

Cancer in the UK

Scotland overview 2024



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Together we are
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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



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Cancer in Scotland

Summary

This summary provides an overview of key metrics and data across the cancer pathway in Scotland, 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 Scotland.

Overview of key cancer statistics in Scotland

Cases

33,863



New cases of cancer in Scotland (2017–2019)

Deaths

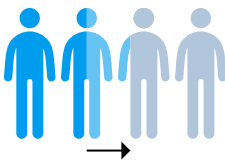
16,423



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

Survival

44–51%



44% of men and 51% of women with cancer in Scotland surviving their disease for 5 years or more (2015–2019)

The number of cancer cases is rising in Scotland

Every day, 93 people are diagnosed with cancer in Scotland and around 45 people die from the disease [1,2]. The number of cases is projected to rise by almost a fifth, from around 36,000 in 2023–2025 to around 42,100 new cases per year in 2038–2040 [3].

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

Survival in Scotland

More than 4 in 10 (44%) men, and around 1 in 2 (51%) women survive their cancer for at least five years in Scotland [4]. Five-year survival has improved over time, from around 37% for people diagnosed in 1995–1999 to around 50% for those diagnosed in 2015–2019. But the rate of improvement has slowed over time.

Around 4 in 10 cancer cases in Scotland can be prevented

Smoking and overweight and obesity are the two biggest preventable causes of cancer in Scotland. They cause around 5,700 and 2,200 cases of cancer each year in Scotland, respectively [5].

Smoking levels are at their lowest recorded point – around 1 in 10 (11%) of the Scottish adult population smoke [6]. But levels aren't declining fast enough. Scotland isn't on track to be tobacco-free (less than 5% adult smoking prevalence) by the 2034 target and isn't due to reach this target until 2048 [7].

Meanwhile, overweight and obesity is at its highest recorded level – around two-thirds (67%) of adults are overweight or obese [6]. If current trends continue, by 2040 around 3.2 million people will be over-weight or obese [8].

Tackling cancer through prevention requires individuals to make changes to their lives but support from governments and health professionals is crucial to facilitate those changes. The Scottish Government has committed to bring forward legislation to restrict price promotions on food and drink high in fat, salt and sugar (HFSS), and Cancer Research UK urges this to be a top priority for the forthcoming year. This will help make the healthier choice the easier choice to make.

Screening uptake varies between programmes

There are currently three national cancer screening programmes in Scotland, for bowel, breast and cervical cancer. Around 7% of all cancer cases in Scotland are detected through these screening programmes [9].

Around 67% of people take up their bowel cancer screening invitation [10] and 77% their breast cancer screening invitation [11]. Coverage of cervical screening has been declining over the past five years and is currently at its lowest on record, around 69% [12].

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. Scotland has not yet implemented a targeted lung screening programme. If implemented and uptake was to reach 50%, Cancer Research UK estimates around 420 extra patients each year across Scotland could be diagnosed at an early stage rather than a late stage [13], and that around 230 lung cancer deaths could be avoided each year through the programme [14].

NHS National Services Scotland should ensure full implementation of the Equity in Screening strategy Action Plan by 2026, to help 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 a sufficient uplift in diagnostic capacity. In particular, the Scottish Government should approve the rollout of a national targeted lung screening programme in Scotland, making sure smoking cessation is an integral part of the programme.

People recognise many potential signs and symptoms of cancer, but too few seek help if they experience them

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

58% of people had noticed a potential symptom of cancer in the last six months [15]. But only 52% 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, worrying and about wasting the healthcare professional's time, not wanting to be seen as someone who makes a fuss and worry about putting extra strain on health services.

The Scottish Government should deliver public awareness campaigns that promote positive health behaviours, as committed to in the 2023 Cancer Action Plan, with sustained, multi-year funding to ensure delivery. These should include a focus on evidence-based targeting of population groups facing inequalities and continuous robust evaluation.

There are additional barriers that make it harder for certain populations to access GP services. Alongside developing more accessible routes into healthcare, the Scottish Government should assess how services could support help-seeking behaviours, building on successful approaches used to support COVID-19 vaccination during the pandemic.

Early diagnosis saves lives

In Scotland, 28% of lung cancer cases are diagnosed at early stage (stages 1 and 2) [16]. Around 44% of bowel cancer cases and around 86% of breast cancer cases are diagnosed early. We need data to be published for more cancer types.

Nearly 1 in 5 people (19%) with cancer in Scotland are diagnosed through emergency referral routes [9]. This is concerning, as people diagnosed through an emergency presentation are more likely to have poor survival, as the cancers are diagnosed at a later stage [17].

There must be concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Scottish Government should reduce later stage disease (stages 3 and 4) by 18%, as per the ambition in the Cancer Strategy for Scotland.

Cancer services are struggling with demand

At the end of September 2023, around 50% of people waiting for key diagnostic tests used to diagnose cancer had waited more than six weeks [18]. 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 been steadily declining, with the latest figures showing only 72% of patients starting treatment within 62 days at the end of September 2023 [19]. 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 and it was met in June 2023, with the latest figures at the end of September 2023 showing that 94.9% of patients started treatment within 31 days.

The Scottish Government must continue to direct focus and investment to address the capacity issues contributing to worsening cancer waiting times.

In particular, additional investment should be steered towards growing a multi-skilled, future-fit cancer workforce, equipment and capacity key in diagnosing and treating cancer and evidence-based innovations and reforms set out in the Cancer Strategy.

Surgery is the most common first treatment for cancer in Scotland

Ensuring access to optimal treatment is essential for improving cancer outcomes. In 2021, 35% of cancer patients in Scotland had surgery as their first treatment, 12% had chemotherapy and 8% had radiotherapy [1]. Hormone therapy was used as a first treatment for 10% of patients. But treatment regimens vary widely between different cancer types and many patients will receive a combination of surgery, chemotherapy and radiotherapy over the course of their treatment.

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

Data from 2018 shows patients had an overall positive experience of cancer care in Scotland, scoring it 9 out of 10 [20].

But concerningly, in 2023 in Scotland, 79% of people don't think the health service has enough staff or equipment to see, test and treat all the people that need it [15].

Together we are beating cancer in Scotland

Important progress has been made over recent decades to improve cancer outcomes, but improvements in survival have slowed and 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 Scotland living longer, better lives.

This is crucial as cancer is the leading cause of death in Scotland, with around 16,400 people dying of cancer every year. Around 33,900 people are diagnosed with cancer each year – almost four people every hour. This burden is only set to grow in the coming years, with around 42,100 new cancer cases per year in Scotland by 2038–2040. Cancer must be a priority for the Scottish Government.

With around 4 in 10 cancers being preventable, doing more to tackle the prevalence of key cancer risk factors such as smoking and overweight and obesity is vital. Limited progress has been made in efforts to reduce the rate of overweight and obesity in Scotland's population. In September 2022, the Scottish Government restated its promise to deliver legislation to restrict the use of multibuy offers on unhealthy foods, such as three for the price of two chocolate bars or crisps. The Scottish Government is considering secondary legislation, and public consultation is expected in early 2024.

Progress has been made in reducing adult smoking rates, but Scotland isn't on course to meet its 2034 tobacco-free target of 5% average adult smoking prevalence until 2048. This will only be achieved in the least deprived quintile of the population and the target won't be met nationally until after 2050. Cancer Research UK was pleased to see a commitment to increasing the age of sale of tobacco, improving smoking cessation services and supporting trading standards staff in the Tobacco and Vaping Framework, and we hope to see implementation of these promptly in Scotland.

Despite the best efforts of its workforce, NHS Scotland is struggling under the weight of the ongoing pressures caused by the COVID-19 pandemic, as well as longer term staff shortages. The 62-day standard target hasn't been met in over a decade; patients in Scotland deserve better. Sustained investment in increasing NHS capacity – most notably in growing and developing the cancer workforce, and investing in key diagnostic equipment and facilities – alongside effective and equitable rollout of new innovations in the detection and diagnosis of cancer, is needed.

Research from the International Cancer Benchmarking Partnership has highlighted the importance of consistent cancer policies, backed up by implementation and funding [21]. The Scottish Government's 10-year Cancer Strategy 2023 sets out positive commitments to reduce late-stage cancer diagnosis. If fully implemented, the strategy has potential to transform cancer services in Scotland.

There must be concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Scottish Government should reduce later stage disease (stages 3 and 4) by 18%, as per the ambition in the Cancer Strategy for Scotland. For example, the Scottish Government should commit to implementing a targeted lung screening programme, in line with the UK National Screening Committee's recent recommendation.

The strategy's focus on delivery is also welcome, including three separate delivery plans being published over the 10-year period. But it risks not realising its full potential because it lacks financial commitment. The Scottish Government must provide the necessary resource to implement the strategy, so Scotland's cancer services can change from world-lagging to world-leading.

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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.