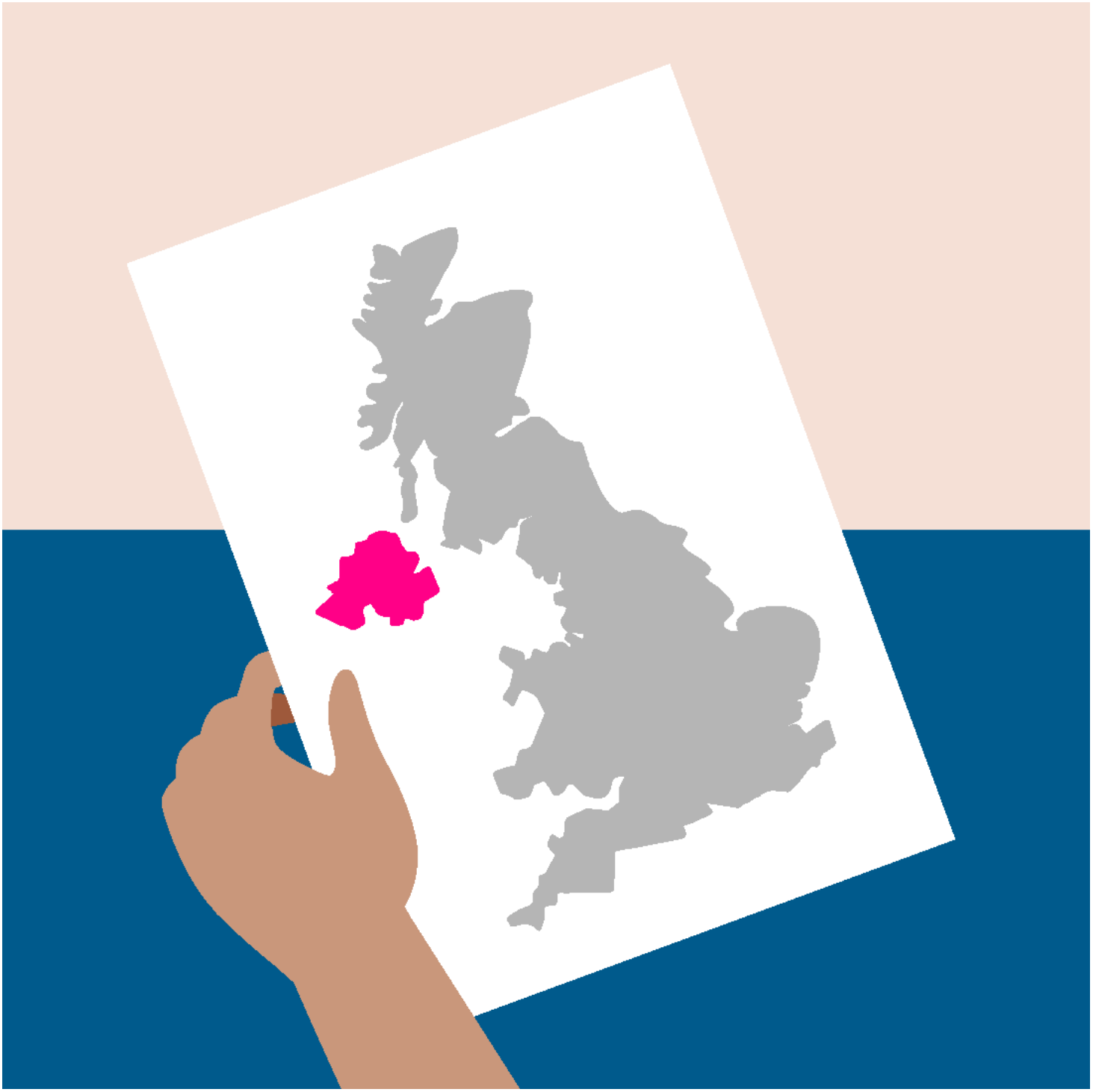

Cancer in the UK

Northern Ireland Overview 2025

CANCER RESEARCH UK

Together we are beating cancer

Contents

About this report

Reference

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Authors

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About Cancer Research UK

We're the world's leading cancer charity, dedicated to saving and improving lives with our research, influence and information. In the last 50 years, we've 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.

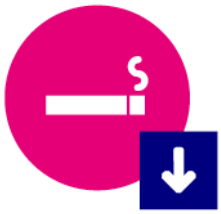
Together we are beating cancer.

Cancer in Northern Ireland

This summary provides an overview of key metrics and data across the cancer pathway in Northern Ireland, as part of the ***Cancer in the UK: Overview 2025*** report, which provides the full UK picture. It looks at where progress is being made and what challenges remain in Northern Ireland.

Overview of key cancer statistics in Northern Ireland

Over the last 10 years...



Proportion of adults who smoke has **decreased**
22% to **13%** [1]

Proportion of adults who are obese has **increased**
24% to **28%** [2]*

Proportion participating in bowel screening has **increased**
57% to **67%** [3]

Proportion diagnosed at an early stage has **not changed**
55% to **54%** [4]**

Over the last 50 years...

Incidence rates have **increased**
538 to **604** per 100k [5]

5-year survival has **increased**
44% to **57%** [6]

Mortality rates have **decreased**
300 to **266** per 100k [7]

Time periods:

1. 2013/14–2023/24
2. 2013/14–2023/24
3. 2014/15–2023/24
4. 2015/19–2017/21
5. 1993/95–2018/19+21
6. 1997/2001–2017/21
7. 1971/73–2021/23

Figures are for all cancers combined.

*Change in direction over time based on point estimates.

**Among cancer cases where stage is known.

Data on emergency presentations is available for 2018/20, but no time trend is available so data has not been presented here.

For further details about terminology used here, please see **Cancer statistics terminology explained, CRUK**

Cancer incidence rates have increased by over a tenth

Every day, 28 people are diagnosed with cancer in Northern Ireland [1]. More than half (54%) of new cancer cases in Northern Ireland are breast, prostate, lung, and bowel cancers. Since the early 1990s, cancer incidence rates in Northern Ireland have increased by 12%. Rates in females have increased by 17%, while rates in males have increased by nearly 2%. 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

Over the past 50 years mortality rates have fallen by 11%, but there is considerable variation across cancer sites [2]. Among the ten most common causes of cancer death in Northern Ireland in the early 1970s, rates have risen for two sites (prostate and oesophagus), fallen for four (bowel, stomach, breast and leukaemia) and remained stable for four (lung, pancreas, head & neck and ovary). Despite these changes, the ranking of cancer sites has remained fairly consistent over the past half-century [3]. Improvements in earlier detection, new treatments and reduced prevalence of infections have impacted many of the most common causes of cancer mortality.

Despite the overall decrease in cancer mortality, around 13 people die from cancer every day in Northern Ireland [4], resulting in around 67,700 years of life lost due to cancer each year [5]. Cancer is the leading cause of death in Northern Ireland causing 27% of all deaths – more than circulatory system diseases like heart disease (23%) or mental and behavioural disorders including dementia (7%) [4].

This will place an unprecedented pressure on an overstretched healthcare system.

Survival varies by stage at diagnosis

Almost 6 in 10 (57%) people with cancer survive their disease for at least five years in Northern Ireland [6]. But this varies by stage of disease. 88% of people diagnosed at the earliest stage survive their disease for 5 years, compared to 16% at the latest stage. Five-year survival has improved over time – from around 44% for people diagnosed in 1997–2001, to around 57% for those diagnosed in 2012–2016 – but the rate of improvement has slowed over time.

Smoking and excess weight are the two biggest preventable causes of cancer

Smoking

Smoking causes around 19% of cancer deaths each year in Northern Ireland [7], and around 1,500 cases of cancer every year.

Smoking levels are at their lowest recorded point – but still more than 1 in 10 (13%) of the Northern Irish adult population smoke [8]. And levels aren't declining fast enough. If recent trends continue, Northern Ireland won't be smoke free (less than 5% adult smoking prevalence) until the early 2040s [9]. Northern Ireland is also the only nation in the UK that hasn't set a target year by which to be smokefree.

Tackling cancer through prevention requires support from government and health professionals to help individuals make changes to their lives. Urgent action is needed to minimise the catastrophic impact of smoking. An important first step has already been taken in Northern Ireland, with the Assembly voting through a Legislative Consent Motion, to implement the Tobacco and Vapes Bill which is currently passing through the UK Parliament. This legislation would prevent people born on or after 1st January 2009 from ever legally being sold tobacco, helping to create the first ever smokefree generation.

The Northern Ireland Executive should also set a target year for Northern Ireland to be smokefree (<5% adult smoking rate) and ensure that smoking cessation programmes are sustainably funded and available to everyone who requires support to quit smoking.

Overweight and obesity

Overweight and obesity cause around 6% of cancer deaths each year in Northern Ireland (3). Obesity (BMI 30+) is at its highest recorded level (28%) [8]. More than 6 in 10 (64%) adults in Northern Ireland are overweight or obese (BMI 25+). More than 2 in 10 (24%) children aged 4 to 5 in Northern Ireland are overweight or obese [10].

Cancer Research UK is calling for more action on tackling obesity in Northern Ireland, emphasising the link between excess weight and increased cancer risk. Policies, including restrictions on the advertising and promotion of unhealthy foods, should be introduced to make it easier to maintain a healthy weight.

Screening uptake varies between programmes

There are currently three national screening programmes in Northern Ireland, for bowel, breast and cervical cancer. In Northern Ireland, 6% of all cancer cases are detected through these screening programmes [11].

67% of people take up their bowel cancer screening invitation and 74% their breast cancer screening invitation [12]. Coverage of cervical screening is 68% [12], but Northern Ireland only fully introduced HPV as the primary test in cervical screening in December 2023. Almost 4 in 10 (37%) cervical cancer cases in Northern Ireland are diagnosed through screening [13].

In 2022, the UK National Screening Committee recommended UK-wide targeted lung screening for people aged 55 to 74 with a history of smoking, as they are at an increased risk of lung cancer [14]. Northern Ireland has not yet implemented a targeted lung screening programme. If implemented and uptake was to reach 50%, Cancer Research UK estimates that around 140 extra patients each year across Northern Ireland could be diagnosed at an early stage rather than a late stage [15], and that around 60 lung cancer deaths could be avoided each year through the programme [16].

The Northern Ireland Department of Health and the Public Health Agency must continue to improve the current screening programmes and increase uptake. Introducing a national targeted lung screening programme is vitally important. Scoping and planning should take place now to ensure it can be introduced as quickly as possible.

People recognise many potential signs and symptoms of cancer, but too many face barriers to seeking help

Cancer Research UK data shows that in Northern Ireland, people recognise on average 14 out of 18 cancer symptoms [17]. The most commonly recognised symptoms are an unexplained lump/swelling, coughing up blood and a change in the appearance of a mole.

While 45% of people had experienced a potential cancer symptom in the last twelve months, around a third (34%) of those had not contacted their GP surgery/practice within six months, which is concerning [17]. The biggest barriers to seeing a medical professional included thinking it would be or finding it difficult to get an appointment (including with a particular healthcare professional), not wanting to be seen as someone who makes a fuss and thinking the symptom was unlikely to be anything serious.

Reducing late-stage cancer diagnoses is vital

In Northern Ireland, around 55% of cancer cases are diagnosed at an early stage (stages 1 and 2) [6]. There is variation between cancer sites in the proportion diagnosed at early stage. Around 29% of lung cancer cases, 46% of bowel cancer cases, 57% of prostate cancer cases and 84% of breast cancer cases are diagnosed at an early stage.

22% of people with cancer in Northern Ireland are diagnosed through emergency referral routes [13]. 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 [18].

There must be concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Executive must drive forward its aims to reduce late-stage disease, as outlined in A *Cancer Strategy for Northern Ireland 2022–2032*, and set a specific target for the reduction of late-stage diagnosis of cancer.

Cancer services are struggling to keep up with demand

Northern Ireland reports on the performance of health and social care trusts against a waiting time target of nine weeks for a diagnostic test. At the end of September 2023, around 58% of people were waiting more than nine weeks for a diagnostic test, highlighting the huge pressures the service is facing [19].

The 62-day and 31-day cancer waiting times targets are two key ways to measure performance of cancer services. 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 includes the time for all tests to diagnose cancer. This important target has never been met and performance continues to decline steadily, with only 37% of patients starting treatment within 62 days at the end of June 2023 [20].

The 31-day target advises that at least 98% of eligible patients wait no more than 31 days from the decision to treat to beginning treatment. This target hasn't been met since 2013, with only 90% of patients starting treatment within 31 days at the end of June 2023 [20].

Cancer Research UK has significant concerns about the delivery of cancer services in Northern Ireland. Despite the best efforts of health staff, these figures show that people are not receiving the early cancer diagnosis and quick access to treatment that is critical to having the best possible cancer health outcome. The Northern Ireland Executive must ensure that the health service is fully supported to deliver the best possible cancer care. This includes investing in a multi-skilled, future-fit cancer workforce with access to the required equipment.

Data on treatments is lacking in Northern Ireland

There is no routine data available on the treatments received by cancer patients in Northern Ireland. If we are to understand whether patients are receiving optimal treatment, data on this must be reported.

Cancer patients feel generally positive about the care they receive, but people are concerned about health service resources

People receiving cancer care in Northern Ireland in 2018 (the latest available data) scored their overall care experience positively, with a rating of 8.97 out of 10 [21]. Patients felt supported by staff, believed their clinical needs were met and that they had an adequate care plan. Improvements could be made in the primary care support offered throughout their treatment and more detail could have been given about the side effects from treatment.

Concerningly, in 2024 in Northern Ireland, 85% 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 81% don't think the health service has enough staff or equipment to treat all the people with cancer that need to be treated [17].

Together we are beating cancer in Northern Ireland

Cancer Research UK welcomed the publication of a 10-year cancer strategy for Northern Ireland in spring 2022, which contains 60 ambitious recommendations with the aim of transforming cancer services in Northern Ireland. The strategy focuses on tackling inequalities and helping more people survive their disease by preventing more cases, diagnosing cancer earlier and improving patient care.

While some important progress has been made over the decades to improve cancer outcomes, not enough progress has been made since the strategy was introduced. Despite the best efforts of health and social care staff, Northern Ireland is struggling to deliver the cancer services required. This is due to challenges created by long-term underfunding, long periods when the Northern Ireland Executive has not been functioning, plus the added impact of COVID-19 all creating significant strain on the health system. The resulting lack of reforms, together with the lack of adequate, sustainable and long-term investment, has had a significant negative impact, highlighted by the stark cancer statistics in this report.

However, if there is urgent collaborative action across the Executive and health sector in the short term to ensure cancer patient safety, and the right longer-term solutions are prioritised, funded and implemented, people in Northern Ireland will live longer, better lives. This includes delivering more cancer research, better prevention, earlier diagnosis and quicker access to kinder, better treatment.

This approach is crucial as cancer is Northern Ireland's biggest killer. Each year around 10,300 people are diagnosed with cancer and around 4,600 die from it [1,4]. And the demand on cancer services will only continue to grow, with cancer incidence set to increase to more than 14,000 cancer diagnoses a year by 2038–2040 [22].

Workforce, equipment and adopting innovations: The health service is already under considerable strain with cancer waiting time targets regularly being missed – in June 2023, just 37% of people started their treatment within 62 days of referral [20]. This is far below the target of 95% and this target has never been met since it was introduced in 2008.

Longstanding, chronic staff shortages are at the heart of delays and years of underinvestment in staff and equipment, particularly in diagnostics, have meant cancer services can’t keep up with demand. For those 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. People in Northern Ireland deserve better. Sustainable investment in the workforce and equipment must be prioritised.

Prevention: A greater focus on implementing population-wide cancer prevention measures will also be beneficial. A substantial proportion of cancer cases are preventable in Northern Ireland. There must be a clear commitment from the Northern Ireland Executive to prioritise public health by publishing, funding and implementing new prevention strategies on tobacco, overweight and obesity, and alcohol. With clear action plans and an adequate budget, these strategies will have an impact.

Earlier diagnosis: 22% of cancers in Northern Ireland are diagnosed through an emergency route [13]. This is concerning because these

cancers are more likely to be diagnosed at a late stage and survival is lower amongst patients whose cancer is diagnosed after being admitted to hospital as an emergency. The figures highlight the need for action across many areas, including reducing barriers to people attending screening or speaking to their doctor about symptoms. For example, a targeted lung screening programme will be vital to improve early diagnosis of lung cancer; scoping and planning should begin as soon as possible.

Research: The scale of the cancer challenge is incomparable. Cancer places a significant pressure on individuals, society, the health service and the economy with nearly 1 in 2 people still affected by cancer [23]. Significantly more potential years of life are lost to cancers than to other major non-communicable diseases.

Cancer Research UK-funded research has helped develop over 100 cancer drugs, with more than 8 in 10 people who are prescribed cancer drugs in the UK receiving at least one drug that Cancer Research UK has helped to develop [24]. Cancer Research UK has invested almost £10 million in cancer research in Northern Ireland over the past five years, including co-funding the Belfast Experimental Cancer Medicine Centre with the Public Health Agency.

A thriving life sciences sector that can recruit and retain global talent, attract private sector investment and support innovation is vital if we are to maximise the impact of cancer research for patients.

Investing in cancer research not only saves lives, but also yields significant economic benefits, with a return of around £2.80 for every £1 invested, including job creation, increased earnings through improved survival and contributions from spin-off companies [25].

Cancer research and innovation must be prioritised by the Northern Ireland Executive to tackle the growing and complex health challenges. Cancer Research UK is fully supportive of the highest quality cancer research and innovation in Northern Ireland.

This report is a call to action – all of us must come together to make progress in our ambition to beat cancer. People affected by cancer deserve no less.

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15 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 Northern Ireland 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.

16 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**).

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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 Northern Ireland Cancer Registry, which is managed by Queen's University Belfast.