

Cancer in the UK

Scotland overview 2026

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About this report

Reference

This report should be referred to as follows:

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Authors

Produced by the Cancer Intelligence team in the Health Policy and Evidence department, Cancer Research UK, April 2026

Comments, questions or feedback should be sent to cancer.intelligence@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. Over the past 50 years, our pioneering work has helped double cancer survival in the UK. And today it's continuing to save lives, here and around the world.

Our vision is a world where everybody lives longer, better lives, free from the fear of cancer. And step by step, day by day, our researchers are making this vision a reality thanks to our dedicated community of supporters, partners, donors, fundraisers, volunteers and staff.

Together we are beating cancer.



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Introduction

This summary provides an overview of key data across the cancer pathway in Scotland, as part of the **Cancer in the UK: Overview 2026** report, which provides the full UK picture. It looks at where progress is being made and what challenges remain in Scotland. Policy recommendations are set out in relevant sections to support action and drive further improvement.

We've made huge progress on cancer in the last 50 years. Since the 1970s, cancer death rates have fallen by 19% in Scotland [1], thanks to improvements in the prevention, detection, diagnosis and treatment of cancer.

But cancer is still the defining health issue of our time. And the challenge is growing.

Despite action to more effectively prevent and treat cancer, we'll see more cancer cases as our population grows and ages. By 2038–2040, the number of new cases in Scotland is projected to increase by 16% from today, reaching around 42,100 new cases diagnosed each year [2] – that means someone will be diagnosed with cancer approximately every 12 minutes.

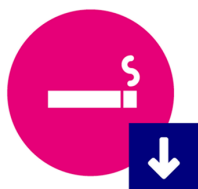
However, there is a real opportunity to make change for people affected by cancer in Scotland.

Cancer Research UK has recently published **Longer, better lives: A manifesto for cancer research and care in Scotland**, which sets out our key recommendations for preventing more cancers, reducing cancer deaths, tackling inequality and improving the lives of people living with cancer. We want every political party and the incoming Scottish government to commit to making cancer a top priority and to support and implement our evidence-based recommendations.



Key statistics across the cancer pathway in Scotland

Over the last 10 years...



Proportion of adults who smoke has **decreased**

22% to 14% [1]



Incidence rates have **remained stable**

642 to 640 per 100k [5]*



Proportion of adults who are living with obesity has **increased**

28% to 31% [2]*



5-year survival has **increased**

47% to 51% [6]



Proportion participating in bowel screening has **increased**

57% to 66% [3]



Mortality rates have **decreased**

324 to 290 per 100k [7]



Proportion diagnosed at an early stage has **shown little change**

51% to 51% [4]*^

Geography and time periods:

1. 2014 to 2024
2. 2014 to 2024
3. 2012/14 to 2022/24
4. 2016 to 2023
5. 2010-12 to 2019, 21, 22
6. 2008-12 to 2018-22
7. 2012-14 to 2022-24

Figures are for all cancers combined.

Changes over time are statistically significant unless otherwise noted.

* Change in direction over time is not statistically significant.

^ Among cancer cases where stage is known. Common cancers includes sixteen of the most common cancer types.

For further details about terminology used here, please see: [Cancer Statistics terminology explained](#), Cancer Research UK.

More people than ever are being diagnosed with cancer each year

There are around 35,600 new cases of cancer every year in Scotland – that's around 97 new cases per day [3]. Lung, breast, prostate and bowel cancers account for almost 6 in 10 (55%) new cancer cases in Scotland.

Cancer incidence rates in Scotland have increased by 3% since the early 1990s [3]. Rates in females have increased by 10%, while rates in males have decreased by 9%. This sex difference is mainly driven by smoking-related cancer types, where incidence rates have been falling for some time in men but not yet in women, because smoking prevalence started falling earlier in men than in women.

Cancer mortality rates have decreased over the past 50 years, but the number of deaths per year has risen

Cancer mortality rates in Scotland are currently at their lowest recorded level, having fallen by 19% since the early 1970s [1]. However, because of a growing and ageing population, more people in Scotland are dying from cancer than ever before, with around 16,500 deaths every year, resulting in more than 229,000 years of life lost due to cancer each year [4].

Cancer is the leading cause of death in Scotland causing 26% of all deaths – more than circulatory system diseases like heart disease (25%) or mental and behavioural disorders including dementia (7%) [5].



Survival is improving but the rate of improvement has slowed

Around half (49%) of men and more than half (53%) of women survive their cancer for at least five years in Scotland [6]. Five-year survival has improved over time, from around 39% for people diagnosed in 1998–2002 to around 51% for those diagnosed in 2018–2022. But the rate of improvement has slowed over time. Some cancer sites have seen large improvements in five-year survival over time, including myeloma, kidney cancer and non-Hodgkin lymphoma. However, five-year survival has not improved for some cancer sites, including head & neck and bladder cancers, and has declined for laryngeal cancer. Reasons for survival changes may include differences in stage at diagnosis and changes in treatment.

It's vitally important that a long-term cancer strategy is fully funded and delivered to improve cancer outcomes by:

- Committing to delivering the 10-year cancer strategy, underpinned by three-year action plans and adequate ringfenced funding for delivery
- Ensuring that cancer prevention, earlier diagnosis and quicker access to kinder and better treatments are fully prioritised, so that cancer waiting time targets are being successfully met by the end of the next parliamentary session in 2031 and the Scottish Government meets its commitment to reduce the proportion of cancers diagnosed at stages 3 and 4 by 18 percentage points by 2033
- Updating the 10-year cancer strategy and next three-year cancer action plan to make sure cancer health inequalities are reduced and addressed throughout the cancer pathway

Smoking still causes thousands of cancer cases every year

Smoking causes around 5,900 cases of cancer every year in Scotland, accounting for around 17% of all new cases, and is a risk factor for at least 16 types of cancer [7]. It is estimated that 23% of all cancer deaths each year in Scotland are caused by tobacco [8]. More than 1 in 10 (14%) adults in Scotland – around 651,000 people – still smoke [9].

Lung cancer is the most common cause of cancer death in Scotland, accounting for more than a fifth (22%) of cancer deaths [10]. Most of these could be avoided by eliminating smoking.

All measures in the Tobacco and Vapes Bill, including the age of sale policy, should be fully implemented in an evidence-based way and effectively enforced. Additionally, stop smoking services in all NHS territorial health boards must continue to be funded until Scotland is smokefree, increasing the accessibility and promotion of services to make sure everyone who needs support to quit gets it.

Obesity prevalence continues to rise

Overweight and obesity is a risk factor for 13 different cancer types [11]. Around 7% of all cancer deaths in Scotland are attributable to overweight and obesity [8]. Two-thirds (66%) of adults in Scotland have overweight or obesity (BMI 25+) [9]. Almost a third (31%) of adults have obesity (BMI 30+). Around 1 in 4 (24%) children aged 4 to 5 in Scotland have overweight or obesity [12].

We welcomed legislation to restrict the promotion of less healthy foods in retail settings and look forward to this coming into force in October 2026. Further measures should be introduced to address unhealthy food environments and make it easier to maintain a healthier weight.

HPV vaccination coverage is low and has decreased

In Scotland, 86% of girls and 80% of boys are fully vaccinated against human papillomavirus (HPV) by the end of S4 (the academic year in which they turn 15) [13]. Coverage with a single dose is lower now than when the HPV vaccine programme started [14].

We welcome the recent Cervical Elimination Plan [15] and its ambition to eliminate cervical cancer as a public health problem by 2040. To achieve this, NHS Scotland, Health Boards and the Scottish Government must work together to deliver on the Plan's actions to increase HPV vaccination uptake. Focus is needed on areas and groups with lower uptake to strengthen HPV vaccine programme delivery, increase coverage rates and reduce inequalities.



Screening uptake varies between programmes

There are currently three national cancer screening programmes in Scotland, for bowel, breast and cervical cancer. In Scotland, 7% of all cancer cases are detected through these screening programmes [16].

Around 66% of people in Scotland take up their bowel cancer screening invitation [17] and 76% their breast cancer screening invitation [18]. Coverage of cervical screening is currently around 55% [19]. This is likely an underestimate because of recent changes to the cervical screening interval, but the broader trends show a decline in coverage over the past five years [20].

In 2024, intention to 'definitely' or 'probably' attend the next breast or cervical screening appointments were self-reported at 75% and 61%, respectively [21]. Intention to complete the bowel cancer screening test kit the next time it is sent was 85%.

In 2022, the UK National Screening Committee recommended targeted lung cancer screening for people aged 55 to 74 with a history of smoking, as they are at an increased risk of lung cancer [22]. The Scottish Government has committed to introducing targeted lung cancer screening by launching a new national pilot, as set out in its Population Health Plan, with Screening Oversight and Assurance Scotland (SOAS) preparing the groundwork for a phased national rollout. If lung cancer screening is fully implemented across Scotland, Cancer Research UK estimates around 650 extra patients each year could be diagnosed at an early stage rather than a late stage [23], and that around 230 lung cancer deaths could be avoided each year through the programme [24].

The national lung screening programme should be implemented by 2033 – making sure smoking cessation services are embedded into the lung cancer screening programme and access is equitable across Scotland.



People recognise many common cancer symptoms, but too many face barriers to seeking help

Cancer Research UK data from 2024 shows that in Scotland, people recognise on average 14 out of 18 common cancer symptoms [21]. The most commonly recognised symptoms were an unexplained lump/swelling, change in the appearance of a mole and blood in pee or poo. The least commonly recognised symptom was not feeling as hungry as usual.

While 46% of people had experienced a potential symptom of cancer in the last twelve months, around a third (32%) of those had not contacted their GP surgery/practice within six months, which is concerning [21]. The biggest barriers to seeing a health professional included thinking it would be or finding it difficult to get an appointment (including with a particular healthcare professional), thinking the symptom was unlikely to be anything serious and deciding to manage the symptom(s) themselves.

Sustained, multi-year funding for public campaigns is vitally important to support timely help-seeking through the Detect Cancer Earlier Programme, which include targeted communications and engagement that ensures activity reaches and benefits underserved populations.

Health systems must be supported to improve access to primary care and develop more accessible routes into healthcare, assessing how services could support help-seeking behaviours.

Earlier diagnosis saves lives

Around half (51%) of common cancers are diagnosed at an early stage (stages 1 and 2) in Scotland [25]. However, there is variation between cancer sites in the proportion diagnosed early. Around 32% of lung cancer cases, 36% of prostate cancer cases, 49% of bowel cancer cases and 84% of breast cancer cases are diagnosed at an early stage.

Almost a quarter (23%) of people with cancer in Scotland are diagnosed through emergency referral routes [26]. This is concerning, as people diagnosed through an emergency presentation compared to those diagnosed through more managed routes are more likely to be diagnosed at a late stage and have poorer survival, even accounting for stage at diagnosis [27].

Concerted efforts must be made towards the ambition to reduce the number of people diagnosed with cancer at a later stage (stages 3 and 4) by 18 percentage points by 2033 in keeping with the ambition in the Cancer Strategy for Scotland, including through implementing measures to support earlier diagnosis set out in the strategy.

Cancer services are struggling with demand

At the end of December 2025, around 53,000 people waiting for key diagnostic tests that can be used to diagnose cancer had waited more than six weeks [28]. This number has decreased slightly since 2022, but the proportion of people waiting more than six weeks remains high, at around 43%.

NHS Scotland has two targets for cancer waiting times, the 62-day and 31-day targets. The 62-day target advises that at least 95% of eligible patients wait no more than 62 days from an urgent suspected cancer referral to begin treatment. This target hasn't been met since 2012 and performance has plateaued over the last year, with the latest figures showing only around 73% of patients starting treatment within 62 days in the quarter ending December 2025 [29].

The 31-day target advises that at least 95% of eligible patients wait no more than 31 days from decision to treat to beginning treatment. Performance against this target has been more consistent; the latest figures for the quarter ending December 2025 show that around 96% of patients started treatment within 31 days [29].

NHS capacity should be strengthened and support for adopting innovation improved to meet patient need by:

- delivering a cancer workforce plan aligned with the 10-year cancer strategy, based on modelling for a sustainable cancer workforce across all key cancer professions
- providing funding to address workforce shortfalls and geographic inequalities in Scotland
- developing, funding and delivering a national NHS capital investment strategy that provides the equipment needed to deliver the commitments of the 10-year cancer strategy
- equipping and supporting primary care teams to recognise and refer suspected cancer cases quickly, by ensuring uptake of updated Scottish Referral Guidelines for Suspected Cancer and increasing capacity and ensuring equitable access to primary care

Some clinical treatment standards aren't being met in Scotland

Ensuring access to optimal treatment is essential for improving cancer outcomes. Across multiple cancer sites, national quality performance indicators (QPI) data shows that treatment standards are not being met in Scotland. For example, QPI targets for systemic anti-cancer therapy (SACT) in unresectable late-stage melanoma skin cancer were not met, with only 23% of patients receiving treatment, against a target of 60% [30]. For ovarian cancer, only 80% of patients receive first-line treatment, against a target of 90% [31]. For patients with advanced ovarian cancer, only 60% of patients undergo surgery, compared to a target of 65%. QPIs indicate that 60% of patients with late-stage prostate cancer should undergo androgen deprivation therapy and SACT, but in Scotland, only 43% of patients receive this treatment [32].

The number of patients treated with SACT in Scotland has almost doubled in the last 10 years [33]. With the number of cancer cases in Scotland expected to rise, we can expect that the demand for SACT will also increase over time. We must ensure that all patients receive optimal and timely treatment.

Action is required to identify and address unwarranted variation in access to optimal treatment by age, ethnicity, geography and other key factors. This should be underpinned by routine strategic clinical audit and quality improvement, building on successful initiatives such as the Quality Performance Indicators programme.

Improvement of datasets to capture core patient outcomes is a key enabler for this. Local health systems will require additional resources to support efforts to improve data, implement best practice and reduce inequalities in the care patients receive.

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

Data from 2024 shows patients had an overall positive experience of cancer care in Scotland, scoring it 9 out of 10 [34].

But concerningly, in 2024, 80% of people don't think the health service has enough staff or equipment to see all the people with cancer that need to be diagnosed, while 78% don't think the health service has enough staff or equipment to treat all the people with cancer that need to be treated [21].

Together we are beating cancer in Scotland

Scotland has made important progress in cancer prevention, diagnosis, treatment and research. But with cancer cases continuing to rise and pressures across the health system increasing, sustained action is needed to ensure progress continues, more cancers are prevented and everyone affected by cancer receives the best possible care.

This report highlights where progress is being made and where further improvement is needed, drawing on the latest evidence across the cancer pathway. Acting now will be critical to saving lives and reducing inequalities.

Delivering and sustaining a long-term cancer strategy

A long-term cancer strategy, backed by clear plans and adequate funding, provides the foundation for improving cancer outcomes. Continued focus on prevention, earlier diagnosis and timely access to high-quality treatment will be essential to reduce avoidable deaths and improve survival.

Strengthening NHS capacity and capability

Cancer services are under significant strain. Addressing workforce shortages, investing in infrastructure and supporting innovation will be vital to ensure services can meet current demand and prepare for the future. Primary care and diagnostic services play a crucial role in identifying cancer earlier and must be supported to do so effectively.

Preventing more cancers and detecting them earlier

Too many cancers are not prevented, and too many people are still diagnosed too late. Sustained effort on prevention measures such as tobacco control, tackling obesity, improving vaccination uptake and increasing participation in screening programmes can significantly reduce cancer risk and improve outcomes.

Tackling inequalities across the cancer pathway

Cancer outcomes vary depending on who you are and where you live. Reducing inequalities must be embedded across prevention, diagnosis, treatment and support, ensuring services reach underserved communities and those at greatest risk.

Supporting world-leading research and innovation

Research drives progress in cancer prevention, diagnosis and treatment. Continued investment in research, innovation and data is essential to translate discoveries into improved outcomes for people affected by cancer, now and in the future.

By maintaining focus on evidence-based action and collaboration across the health system, Scotland has an opportunity to continue improving cancer outcomes and move closer to a future free from the fear of cancer.

Together we are beating cancer.

References

- 1 Data are for Scotland (ICD-10 C00-C97, 1971-73 to 2022-24). Similar data can be found at [Cancer Research UK](#)
- 2 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 annual average number of cases for 2023-2025 and 2038-2040.
- 3 Scotland data (ICD-10 C00-C97, excl. C44, 1968-2022) were provided by the Scottish Cancer Registry, Public Health Scotland on request, January 2026. Similar data can be found at [Public Health Scotland](#)
- 4 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Years of Life Lost is a measure of premature mortality, calculated as the product of the number of cancer deaths and the expected remaining years of life at the time of death for Scotland in 2024.
- 5 National Records of Scotland. [Vital reference events table 2024](#). 2025.
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- 19 Public Health Scotland. [Scottish cervical screening programme statistics: Annual update to 31 March 2024](#). 2025.

- 20 In 2020, Scotland moved from a 3-year (3.5-year) to a 5-year (5.5-year) recall interval for cervical screening for those aged 25–49. As this transition progresses, interpreting coverage using the traditional three-year measure becomes increasingly challenging. By 2024/25 (most recent cervical screening coverage data year), some individuals are already on the 5-year recall, meaning their last test could fall outside the previous 3.5-year window. These people remain in the eligible population but are counted as overdue, which lowers the reported coverage and results in an underestimate for 2024/25. Public Health Scotland expects that by 2025/26 the entire screening population will be on a 5-year cycle, at which point the reporting definition will be updated to use a 5.5-year look-back for all ages.
- 21 Whitelock V. **Cancer Research UK's September 2024 Cancer Awareness Measure 'Plus' (CAM+)**. Data collected via YouGov's online panel that surveyed 6,844 UK representative adults. 2024.
- 22 UK Government. **Lung cancer**. 2022.
- 23 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Estimates are looking at people aged 55–74 who were not part of the TLHC pilot in England and the proportion that would be diagnosed early if they were part of the pilot vs if they were diagnosed as part of standard care. Invitation eligibility and invitation uptake rate were assumed at 50%.
- 24 Calculated by the Cancer Intelligence team at Cancer Research UK (2025). 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**), using incidence as proxy for mortality; 2) 50% of those eligible will take part in a targeted lung health check; 3) targeted lung health checks will reduce lung cancer deaths by 24% in males and 33% in females (based on **de Koning et al, N Engl J Med**).
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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 Scottish Cancer Registry, which is maintained by Public Health Scotland.