventions.

This should be matched with continued efforts to improve access to primary care, including increasing capacity and developing more accessible routes into healthcare.

Too many people with cancer in Wales are diagnosed through emergency routes

In Wales, for eight major cancer types, over a third (37%) of patients are diagnosed after an emergency hospital admission [15]. This is concerning when people diagnosed through an emergency presentation are more likely to have poor survival [16].

Encouraging the public to seek help for unusual health changes, supporting primary care to be alert to the possibility of cancer in their patients, and timely referral for tests and specialist advice could help make sure fewer patients are diagnosed as an emergency.

Cancer services are struggling to keep up with demand

At the end of October 2023, around 40% of people waiting for key diagnostic tests used to diagnose cancer had waited more than eight weeks – that's more than 37,000 people [17] – a symptom of the huge pressure that diagnostic services are currently facing.

NHS Wales uses the Suspected Cancer Pathway to monitor performance of cancer services, aiming to begin treatment for 75% of patients within 62 days of the point of suspicion. This target was introduced in 2019 and although it has yet to be met, there are plans to increase this to 80% in 2026. In October 2023, 56.2% eligible patients met this target [18].

The Welsh Government must continue to direct focus and investment to address the capacity issues contributing to poor cancer waits in Wales.

In particular, additional investment should be steered towards growing a multi-skilled and future-fit cancer workforce, diagnostic facilities to reduce long waits and evidence-based innovations within cancer diagnostic services.

Audits show Wales is not meeting treatment targets for lung cancer

There is no routine data available on the most common types of treatment for cancer patients in Wales. But data from the National Lung Cancer Audit shows that 13% of lung cancer patients received surgery in 2021, below the target of 17% [19].

Patients feel positive about the care they receive in Wales, but people are concerned about the NHS's resources

In 2021 people in Wales scored their overall care experience positively, with an overall rating of 8.7 out of 10 [20]. Patients felt respected by staff and believed their choice of treatment was explained well. Improvements could be made in the primary care support offered after their treatment and more detail could have been given around the potential impact cancer could have on their day-to-day activities.

Concerningly, in 2023 in Wales, 83% of people don't think the health service has enough staff or equipment to see, test and treat all the people that need it [14].

Together we are beating cancer in Wales

Important progress has been made over the decades to improve cancer outcomes in Wales – but considerable and urgent challenges remain. Despite this, if the right solutions are prioritised and funded for cancer research, prevention, earlier diagnosis and treatment, we will see people in Wales living longer, better lives.

This is crucial as cancer is the leading cause of death and around 19,800 people are diagnosed with cancer in Wales every year [21]. With the number of cancer cases only set to grow in the coming years, the Welsh Government must make sure improving cancer outcomes is a priority, as well as broader health policy.

Given around 4 in 10 cancers in Wales are preventable, there must be a clear focus from Welsh Government on promoting public health – particularly in relation to tobacco reduction and overweight and obesity. There have been strong commitments from Welsh Government in both these areas – for example, the Tobacco Control Strategy and Healthy Weight, Healthy Wales strategy. But given the scale of the challenges, more urgency is needed to reduce levels of smoking and tackle obesity to prevent more cancers.

The Welsh Government must do more to help people reduce their risk of smoking-related cancer by implementing an increase in the age of sale of tobacco products. Cancer Research UK supports the UK Government's proposed legislation on this and want to see this legislation also introduced in Wales promptly.

Despite the best efforts of committed NHS staff, waiting times for diagnosis and cancer treatment are still recovering from the pandemic. But problems existed long before the COVID-19 pandemic and the target hasn't been met since its introduction in 2019.

For people waiting for tests, or those with a cancer diagnosis waiting to begin treatment, this time can be agonising and anxious for patients and those close to them. There is also large variation in cancer waiting times across health boards in Wales, so addressing regional variation must be a priority for the Welsh Government and NHS Wales.

For eight major cancer types in Wales, almost 40% of cancers are diagnosed through an emergency route. Diagnosis through this route is associated with late stage and poorer survival, so reducing emergency presentations and late-stage disease should be at the heart of the Welsh Government and NHS Wales' plans for cancer services. For example, the Welsh Government should commit to implementing a targeted lung screening programme, in line with the UK National Screening Committee's recent recommendation.

Cancer Research UK welcomed the publication of the Cancer Improvement Plan for Wales, published in January 2023, as research from the International Cancer Benchmarking Partnership has highlighted the importance of cancer policies being backed up by dedicated implementation strategy and funding [22]. To make the biggest change for people affected by cancer in Wales and accelerate improvements in cancer outcomes, the challenges currently facing cancer services in Wales must be addressed, in particular:

Funding

The plan must be backed up with funding to help it deliver the improvements people affected by cancer deserve, as well as gain the confidence of the cancer community and wider public. Investment is needed to improve patient outcomes, unlocking the benefits of innovative approaches.

Action on workforce

The Welsh Government must set out long-term plans, building on recent investments in training, to deliver a sustained expansion of the cancer workforce. This is needed to meet future demand for cancer services and tackle the chronic shortages in the workforce specialities key to diagnosing and treating cancer. This must be matched with sufficient and sustainable capital funding to ensure diagnostic and treatment capacity is meaningfully expanded across Wales. This would build on work conducted by Health Education and Improvement Wales.

Better use of data

Data is fundamental to driving our progress against cancer. The Welsh Government should prioritise making improvements in the collection and reporting of datasets to unlock better intelligence and data-driven action in the years to come.

There are considerable and urgent challenges facing cancer research and care. But they are fixable. Whilst the Cancer Improvement Plan for Wales isn't long-term, it has the potential to be a major milestone for people affected by cancer in Wales, signalling a renewed drive and setting an ambitious roadmap towards better cancer outcomes.

References

1 Public Health Wales. Cancer Incidence in Wales, 2002-2019. 2022. Available from: https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-incidence-in-wales-2002-2019/

2 Public Health Wales. Cancer mortality in Wales, 2002-2021. 2022. Available from: https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-mortality-in-wales-2002-2021/

3 Calculated by the Cancer Intelligence Team at Cancer Research UK. All cancers combined excluding non-melanoma skin cancer (ICD-10 C00-C97 excl C44), projected age-standardised incidence rates and annual average number of cases for 2023-2025 and 2038-2040. Available from: https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/all-cancers-combined#heading-Two

4 Public Health Wales. Cancer Survival in Wales, 2002-2020. 2023. Available from: https://www.gov.wales/cancer-survival-wales-2002-2020

5 Brown KF, Rumgay H, Dunlop C, Ryan M, Quartly F, Cox A, et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. Br J Cancer. 2018;118(8):1130–41.

6 6. Welsh Government. National Survey for Wales. 2023. Available from: https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-year-from202021

7 Calculated by the Cancer Intelligence Team at Cancer Research UK (2023). England and Wales data (2011-2021) accessed from https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2022#adult-smoking-habits-in-the-uk-data. Scotland data (2008-2019) accessed from https://www.gov.scot/collections/scottish-health-survey/. Northern Ireland data (2010/2011-2021/2022) accessed from https://www.health-ni.gov.uk/publications/tables-health-survey-northern-ireland. Due to data limitations during the pandemic, the value for 2020 was removed for Northern Ireland projections.

8 Calculated by the Cancer Intelligence Team at Cancer Research UK (2023), based on overweight and obesity prevalence in England: NHS Digital, Health Survey for England, 1993-2019. (https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england), in Scotland: Scottish Government. The Scottish Health Survey, 2003-2019. (https://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey), in Wales: Welsh Government. Welsh Health Survey, 2003-2015. (https://www.gov.wales/health-related-lifestyle-welsh-health-survey-2015), in Northern Ireland: Northern Ireland Department of Health, Health Survey Northern Ireland, 2010/11-2019/20. (https://www.health-ni.gov.uk/topics/doh-statistics-and-research/health-survey-northern-ireland), and population projections in the UK for 2040: Office for National Statistics. Zipped population projections data files, 2020-based edition of the dataset, England, Wales, Scotland, Northern Ireland. (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datalist).

9 Public Health Wales. Breast Screening Programme Reports. 2022. Available from: https:// phw.nhs.wales/services-and-teams/screening/breast-screening/programme-reports/

10 Public Health Wales. Cervical Screening Programme Reports. 2022. Available from: https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/

11 Public Health Wales. Bowel Screening Programme Reports. 2021. Available from: https://phw.nhs.wales/services-and-teams/screening/bowel-screening/programme-reports/

12 Calculated by the Cancer Intelligence Team at Cancer Research UK (2023) when applying the evidence from the initial phase of the targeted lung screening programme in England for 55-74 year olds to the numbers in that population in Scotland and accounting for differences in smoking prevalence. "Early stage" refers to cancers diagnosed at stage 1 or 2, and a "late stage" refers to cancers diagnosed at stage 3 or 4. Many assumptions have been made to get these estimates, but they are a best guess using the currently available evidence.

13 Calculated by the Cancer Intelligence Team at Cancer Research UK. Assuming 1) 50% of lung cancer deaths in 55–74-year-olds are in people who would have been eligible for targeted lung health checks (based on Gracie et al. 2019, Eur Respir J), and using incidence as proxy for mortality); 2) 50% of those eligible will take part in a targeted lung health check (based on currently reported uptake and expert opinion of feasible maximum uptake); 3) targeted lung health checks will reduce lung cancer deaths by 24% in males and 33% in females (based on de Koning et al. 2020, N Engl J Med).

14 Cancer Research UK's Cancer Awareness Measure. Unpublished findings. Data collected via YouGov's online panel that surveyed 4,053 UK representative adults, including 506 adults from Wales. 2023 Sep.

15 McPhail S, Swann R, Johnson SA, Barclay ME, Elkader HA, Alvi R, et al. Risk factors and prognostic implications of diagnosis of cancer within 30 days after an emergency hospital admission (emergency presentation): an International Cancer Benchmarking Partnership (ICBP) population-based study. The Lancet Oncology. 2022;23(5):587–600.

16 Zhou Y, Abel GA, Hamilton W, Pritchard-Jones K, Gross CP, Walter FM, et al. Diagnosis of cancer as an emergency: a critical review of current evidence. Nat Rev Clin Oncol. 2017;14(1):45–56.

17 Welsh Government. NHS diagnostic and therapy service waiting times. 2023. Available from: https://www.gov.wales/nhs-diagnostic-and-therapy-service-waiting-times

18 Welsh Government. NHS cancer waiting times. Available from: https://www.gov.wales/nhs-cancer-waiting-times-april-2005-onwards

19 Royal College of Surgeons of England. National Lung Cancer Audit. 2023. Available from: https://www.lungcanceraudit.org.uk/reports/nlca-state-of-the-nation-report-2023/

20 Wales Cancer Patient Experience Survey. 2021. Available from: https://wcpes.co.uk/home

21 Office for National Statistics. Nomis mortality statistics - underlying cause, sex and age. 2022. Available from: https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=161

22 Nolte E, Morris M, Landon S, McKee M, Seguin M, Butler J, et al. Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries. The Lancet Oncology. 2022;23(11):e502–14.

Our ability to understand and tackle cancer is heavily dependent on the quality of data we have. Much of the evidence presented here uses data that has been provided by patients and collected by the health service as part of their care and support. The data is collated, maintained and quality assured by different organisations, including the Welsh Cancer Intelligence and Surveillance Unit (WCISU), which is maintained by Public Health Wales.