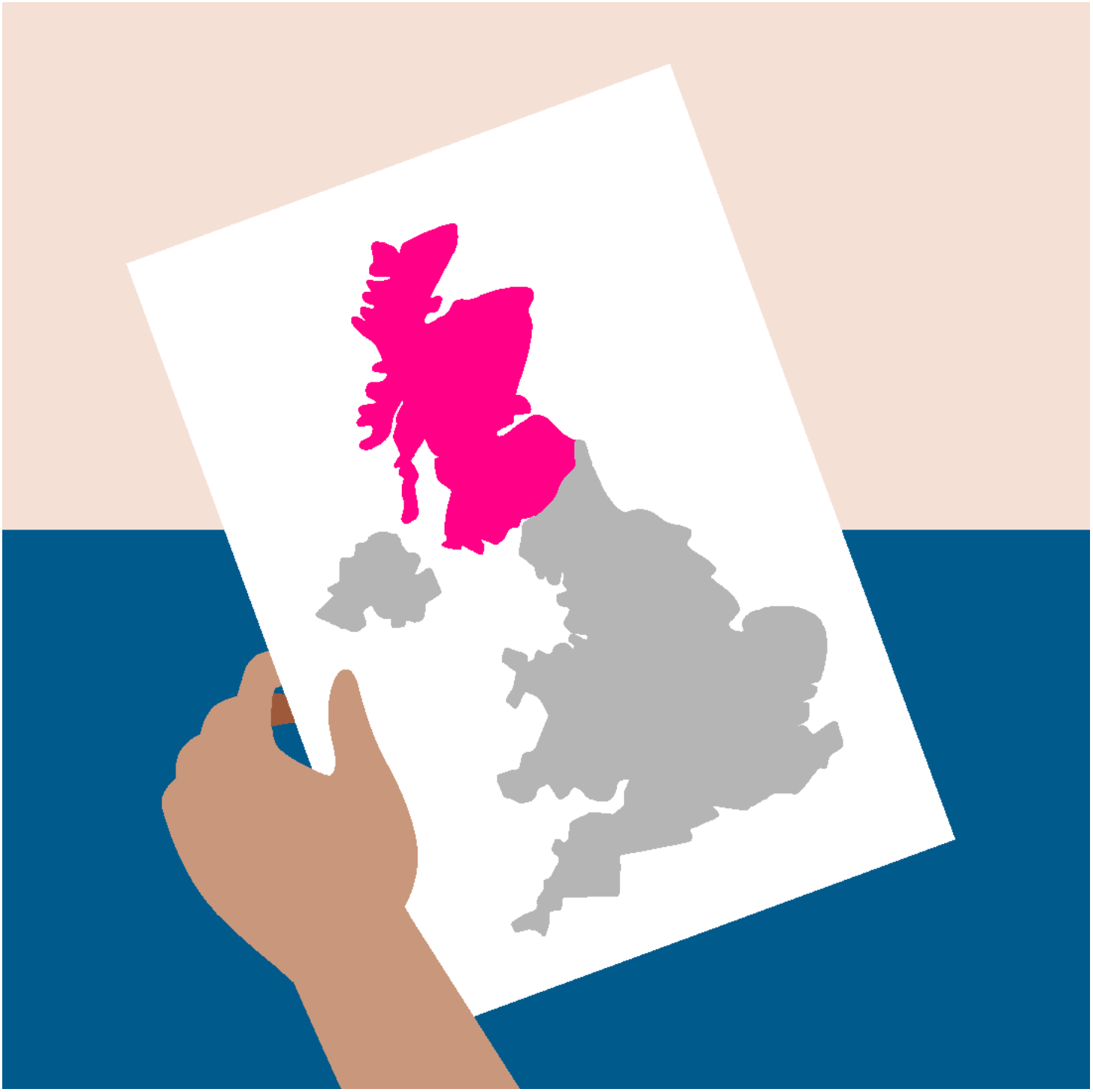

Cancer in the UK

Scotland Overview 2025

CANCER RESEARCH UK

Together we are beating cancer

Contents

About this report

Reference

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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.

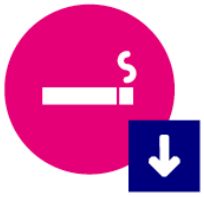
Together we are beating cancer.

Cancer in Scotland

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 2025*** 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

Over the last 10 years...



Proportion of adults who smoke has **decreased**
21% to **15%** [1]

Proportion of adults who are obese has **increased**
28% to **32%** [2]

Proportion participating in bowel screening has **increased**
57% to **66%** [3]

Over the last 50 years...

Incidence rates have **increased**
414 to **638** per 100k [5]

5-year survival has **increased**
37% to **50%** [6]

Mortality rates have **decreased**
326 to **295** per 100k [7]

Time periods:

1. 2013–2023
2. 2013–2023
3. 2012/14–2022/24
4. 2012/13–2022
5. 1971/73–2018/19+21
6. 1995/99–2015/19
7. 1971/73–2021/23

Figures are for all cancers combined.

Data on emergency presentations is available for 2018/19, but no time trend is available so data has not been presented here.

Until 2021, Scotland reported stage at diagnosis for bowel, breast and lung cancers only; stage at diagnosis is now reported for a wider number of cancer sites, but not all cancers combined.

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

Cancer incidence rates have increased by more than half over the past 50 years

Cancer incidence rates in Scotland have increased by almost 55% over the past 50 years, to around 34,900 new cases every year – that's around 95 new cases per day [1]. More than half (54%) of new cancer cases in Scotland are lung, breast, prostate and bowel cancers. Rates in females have increased by 70%, while rates in males have increased by 31%. 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.

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

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 17% in Scotland, but there is considerable variation across cancer sites [2]. Among the ten most common causes of cancer death in Scotland in the early 1970s, mortality rates have risen for two sites (prostate and oesophagus), fallen for seven (lung, bowel, stomach, breast, pancreas, bladder and ovary) and remained stable for leukaemia. Despite these changes, the ranking of cancer sites has remained fairly consistent over the past half-century. Improvements in earlier detection, new treatments and reduced prevalence of infections have affected many of the most common causes of cancer mortality.

Despite the overall decrease in cancer mortality, around 45 people die from cancer every day in Scotland [3], resulting in around 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

Almost half (47%) of men and more than 1 in 2 (52%) women survive their cancer for at least five years in Scotland [6]. 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. Some cancer sites have seen large improvements in five-year survival between 1995-1999 and 2015-2019, including lung cancer and myeloma, while others have seen decreases in five-year survival, including head & neck, bladder and laryngeal cancers. Reasons for survival changes may include differences in stage at diagnosis and changes in treatment.

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

Smoking

Smoking causes around 25% of cancer deaths each year in Scotland [7], and around 5,900 cases of cancer every year [8].

Smoking levels are at their lowest recorded point – but still almost 2 in 10 (15%) of the Scottish adult population smoke [9]. And 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 the late 2040s [10].

Tackling cancer through prevention requires support from government and health professionals to help individuals make changes to their lives. Smoking rates decline with government action. The age of sale legislation proposed within the Tobacco and Vapes Bill offers a historic opportunity to prevent young people from suffering a lifetime of addiction, ill health and premature death, both in Scotland and across the UK. Cancer Research UK urges the Scottish Government to support the implementation and enforcement of the Tobacco and Vapes Bill once it has been passed into law. They must also commit to providing sustainably funded smoking cessation support, which should be available to everyone who needs it.

It is vital that the Scottish Government also re-commits to their target of Scotland becoming tobacco-free by 2034, particularly by ensuring that the Tobacco and Vaping Framework: roadmap to 2034 is implemented swiftly and in full.

Overweight and obesity

Meanwhile, overweight and obesity cause around 6% of cancer deaths each year in Scotland [7]. Almost 7 in 10 (66%) adults in Scotland are overweight or obese (BMI 25+) [9]. Obesity (BMI 30+) is at its highest recorded level (32%). Around 2 in 10 (22%) children aged 4 to 5 in Scotland are overweight or obese [11].

The Scottish Government must continue to focus on reducing obesity. It has committed to bring forward legislation to restrict price promotions on food and drink high in fat, salt and sugar, 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. In Scotland, 7% of all cancer cases are detected through these screening programmes [12].

Around 66% of people in Scotland take up their bowel cancer screening invitation [13] and 76% their breast cancer screening invitation [14]. Coverage of cervical screening has been declining over the past five years and is currently at its lowest on record, around 69% [15].

In 2022, the UK National Screening Committee recommended targeted lung screening for people aged 55 to 74 with a history of smoking, as they are at an increased risk of lung cancer [16]. The Scottish Government has funded lung screening pilots in four areas in Scotland, through the LUNGSCOT project [17]. If implemented and uptake was to reach 50%, Cancer Research UK estimates around 400 extra patients each year across Scotland could be diagnosed at an early stage rather than a late stage [18], and that around 230 lung cancer deaths could be avoided each year through the programme [19].

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 commit to the rollout of a national targeted lung cancer screening programme in Scotland, making sure support for smoking cessation is an integral part of the programme.

People recognise many potential signs and symptoms of cancer, 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 [20]. 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 [20]. 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.

The Scottish Government should continue to deliver behaviour change campaigns to encourage timely help-seeking, as committed to in the *Cancer Action Plan 2023–2026*, 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.

Earlier diagnosis saves lives

There is variation between cancer sites in the proportion diagnosed at an early stage (stages 1 and 2). In Scotland, around 31% of lung cancer cases, 84% of breast cancer cases, 49% of bowel cancer cases and 36% of prostate cancer cases are diagnosed at an early stage [21].

Nearly 1 in 5 people (19%) with cancer in Scotland are diagnosed through emergency referral routes [12]. 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 [22].

There must be concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Scottish Government should ensure that it delivers on its ambition to reduce later stage disease (stages 3 and 4) by 18% that it set out in the Cancer Strategy for Scotland 2023–2033, with a focus on reducing the health inequality gap, particularly in areas of deprivation. The implementation of a national targeted lung cancer screening programme is critical and should be prioritised.

The Scottish Government should similarly continue to deliver improvements in the provision of timely, high-quality, transparent and integrated data and deliver on their own ambition within the cancer strategy to provide staging data available for all stageable cancer types.

Cancer services are struggling with demand

At the end of December 2024, around 62,600 of people waiting for key diagnostic tests that can be used to diagnose cancer had waited more than six weeks [23]. This number has decreased slightly since 2022, but the proportion of people waiting longer than six weeks remains high, at around 50%. 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 73% of patients starting treatment within 62 days at the end of December 2024 [24].

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 last met in June 2024; the latest figures at the end of December 2024 show that 94.7% 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, with adequate provision of equipment, together with a focus on ensuring that evidence-based innovations and reforms can be introduced.

Surgery is the most common first treatment for cancer in Scotland

Ensuring equitable access to optimal treatment is essential for improving cancer outcomes. In 2022, 34% of cancer patients in Scotland had radical surgery as their first treatment, while a further 4% had palliative surgery [21]. 10% had chemotherapy and 7% had radiotherapy. Hormone therapy was used as a first treatment for 12% 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, 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 [25].

But concerningly, in 2024 in Scotland, 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 [20].

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 challenges remain. Despite this, if the right solutions are prioritised and sustainably funded to deliver more cancer research, better prevention, earlier diagnosis and quicker access to kinder and better treatment, people in Scotland will live longer, better lives.

This approach is crucial as cancer is the leading cause of death in Scotland, with around 16,500 people dying of cancer every year [3]. Around 34,900 people are diagnosed with cancer each year – almost four people every hour [1]. The number of cancer cases are set to grow in the coming years, with around 42,100 new cancer cases per year in Scotland by 2038–2040 [26].

We welcomed the Scottish Government's 10-year Cancer Strategy published in 2023, which sets out their ambitious commitments to transform cancer services in Scotland. This Strategy, together with their 3-year cancer plans, are robust and progress has been made, however many challenges remain. Adequate sustainable funding must be provided, so that this ambitious strategy can be fully delivered.

Workforce, equipment and adopting innovations: Despite the best efforts of its workforce, NHS Scotland is struggling under the weight of the ongoing pressures, including long term staff shortages and on-going chronic underfunding. The strain on the system is showing, as 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 required.

Prevention: A substantial proportion of cancer cases are preventable, and doing more to tackle the prevalence of key cancer risk factors such as smoking, and excess weight is vital.

Tobacco: 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 the late 2040s. The 2034 ambition will only be achieved in the least deprived quintile of the population, whilst the most deprived areas are not expected to reach 5% smoking prevalence until after 2050 [10].

The Tobacco and Vapes Bill, which includes legislation to raise the age of sale of tobacco, has recently been supported by the Scottish Parliament through a Legislative Consent Motion. Once the Bill has successfully progressed through the UK Parliament legislative process, we would like to see it implemented and enforced in Scotland as soon as possible. Sustainably funded smoking cessation services are also critical to support people to quit smoking and must be prioritised and made available to everyone who needs them.

Overweight and obesity: The launch of a new 10-year Scottish Population Health Framework provides a critical moment to re-energise the Scottish Government's ambition and urgency on addressing the key preventable cancer risk factors. The first step would be for the Scottish Government to pass

and implement long-awaited legislation addressing how products high in fat, salt and sugar are disproportionately promoted to Scottish consumers in comparison to healthier items.

Earlier diagnosis: There must be ongoing concerted efforts to make sure more people are diagnosed with cancer at earlier stages. The Scottish Government should commit to and implement a targeted lung screening programme as soon as possible, in line with the UK National Screening Committee's recommendation.

Research: The scale of the cancer challenge is incomparable. Cancer places a significant pressure on individuals, society, the NHS and the economy with nearly 1 in 2 people still affected by cancer [27]. Significantly more potential years of life are lost to cancers than to other major non-communicable diseases.

However, huge progress has been made due to cancer research, with around 80,600 deaths avoided in Scotland since the early 1990s, thanks to progress in cancer research and innovation [28].

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 [29].

Scotland has a very strong scientific research community, with excellent research universities and institutes. This allows Scotland to currently punch above its weight to secure nationally and internationally competitive funding. This brings research and innovation success, leading to better health outcomes and economic growth. We want to see investment in research and innovation continue to ensure Scotland remains globally competitive.

Cancer research and innovation must be prioritized by the Scottish Government to tackle the growing and complex health challenges. Cancer Research UK is, and will continue to be, fully supportive of the highest quality cancer research and innovation in Scotland.

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18 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.

19 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 Scottish Cancer Registry, which is maintained by Public Health Scotland.