



# Turning evidence into impact

A decade of saving  
and improving lives

**2026**

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Together we are  
beating cancer

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## Foreword

Cancer Research UK exists to beat cancer. Over the last century, we've made discoveries that have saved countless lives and continue to benefit millions of people around the world.

We have a long history of translating evidence into impact. By shaping the national agenda on cancer, we've driven strategies and policies that deliver for people, while our cancer information reaches around 20 million people every year, helping them to reduce their cancer risk, seek help with any health concerns and navigate tests and treatment.

We're delighted to share some of the achievements we're most proud of – achievements we've made as part of a committed network with government, health systems, other charities and, at the heart of it all, our supporters and people affected by cancer.

We've made real progress to help double cancer survival in the UK over the past 50 years, but we believe people affected by cancer still deserve much better. We know the number of new cancer cases is increasing, as is the

pressure on our health system. Evidence shows that our system has significant cancer inequalities, so experience and outcome across a cancer journey can depend on where someone lives. Cancer outcomes in the UK aren't where they should be. This has to change.

The latest National Cancer Plan for England, launched in February 2026, provides a welcome blueprint for this change. It includes positive commitments to meet cancer waiting time targets, diagnose more cancers earlier and accelerate the set-up of clinical trials.

We campaigned tirelessly for the UK Government to commit to a new 10-year plan and since its initial announcement in October 2024, we've worked hard to make sure the plan is ambitious and has people affected by cancer at its heart. Over the next decade, we'll continue our work to make sure the plan delivers real improvements to people's lives.

Another big win in 2026 was the passing of the Tobacco and Vapes Act. The act includes legislation that means no child born on or after 1 January 2009 will ever legally be sold tobacco in the UK.

We've campaigned for tobacco control for decades, and more recently for this legislation, which will help prevent the next generation – and every generation to follow – from being exposed to the harms of tobacco addiction.

This is world-leading public health policy, driven by bold cross-party political leadership. It will have a generational impact across the UK and is a key step on the road to achieving a smokefree UK and ending cancers caused by smoking.

Our role in shaping the national and international debate on cancer has been a critical part of how we deliver impact:

- We work to nurture the research environment we're a part of, campaigning to make sure scientists have the funding and support they need to collaborate across borders and keep making life-changing discoveries.
- We're keeping clinical trials on the agenda, helping to drive the translation of these discoveries into clinical interventions.

- We're at the heart of efforts to get governments to invest in the NHS cancer workforce and equipment, so we have the technology and expertise to deliver the best outcomes for patients.

These changes lead to better ways of preventing, detecting, diagnosing and treating cancer for everyone.

Our vital work relies on a whole community of people coming together, united by a common purpose to beat cancer. Thank you for being part of our progress so far. It's exciting to think of the steps forward we can take if we build on the momentum we currently have. When people, policy and research come together, our work today can transform lives tomorrow.

Together we are beating cancer.



**Dr Ian Walker**

Executive Director of Policy,  
Information and Communications

# Ending cancers caused by smoking

Through decades of campaigning, we've driven historic advances towards a smokefree future for the UK.

## Laying the groundwork

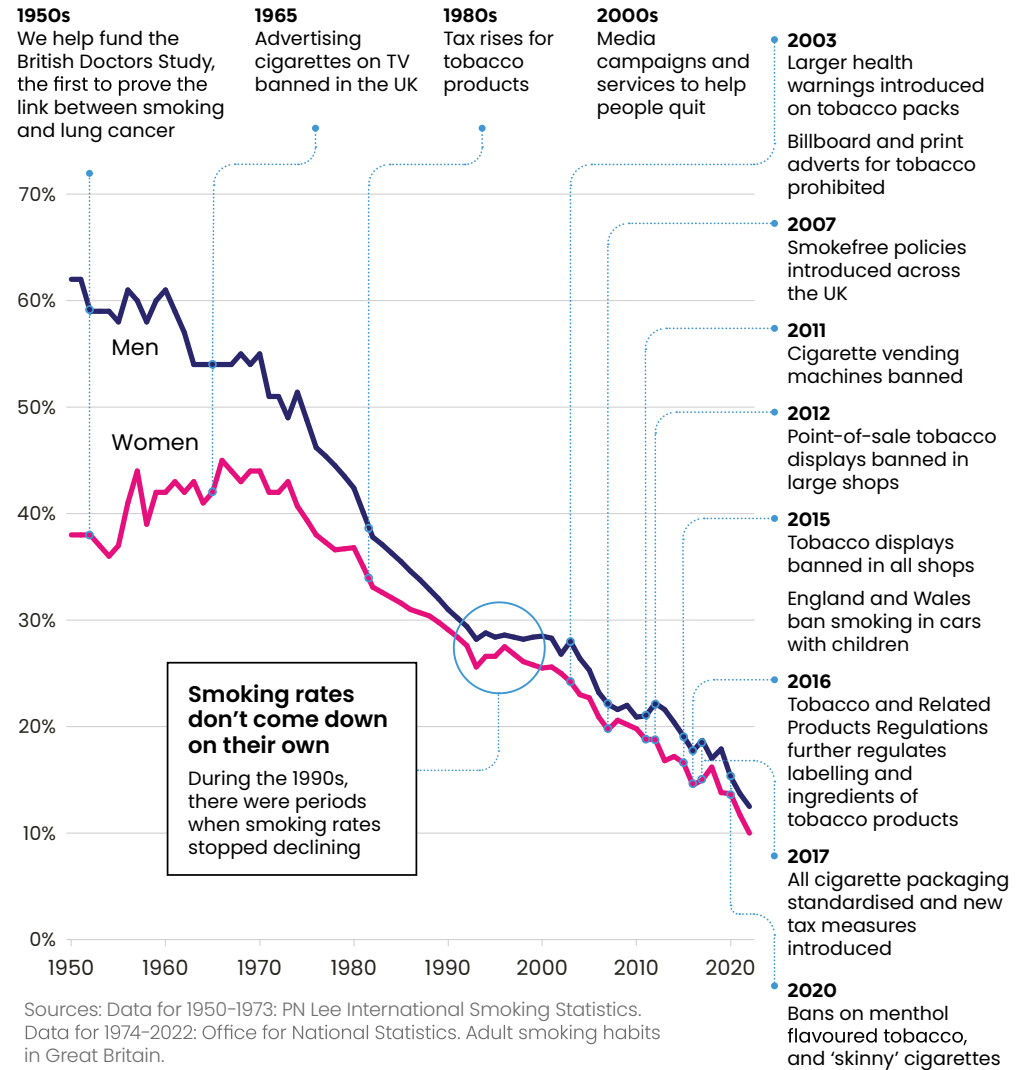
We helped prove the link between tobacco and cancer back in the 1950s. We also know that smoking rates go down with government action. That's why we've been at the forefront of advocating for progress towards a smokefree UK for decades.

And we're seeing it happen. Not long ago, the UK had smoke-filled pubs and workplaces, tobacco advertising and branded packs. With decades of comprehensive policy action, adult smoking prevalence in the UK in 2023 was at a record low of 11%, compared to over 40% in the 1970s [1, 2].

But we want to go further. We want a smokefree UK. Nothing would have a bigger impact on reducing the number of preventable deaths in the UK than ending smoking. Right now, more than five million people still smoke in the UK, and it remains the biggest cause of cancer, premature death and cancer inequalities [2, 3, 4, 5].

We've played a unique role in recent steps towards a smokefree UK through tirelessly campaigning for change, informing and influencing the government, and publishing research to support our policy asks. Here are just three key victories from our journey so far.

## Smoking rates decline with action



## The great indoors

Powered by our advocacy, supported by our research and backed by 20,000 campaigners emailing their MPs, by 2007, cigarettes were banned from all workplaces and enclosed public spaces in the UK.

The impact is huge. Since the indoor smoking ban, among other policies, **UK smoking rates in adults have fallen to their lowest-ever levels**, and only 1 in 100 children in England (1%) now report that they regularly smoke, compared to around 1 in 10 (9%) in 2006 [6, 7]. We've also seen a reduction in admissions to hospitals for heart attacks in England [8].

This intervention continues to protect people from secondhand smoke. When cigarettes burn, they release over 5,000 different chemicals and can increase the risk of cancer and heart disease, even in people who have never smoked [9, 10]. Since the ban, secondhand smoke exposure has dramatically reduced in the UK. For example, in England in 2003, almost 6 in 10 adults (56%) reported some exposure to secondhand smoke every week. By 2013, it was less than 3 in 10 (26%) [11].

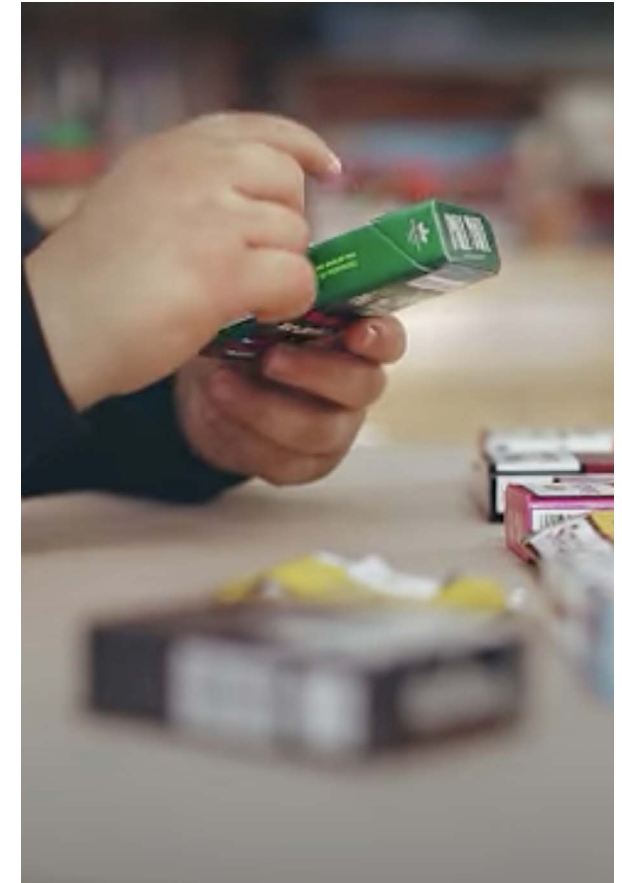
## Making smoking less attractive

In England, almost 9 in 10 adults (86%) who smoke say they took it up before the age of 21 [12]. Our evidence showed that by increasing the prominence of health warnings and making all packaging a standard shape, size and colour, cigarettes would be less attractive to adults and children. So, we followed the evidence and pushed to put this into action.

In March 2015, we celebrated a groundbreaking victory for public health as MPs voted in favour of plain cigarette packaging, thanks in part to our relentless work. Since 2017, it's been illegal to sell branded cigarette packs, giving millions of people one less reason to start smoking.

### The results are plain to see

Following the introduction of plain packaging and other policies, smoking rates declined. Standardised packaging is improving the effectiveness of health warnings, reducing the attractiveness of smoking to young people and lowering smoking uptake in children [13].



[Watch our powerful short video from our campaign to protect children from tobacco marketing](#)



## Joining forces

We learned from Australia, which first introduced plain packaging. Tobacco is a global threat, and by collaborating and sharing insights across the global public health community, we're making unified progress.

For 2012 Parliament Day, our biggest regular campaigning moment, our Campaigns Ambassadors launched our plain packaging campaign in collaboration with Action on Smoking and Health (ASH). Before the year was out, we'd gained around 78,000 signatures for our standard packs petition.

In 2014, to increase support, we partnered with the UK's chief medical officer, the World Health Organization (WHO) and the Smokefree Action Coalition, a collection of more than 250 health and wellbeing organisations [14]. Why? Because we're stronger together.

## The dawn of a smokefree UK

Tobacco kills one person every seven minutes in the UK. A smokefree future could mean tens of thousands fewer cancer deaths each year in the UK [15].

### July 2022

On Parliament Day, we launch our Smokefree UK campaign, calling on the UK Government to prevent tens of thousands of cancer deaths from tobacco each year. Our campaign pushes for more funding to help people quit smoking and for regulatory action to help prevent people from starting in the first place.

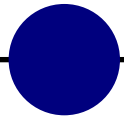
### September 2023

Nearly 14,000 campaigners sign our petition asking Prime Minister Rishi Sunak for more funding for services and public health campaigns to help people quit smoking.

### October 2023

Rishi Sunak announces this funding and launches landmark legislation to create a smokefree generation through the Tobacco and Vapes Bill. If implemented, the bill will mean nobody born since the start of 2009 will ever legally be sold tobacco products in the UK.

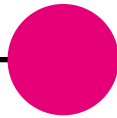




## 2024

Although the snap election halts the bill's progress, we refuse to let momentum fall. We seek commitments in party manifestos and urge the new government to reintroduce the bill, with 100 Campaigns Ambassadors penning an open letter to Health Secretary Wes Streeting. Over 6,000 supporters email their candidates in the run-up to the election. It works – the new Labour government includes the Tobacco and Vapes Bill in its first King's speech.

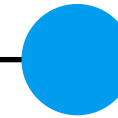
Since then, we've given evidence in parliament, kept the harms of smoking in the media and briefed MPs. Our supporters sent over 1,700 emails to MPs asking them to support the bill as it moved through parliament, reaching 90% of constituencies.



## February 2025

In Northern Ireland, members of the assembly vote in favour of the Tobacco and Vapes Bill through a legislative consent motion. This will allow Northern Ireland to implement the bill once it's passed through Westminster's legislative process, marking a significant step towards ending cancers caused by smoking and creating Northern Ireland's first smokefree generation.

Later in the year, Wales and Scotland also vote in favour of the bill through their own legislative consent motion.



## Now

With the help of our supporters, partners and Campaigns Ambassadors, we're celebrating the passing of the Tobacco and Vapes Act in full across the UK. This is one of the biggest milestones on our journey towards a smokefree UK. If this work has the impact that the UK Government hopes, by 2040, up to 10 million fewer cigarettes will be smoked each day in the UK – that's equal to a trail of cigarettes running between London and Glasgow [16]. We did it! And we'll keep pushing until we have a smokefree UK for all.

# Leaving no one behind

**Smoking is the single biggest driver of cancer inequalities [17].**

Our work towards a smokefree UK could protect people at higher risk of tobacco-related harm. This includes people in more deprived areas, people with mental health conditions and the LGBTQIA+ community [18].

For example, in England, there are nearly twice as many cancer cases caused by smoking in the most deprived areas compared to the least deprived [17]. Ending the harms of tobacco across all socioeconomic groups would be one of the most impactful and equitable actions any government could make.



# Making smoking a thing of the past

## Gower's story

“ On 21 November 2001, my aunt says: ‘He’s gone.’ My father had died of lung cancer. I step outside, light up a cigarette and think to myself, ‘This killed him. And now it’s killing me.’

Like my father, I started smoking as a teen. It wasn’t just considered cool, it was the norm. But by 2001, I was no longer the sporty kid – I was a busy, young dad, and still addicted.

In 2009, after years of failed attempts, I went to a stop smoking clinic. I never touched a cigarette again. Now, 16 years later, it’s my mission to help rid this world of what killed my dad.

In 2025, I continued to campaign for change and ran my 15th London Marathon in dad’s memory.

Now, our politicians have seized a historic chance to make a change for my children, Olivia and Will, and for everybody in the future. By raising the age of sale of tobacco, they’re taking important steps to end smoking for good in the UK, which could prevent tens of thousands of cancer deaths every year. By putting this law into action, my children’s children will never be sold cigarettes legally in the UK. That’s generational transformation.”



**Gower's daughter** with **Gower's Dad**, just months before he died



**Gower** with his daughter and her boyfriend

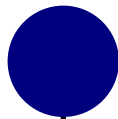
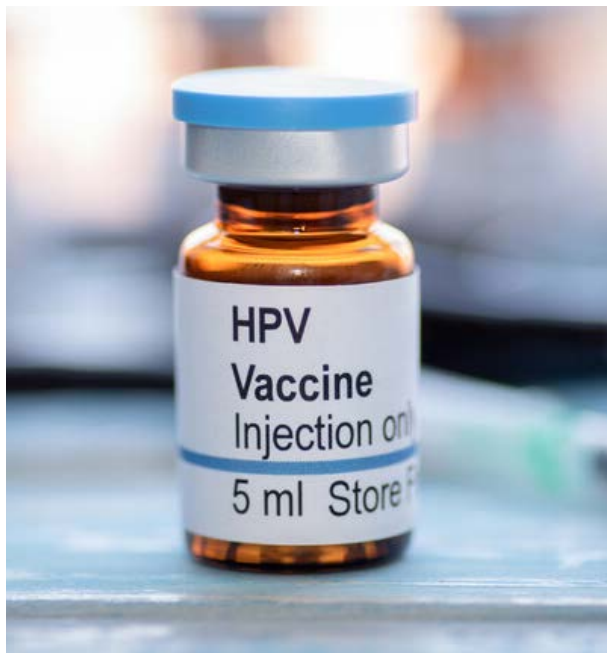
# Helping to roll out the world's first preventative cancer vaccine

By working with partners across the globe to roll out the human papillomavirus (HPV) vaccine, we're helping to bring about a world where almost no one develops cervical cancer.

## Showing the vaccine's potential

The HPV vaccine, in combination with cervical screening, means **we now have the potential to eliminate cervical cancer as a public health problem** – the first cancer we've ever been able to say this about.

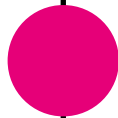
But to achieve this, we need the vaccine to reach everyone who needs it – whoever they are and wherever they live.



### Research

1999

A research group including Cancer Research UK-funded scientists shows that nearly all cervical cancers are caused by HPV [19].



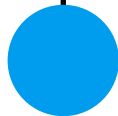
### Rollout

2008

Governments across the UK introduce HPV vaccination programmes for girls aged 11 to 13 [20].

2019

Our influencing plays a key role in the programmes being extended to all children in the UK aged 11 to 13.



### Reduction

2021

Research we funded shows **the HPV vaccine is expected to prevent up to 90% of cervical cancer cases** in the UK [21].

## Paving the way for extending the vaccine to boys

When the HPV vaccination programme was first introduced in the UK, it was only offered to girls aged 11 to 13. This was in part due to the strong link between HPV and cervical cancer, though HPV causes other types of cancer as well.

Nearly a decade later, the Joint Committee on Vaccination and Immunisation (JCVI) made the interim recommendation for the UK Government not to extend the HPV vaccine to boys. We were disappointed with this decision due to mounting evidence demonstrating the likely health benefits and overall cost-effectiveness of vaccinating all children [22].

### The benefits of vaccinating boys against HPV

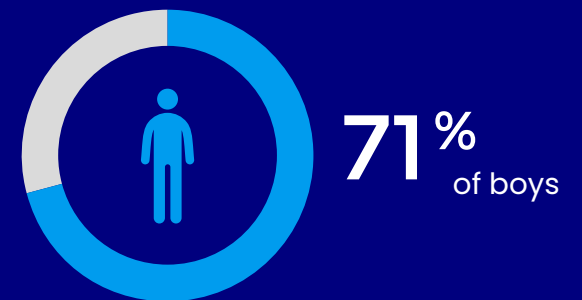
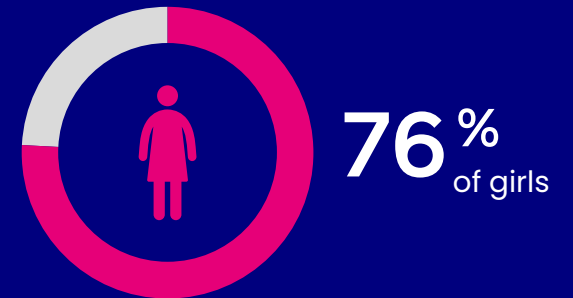
- HPV is linked to cancers in men as well as women, including anal, penile, upper throat and mouth.
- It helps build population – or herd – immunity against HPV, protecting everybody more effectively by reducing the spread of the virus.
- It's cost-effective in the long term, as it reduces the economic pressure of HPV-related disease.

[23]

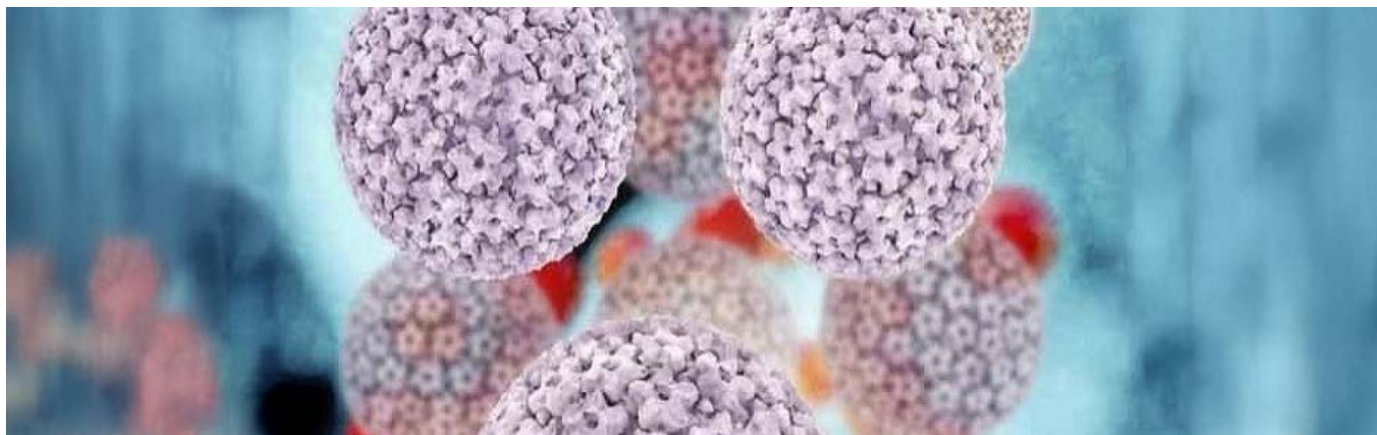
Alongside others in the sector, we persuaded the JCVI to consider all the potential benefits of extending the programme to boys and reconsider their decision, which they did in their final recommendation. We then pushed for governments across the UK to adopt the JCVI's new recommendation as soon as possible.

It worked – the Scottish, Welsh and English governments adopted the JCVI's new recommendation in 2018, with Northern Ireland following in 2019. As a result, **all children in the UK aged 11 to 13 are now offered the vaccine.**

In the UK, 76% of girls and 71% of boys aged 14-15 had received at least one dose of the HPV vaccine in the 2024/25 academic year, helping to protect current and future generations from cervical and other HPV-related cancers.



[24]



HPV cells

## Reaching people most at risk

NHS England has committed to eliminating cervical cancer as a public health problem in England by 2040, meaning cases are reduced to a point where almost no one develops the disease [25]. This will require increased uptake of the vaccine and cervical screening, alongside high-quality, timely treatment for cervical cell changes. Other nations are working to make similar progress, and we're providing expert advice to governments and healthcare systems across the UK to help steer planning and strategies.

An important part of this work is to make sure everyone eligible can get the vaccine. People from more deprived areas have higher rates of cervical cancer [26], which is why it's so important that underserved groups have equal access to HPV vaccination. We're pushing for better reporting on HPV vaccine uptake by deprivation and ethnicity, along with more research, to help us understand how to reach people most at risk of cervical cancer.



The HPV vaccination programme is estimated to prevent the **highest number of cervical cancer cases in the most deprived areas**, according to our latest study of data from England.

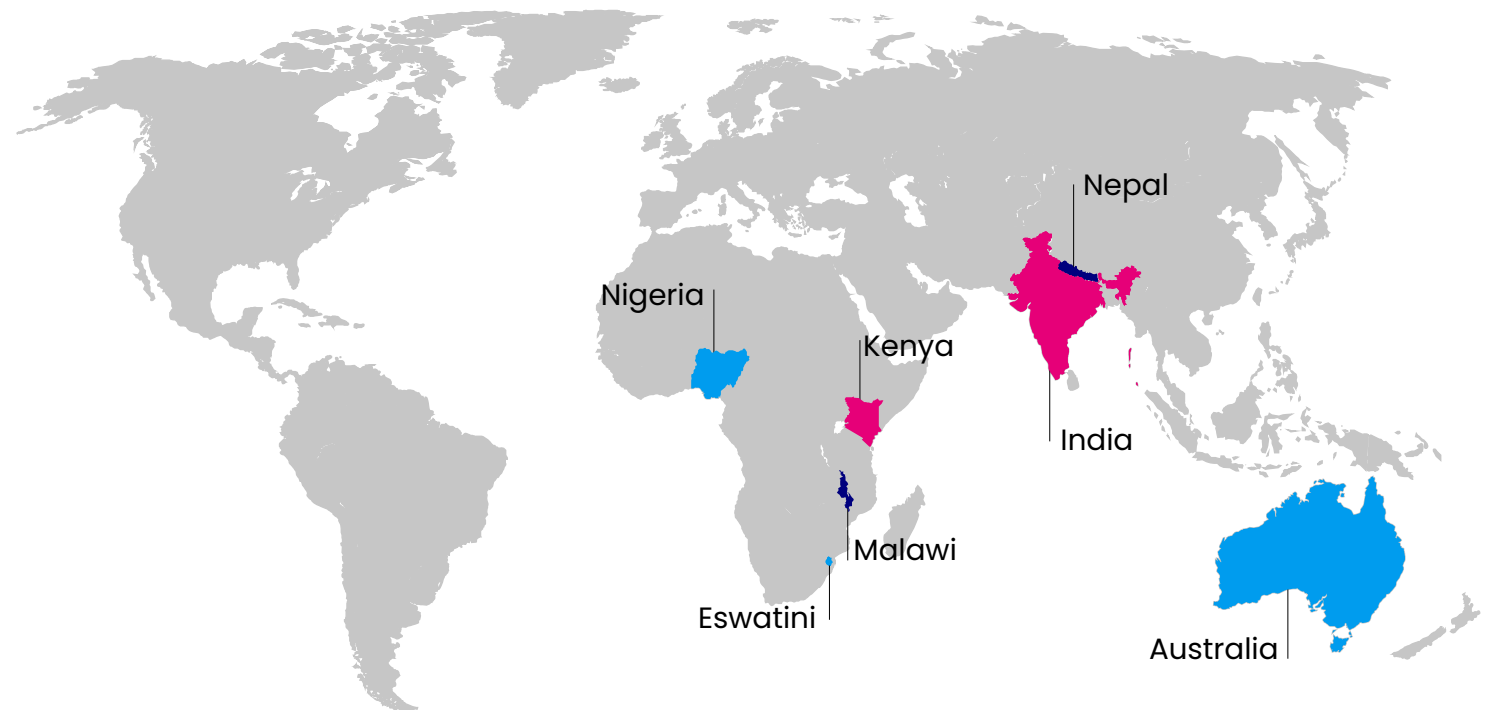
[26]



## Rolling out the vaccine across the world

As a founding member of the Cervical Cancer Action for Elimination network, we were part of the movement that secured an international commitment to take ambitious action on cervical cancer. In 2020, WHO published its global strategy to accelerate the elimination of cervical cancer as a public health problem. It calls for 90% of girls to be vaccinated by the age of 15 by 2030 [27].

Cervical cancer is the fourth most common cancer in women worldwide, and more than 9 in 10 (around 94%) of the 350,000 global deaths caused by cervical cancer in 2022 occurred in low- and middle-income countries [28]. So, to drive momentum towards WHO's target, we've awarded grants to help roll out HPV vaccination across the globe, playing our part to address these inequities by reaching people most at risk.





## India

In partnership with the American Cancer Society, we've jointly funded a programme supporting healthcare workers in India to talk effectively about HPV vaccination with parents and adolescent girls, with the aim of increasing vaccine uptake.

Working with the Federation of Obstetric and Gynaecological Societies of India and the Indian Academy of Paediatrics, we've helped train over 10,000 obstetricians (doctors who specialise in pregnancy) and gynaecologists (doctors who specialise in reproductive health) and around 5,000 paediatricians (doctors who specialise in children's health) to communicate the benefits of HPV vaccination and ease people's concerns.



## Eswatini

Eswatini has the highest cervical cancer incidence rate in the world and one of the highest HIV prevalence rates [29]. These two things are linked, as people living with HIV are at higher risk of contracting HPV and therefore cervical cancer.

WHO guidelines recommend that people living with HIV should receive at least two doses of the HPV vaccine and, where possible, three [30]. But in Eswatini, financial constraints have meant a funding gap for the second dose.

That's why we're teaming up with the Clinton Health Access Initiative, which is supporting the Eswatini Government to introduce two doses of the HPV vaccine for girls living with HIV. The programme started in May 2024 and will help to reduce cervical cancer cases and ultimately save lives.



## Nepal

We're supporting two Nepal-based organisations – the Nepal Fertility Care Center and Nepal Society of Obstetricians and Gynaecologists. They're partnering with the country's Ministry of Health to support the publicly funded HPV vaccination programme for adolescent girls, launched in February 2025.

They're also providing healthcare professionals with direct guidance for delivering the vaccine and raising public awareness through a range of channels, including an interactive voice response phone line.

# Calling for a cancer workforce that delivers

To transform cancer outcomes, we need a resilient cancer workforce.  
We continue to call for this in our policy, information and communication work.

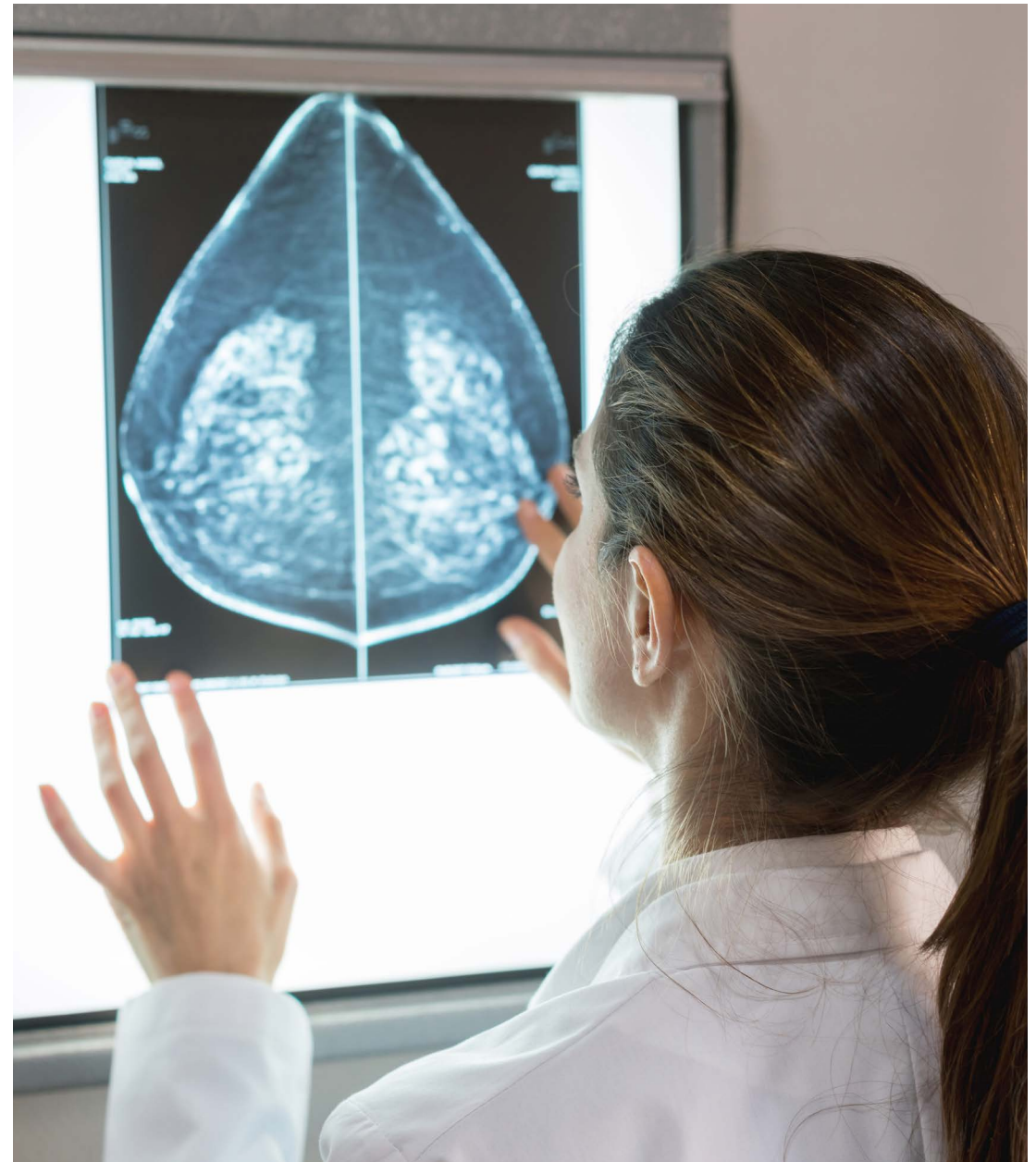
## Why it's a priority

Over the past 50 years, our work has helped double cancer survival in the UK [31]. Research has made this possible, but getting the benefits to people affected by cancer relies on a health service with the right workforce and equipment.

We've been at the heart of efforts to get the UK Government to invest in the NHS cancer workforce and equipment, collaborating with others across the cancer community. And we've played an important part in building the evidence base, with modelling to show how many more staff are required to meet patients' needs.

We have a long way to go, but we're proud to be behind a steady series of successes, where governments have invested in the staff, skills and cutting-edge equipment needed for cancer care. Our voice is being heard, and thanks to our continued work with the Health and Social Care Select Committee, in May 2024, their Future Cancer inquiry led them to make recommendations supporting our calls for dedicated workforce planning [32].

Still, NHS workforce and equipment remains a key issue. We have so much more to do, and we won't stop until we have a cancer workforce that's equipped to deliver for people now and in the future.




Over the past 50 years  
our work has helped

**double**  
cancer survival in the UK.

# What is the 'cancer workforce'?

**For over 75 years, NHS staff have been at the forefront of fighting cancer.**

At any one time, they diagnose, treat and care for around three million people with cancer in the UK [33]. People affected by cancer will interact with staff across the NHS throughout their journey. Key specialisms include oncology, radiology, radiography, gastroenterology, pathology and specialist cancer nursing.



## Standing shoulder to shoulder with NHS staff

In 2020, thanks in part to our campaigns, collaboration and evidence, the UK Government announced an **extra £260m to help grow the NHS workforce**. That means more people getting a diagnosis, treatment and care when they need it.

This included £52m for Health Education England to further invest in the cancer and diagnostic workforce, offering training for 250 nurses aiming to become cancer clinical nurse specialists and 100 nurses wanting to become chemotherapy nurses [34].

How did we do it? In 2018, on the NHS's 70th birthday, we delivered our **Shoulder to Shoulder Against Cancer campaign**, asking the UK Government to train and hire more staff to diagnose and treat cancer early. Thanks to the relentless efforts of our supporters and Campaigns Ambassadors, we secured backing from 174 MPs and members of the House of Lords [35].

We underpinned our campaign with robust evidence. In 2020, we published first-of-its-kind research on the investment needed to grow the cancer workforce in England to meet the government's targets – the level of detail was unprecedented [36].

## Making every second count

The COVID-19 pandemic exposed the challenges facing the NHS. All aspects of cancer care were impacted, and although performance on cancer waiting time targets was declining before, the pandemic saw things quickly get even worse.

So, we launched our **#CancerWontWait** campaign, highlighting the impact of delays to care caused by NHS staff shortages. As cancer waiting times reached the longest on record, we used our unique position to bring together the cancer community with a unified message for the prime minister.

We didn't stop there. Through our **One Cancer Voice campaign**, we worked with a coalition of more than 60 cancer charities calling for the UK Government to plot a route out of the pandemic and towards world-leading cancer services. In four weeks, more than 76,600 people signed the petition [37].

And the result? In 2021, the UK Government committed "hundreds of millions [of pounds]" to NHS workforce training and £2.3bn for diagnostic equipment for England. We're seeking similar commitments in Scotland, Wales and Northern Ireland [38].

## Obtaining the kit to improve lives

We've long campaigned to make sure everyone who needs it has access to world-class radiotherapy. Take proton beam therapy, a treatment that offers higher precision and reduced side effects and is particularly suitable for complex childhood cancers. For over 10 years, the NHS paid for patients to go abroad for this treatment [39].

In 2011, we rallied our supporters and gathered around 36,000 signatures to help secure a £250m investment from the UK Government to open two cutting-edge proton beam therapy units [40]. Now, up to 1,500 cancer patients every year can access this therapy closer to home and are spared overseas travel [39]. As well as saving costs, the units are helping patients access novel treatments through clinical trials.

Calling for more

# clinical research

We want more time for clinical research in the NHS – it's at the heart of driving improvements for patients, developing new ways to prevent, diagnose and treat disease. We continue to highlight the benefits of clinical research for future scientific progress, outcomes for current patients, retention of healthcare professionals and the economy.

Sadly, for many NHS staff, clinical research is presented as an add-on. In February 2021, we gave recommendations to fully integrate it into healthcare to deliver better patient outcomes. We know that 80% of the public believe it's important for health service staff to have protected time for research, even when the health service is under pressure [41, 42]. We'll keep working to make it happen.



## Securing a better future

Long-term progress needs long-term plans and funding. In 2023, the UK Government published the NHS Long Term Workforce Plan – the first ever national picture of the workforce needed to deliver timely care to everyone [43]. This was a vital first step in taking a more strategic approach to workforce planning and addressing shortages.

Thanks in part to our work, the new UK Government has restated this commitment. Now, we're pushing for specific cancer workforce planning.

“Cancer Research UK has long been a valuable advocate for the cancer workforce. The Policy team has shifted the conversation forward on workforce funding by generating valuable insight into the scale of the challenge and advocating on our behalf at the highest levels. With services still facing profound challenges, we value Cancer Research UK as partners in our shared mission of boosting the diagnostic and clinical oncology workforce.”

### **Dr Tom Roques**

Vice President for Clinical Oncology  
at the Royal College of Radiologists



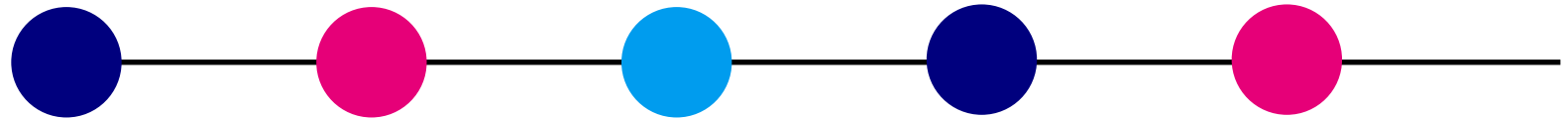
# Proving the power of early detection and diagnosis

We've helped save lives by pushing for early detection and diagnosis across all four UK nations and every cancer type. This means more people are getting their cancer diagnosed at an early stage, when treatment is more likely to be successful.



## Putting early diagnosis on the map

Working closely with the NHS, Department of Health and Social Care and other key decision-makers, we helped put early diagnosis on the map by building on evidence that diagnosing cancer at an earlier stage leads to better outcomes for patients.



**2008**

Co-led by Cancer Research UK and the Department of Health in England, the **National Awareness and Early Diagnosis Initiative (NAEDI)** is formed. The NHS hasn't treated early diagnosis as a priority up to now, but NAEDI's creation sets the wheels of progress in motion.

**2012**

We support the **Routes to Diagnosis** study, which finds people diagnosed with cancer through an emergency route (such as being admitted to hospital after going to A&E) have significantly lower one-year survival compared to other more 'managed' routes such as GP referral or screening [44].

**2015**

The **International Cancer Benchmarking Partnership**, hosted by Cancer Research UK, finds the UK lags behind other comparable countries when it comes to cancer survival [45].

**2019**

Based on the wealth of evidence we supported showing the importance of early diagnosis, **NHS England commits to an early diagnosis ambition in its Long Term Plan** [46].

**2026**

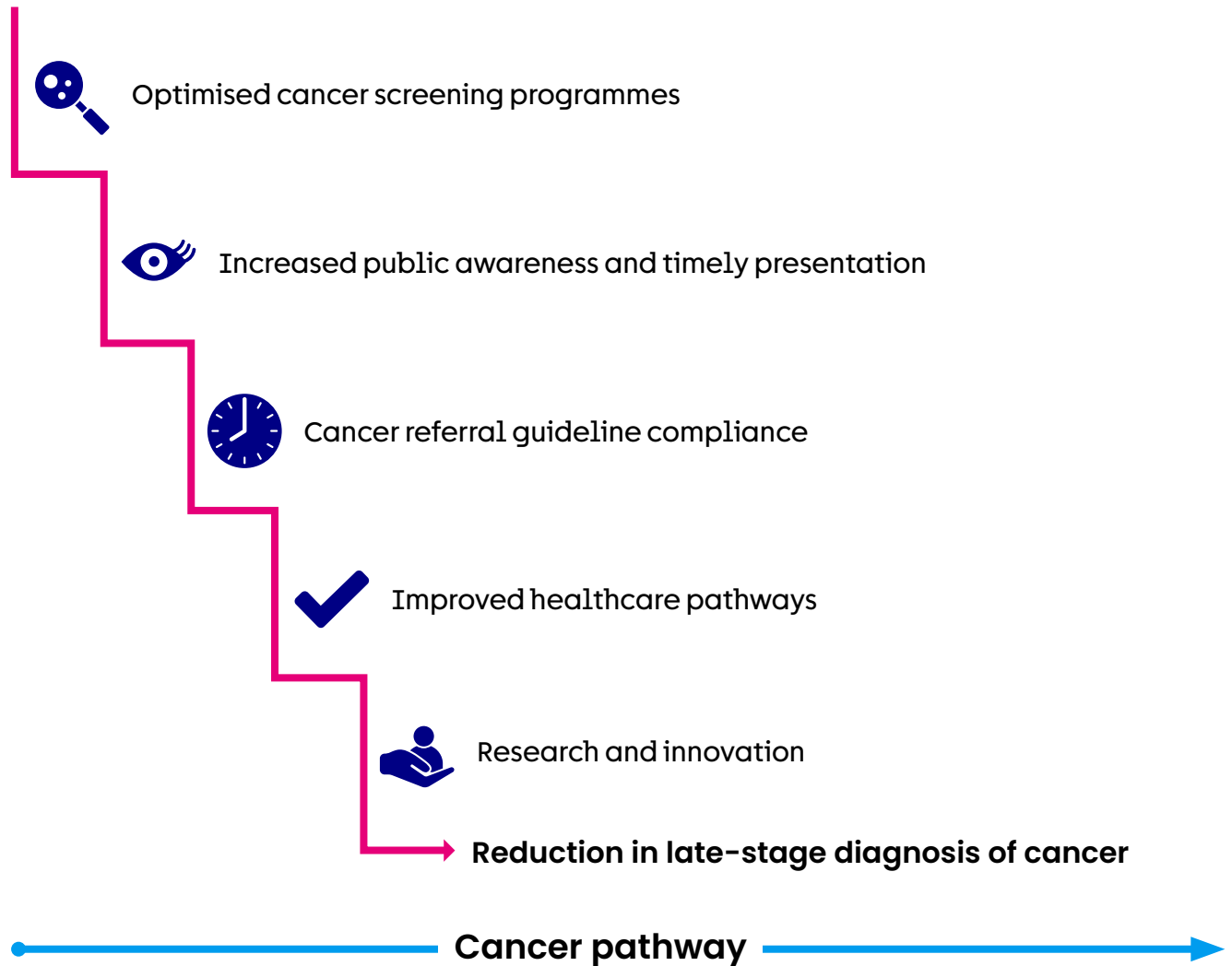
We advocate and provide evidence for the inclusion of additional early diagnosis metrics in the **National Cancer Plan for England**.

## From evidence to interventions

In 2019, we developed our Improving Early Diagnosis of Cancer 'Waterfall' [47]. This infographic presents ways to reduce late-stage cancer diagnoses, leading to better outcomes for people affected by the disease.



## Improving Early Diagnosis of Cancer 'Waterfall'



## Spotting bowel cancer sooner

Drawing on our waterfall, we've identified specific cancers where we can intervene to improve early detection and diagnosis across the pathway – from someone taking part in screening or noticing a symptom through to diagnosis or cancer being ruled out.

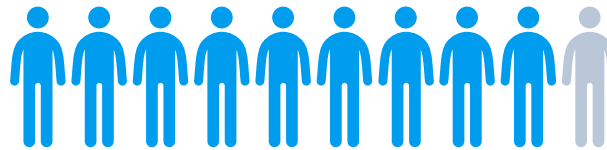
For example, bowel cancer is the second most common cause of cancer death in the UK [48]. But when it's diagnosed at the earliest stage, around **9 in 10 people (91%)** in England survive their disease for at least five years. This drops to around **1 in 10 (11%)** when diagnosed at the latest stage [49].

By intervening across the bowel cancer pathway, we've helped make sure more cases are diagnosed at an earlier stage, when treatment is more likely to be successful and more lives are likely to be saved.

## Bowel cancer survival by stage at diagnosis in England

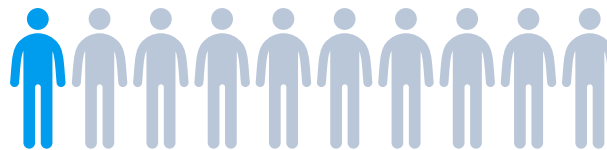
Proportion of people surviving their cancer for five years or more:

### Diagnosed at earliest stage (stage 1)



Around 9 in 10

### Diagnosed at latest stage (stage 4)



Around 1 in 10

Data is age-standardised net survival for adults (aged 15 to 99 years) in England in 2016–2020 followed up to 2021, for patients with bowel cancer.

Source: Cancer survival in England, NHS Digital 2023.

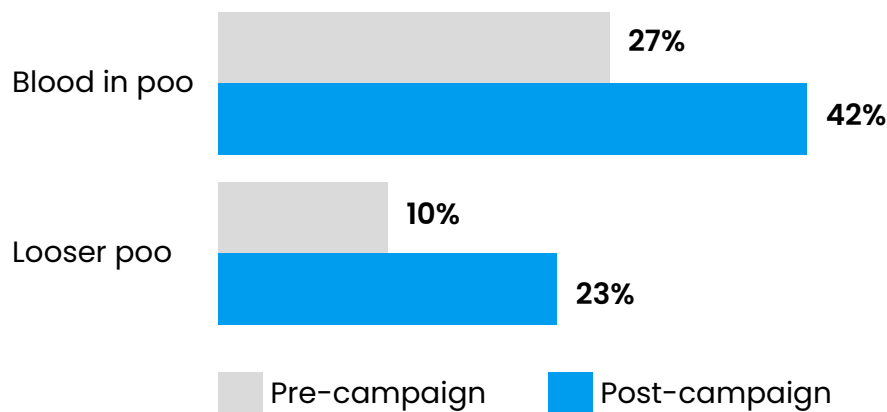


### Raising awareness of symptoms

We support campaigns to raise public awareness of cancer signs and symptoms across the UK. For example, we supported the **Be Clear on Cancer** campaigns for bowel cancer in England and Wales, which focused on raising awareness of signs and symptoms such as blood in poo or looser poo. Targeting people aged over 55 from lower socioeconomic groups, the campaign encouraged people with symptoms of bowel cancer to see their GP.

Results from the campaign showed a significant increase in GP attendance for symptoms directly linked to the campaigns, especially among people aged 50 to 59 [50].

#### The first national campaign resulted in an increase in the public’s unprompted awareness of the following symptoms:

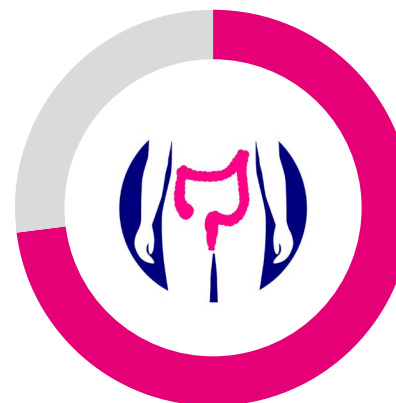


### Introducing a better test

In 2016, the UK National Screening Committee recommended that the **faecal immunochemical test (FIT)** should be adopted as the new primary test for bowel cancer screening.

This recommendation was influenced by evidence we brought to the committee that FIT was able to detect more bowel cancer cases early. FIT is also easier to use than the previous test because people only need to collect one poo sample instead of three.

Our evidence made a difference – Scotland was first to adopt FIT in 2017, followed by England and Wales in 2019 and Northern Ireland in 2021.



The rollout of FIT in Scotland saw bowel screening uptake rise above the programme target of 60% for the first time, reaching 62% for the period May 2017 to April 2019 [51].



“

It wasn't long after I sent away my FIT test that I got a call asking if I could go to the hospital for further investigation. It was a shock to be told after more tests that I had cancer, but it had been caught early when treatment was most likely to be effective.

**The bowel screening test is a little bit of kit that helped save my life.”**

**James, 71**

From County Down,  
Northern Ireland

### Improving screening

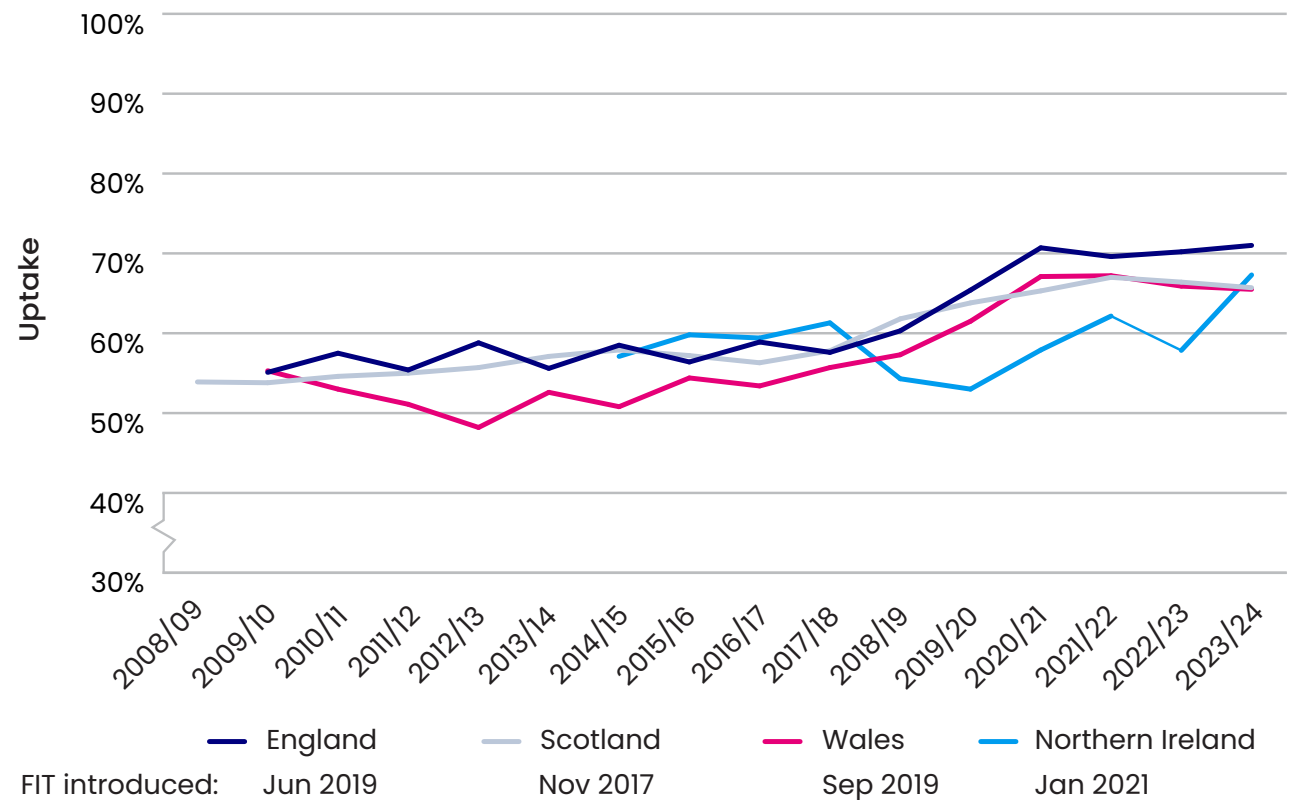
We've influenced the UK nations to deliver bowel screening in line with the UK National Screening Committee's recommendations. These include **lowering the age of eligibility** so more people can take part and **lowering the threshold** for a positive FIT result so more cases can be detected.

We've worked with Bowel Screening Wales to support their new, lower threshold for a positive FIT result and age extension for screening to people aged 50 and above.

We've also launched an interactive tool that supports health systems to identify interventions that could help reduce inequalities in bowel screening uptake in their areas, which is being used by NHS England and Public Health Wales.

Our efforts have been paying off, as shown by an overall upward trend in bowel screening uptake across all four UK nations over time [52].

### Bowel screening uptake trends in the UK



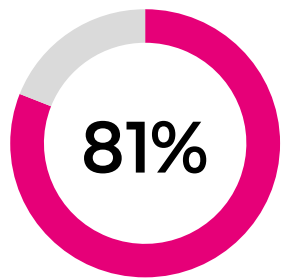
Sources: OHID, Public Health Scotland, Public Health Wales, HSC Public Health Agency

### Supporting GPs

When FIT was first introduced in 2017, GP uptake of the new test for symptomatic patients was low and there was confusion around the difference between using FIT for screening and for symptomatic patients.

So, we developed single-page explainers for GPs on the uses of FIT, produced an e-learning module in partnership with GatewayC and supported webinars on bowel cancer with NB Medical Education. **Our bowel cancer webinar was viewed by more than 1,000 GPs in 2023/24.**

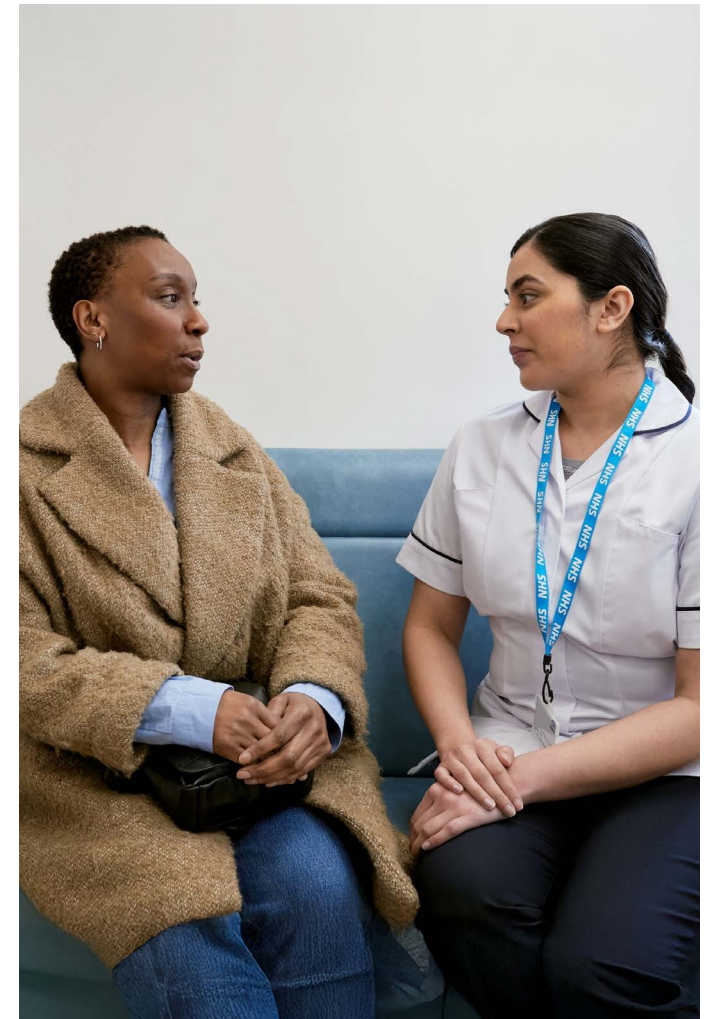
The proportion of GPs using FIT for all symptomatic patients increased from 30% to 81% between 2020 and 2023 [53].



**Proportion of GPs using FIT in 2023**

“FIT has become a vital part of the bowel cancer pathway, so it’s really important for doctors to understand the test and know how to support people to use it. The resources provided by Cancer Research UK have made such a difference and will continue to help GPs and our patients in the future.”

**Dr Sarah Taylor**  
Greater Manchester Cancer Alliance Associate Medical Director for Early Diagnosis and Primary Care



# Answering your questions about cancer

As a leading UK provider of information about cancer, our support is there to reach people wherever they need it, whenever they need it – whether that's online, over the phone, in print or in person.

## Jo's story

“ Hi, I'm Jo. And in May 2020, I was diagnosed with breast cancer during a global pandemic.

Being diagnosed with cancer is stressful, and stress has a big impact on our ability to understand information. I had so many questions, worries and concerns that I found myself unable to take things in.

Having cancer can also be lonely. You can have the best team of family and friends around you, but what do you do at 3am when you can't sleep because you're worried about your test results? I, like so many people, went to the internet. That's where, in the early hours of the morning, Cancer Research UK became my friend when I needed them.

Finding information I could trust was so important. Cancer Research UK's About Cancer webpages became my go-to source, as I felt they respected me and understood what I was experiencing. There was no complicated jargon, it was just accessible and understandable all the way. As a lead content designer, I appreciate how the simple and professional design of the pages helped build this trust. But back then, I wasn't Jo the content designer, I was Jo with cancer.

Those pages were the start of my enduring relationship with Cancer Research UK. From there, I discovered the Cancer Chat forum, where I could talk to other people affected by cancer and direct my questions to Cancer Research UK's specialist nurses.

(Continued on next page...)



Our About Cancer webpages are viewed around 47 million times each year. They contain more than 3,000 pages of information about 95% of cancer types.



Jo during her cancer journey

(Continued from previous page)

I realised that talking about cancer helped me and other people, so I also took part in Cancer Research UK's Talk Cancer training. The course was all about how open conversations can help people reduce their cancer risk, and how seeking help early with anything that's not normal for you can help diagnose cancer at an early stage, when treatment is more likely to be successful. When I returned to work, I joined a newly formed cancer support network and used the tips I'd picked up in the training to have supportive conversations with my colleagues.

After two surgeries, 10 chemotherapy sessions and 10 radiotherapy sessions, I'm taking daily medication to help reduce the risk of the cancer returning, and life is good.

When I was diagnosed with cancer, I made a list of all the things I wanted to do in my life – including stand-up comedy! In 2024, I performed at some Fringe festivals and I'm currently writing a more serious show about my cancer experience.

My plan is to use the show to fundraise for Cancer Research UK, because I wouldn't be standing here as the person I am today if it wasn't for their information and support.”



Cancer Chat is the only fully moderated online forum of its kind for people affected by cancer, with around 150,000 members. The community provides a safe space to give and get support from others, with around 1,500 new people joining every month.

# The right information at the right time

Spanning every stage of the cancer pathway, our trusted information helps people to reduce their cancer risk, seek help with any health concerns and navigate tests and treatment. We deliver this information through a range of channels, and we strive to make sure it's relevant, inclusive and accessible to everybody.

## Information for everybody

Our online and printed information is consistently awarded the Patient Information Forum TICK – the only UK quality mark for evidence-based and trustworthy information.

Our About Cancer webpages also carry the Plain English Crystal Mark, showing we provide content that's clearly written and easy to understand.



## Here are just some of the ways we're supporting millions of people across the UK:



We train around 1,000 people every year through our **Talk Cancer** workshops.

Our Talk Cancer programme equips people who work and volunteer in their communities – such as health staff, community champions and faith leaders – to have open conversations about health and cancer. Participants go on to have conversations with thousands more people in their communities, supporting them to take positive action for their health.

Working with local partners and interpreters, we've delivered Talk Cancer workshops in 10 different languages to date, including Urdu, Arabic, Punjabi, Dari, Pashto, Somali and British Sign Language.

**"The training sticks in your head and raises alarms. For example, just the other week I had a conversation with a woman complaining of arm pain, so I encouraged her to go see her doctor. I know she's since been diagnosed with breast cancer, so hopefully this was caught early."**

**Pharmacist who attended Talk Cancer training**



“I didn’t know about the link between weight and cancer risk until today. The nurse helped me to think about my lifestyle and how I can make small changes to make a difference.”

**Cancer Awareness Roadshow visitor**



We’ve welcomed more than **900,000 visitors** to our **Cancer Awareness Roadshow** since it started in 2006.

Every year, our roadshow nurses go into the heart of communities to chat to people about health and cancer.

Visiting areas that need it most, they tackle barriers to accessing information and services, helping people take steps to reduce their cancer risk and visit their GP practice with any concerns.



Our free **Cancer Nurse Helpline** responds to around **1,000 enquiries** every month.

Over the phone and online, our helpline nurses provide information for anyone affected by or with concerns about cancer. For people whose first language isn’t English, we offer an interpreting service.



Over the last 10 years, our **YouTube videos** have received more than **23 million views** and over 300,000 hours of watch time.

From animations on spotting cancer symptoms to tips for keeping healthy and reducing cancer risk, our videos offer easy-to-digest and accessible content about cancer, as well as information for people undergoing treatment and living with cancer.





Our **clinical trials database** receives more than **60,000 views** on average per month.

The only database of its kind in the UK, this provides information on more than 2,800 clinical trials covering all cancer types. Written in accessible language, it raises awareness of the importance of trials and supports people to take part.



We've distributed at least **600,000 Your treatment record booklets**, reaching half of all eligible patients since 2018.

Created with professionals and patients, this unique booklet helps people keep track of their cancer treatment. Patients can log appointment details and test results, record side effects and read information on types of treatment.



# Pushing cancer up the political agenda

We played a leading role in reinstating cancer as a national priority in England after it fell down the political agenda in the early 2010s. And we've continued to push for long-term strategies to beat cancer as new challenges have emerged, urging successive governments to act so that people get the cancer care they deserve.



## How cancer fell down the agenda

When the UK Government passed the Health and Social Care Act in 2012, it resulted in a significant restructuring of the NHS in England. This negatively impacted many aspects of cancer care, from prevention through to diagnosis and treatment.

The National Cancer Action Team, which helped the NHS implement important policies on waiting time targets, early diagnosis and living with and beyond cancer, was disbanded. At the same time, 28 cancer networks were cut and replaced by 12 strategic clinical networks covering cancer and other diseases. This reduced the focus on improving cancer services and implementing national cancer strategies at a local level.

## How we pushed it back up

By working closely with partners across academia, the NHS, the charity sector and key decision-makers at the heart of government, we pushed for cancer to be re-established as a political priority. And we succeeded.

“Macmillan and Cancer Research UK did such a good job at keeping the political pressure on – it kept Number 10 very interested in improving cancer services and outcomes.”

**Jane Allberry**

Former Deputy Director at the Department of Health

[55]

## Starting the conversation

We **advocated for the importance of cancer strategies** in improving cancer outcomes, using our policy research to show what good looks like [54].

We **built strong relationships** with key political and health leaders, including the prime minister’s office and the chief executives of the NHS.

We **sat on the All-Party Parliamentary Group on Cancer** with Macmillan Cancer Support, which gathered significant political support for a national cancer strategy.

## Setting the strategy

Our efforts paid off, and in 2014 the UK Government committed to creating and implementing a cancer strategy for England. In 2015, the Independent Cancer Taskforce, chaired by our chief executive at the time, published *Achieving world-class cancer outcomes: a strategy for England 2015–2020* [56].

This was the **first cancer strategy for England since 2007** and the first time a strategy had been led independently outside the NHS. As chair and hosts of the secretariat to the strategy, we played an integral role in shaping it. We brought together cancer charities, clinicians, academics, health leaders and people affected by cancer to set ambitious recommendations for reducing preventable cancers, investing in infrastructure, increasing cancer survival and improving patient experience.

And together, we made a difference. NHS England accepted the recommendations in full and aligned the strategic priorities of its Cancer Programme with them, setting a path towards better cancer care.

## Seeing the impact

The 2015 cancer strategy led to some key wins for people affected by cancer:

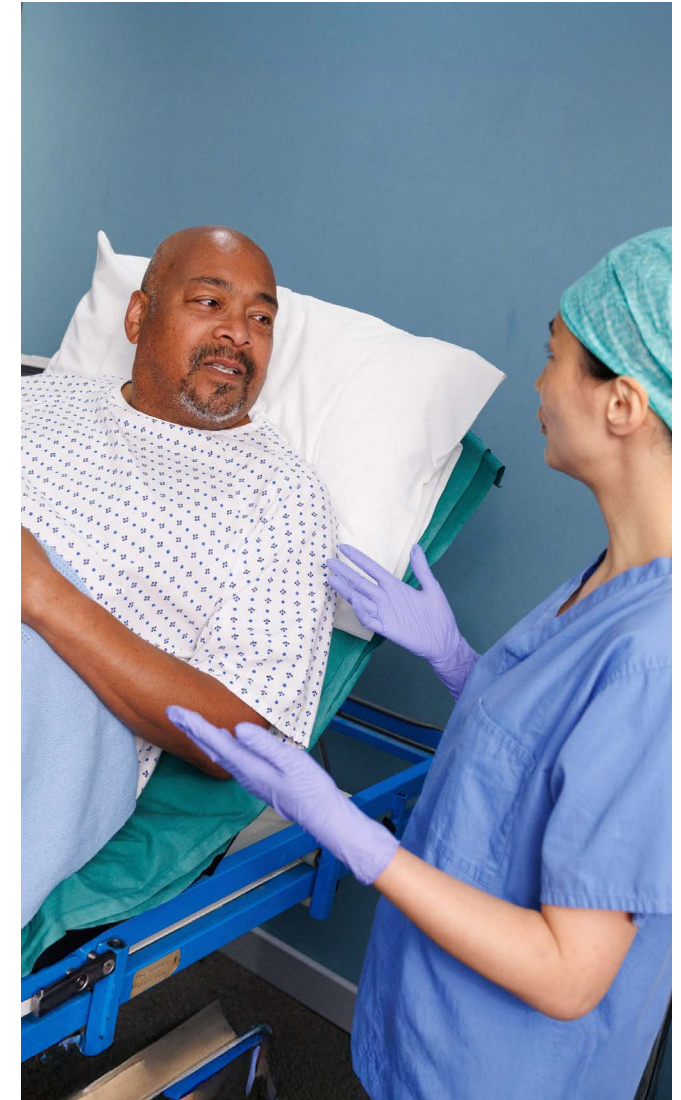
- The strategy came with **£200m in funding for cancer services** and **£130m for renewing radiotherapy machines** [55].
- A network of **Cancer Alliances** was set up to transform cancer diagnosis, treatment and care at a local level [57].
- The strategy resulted in **reforms to screening** for cervical and bowel cancer, increasing participation and making it easier for these cancers to be spotted sooner, and in some cases even prevented [57].
- In 2021, NHS England introduced the **Faster Diagnosis Standard**. The standard requires cancer to be diagnosed or ruled out within 28 days of an urgent referral, reducing the time people spend anxiously waiting.



### COVID-safe spaces for surgery

The re-introduction of cancer networks, re-formed as Cancer Alliances, has had a significant impact in saving and improving lives.

During the COVID-19 pandemic, the alliances were crucial in setting up 'hubs' for cancer, which made sure cancer patients could continue to receive the care they needed in COVID-safe spaces. During the first wave of the pandemic, the Royal Marsden hub in London operated on more than 1,450 patients whose surgery would have otherwise been postponed [58].





## Spotting lung cancer sooner

Cancer Alliances have been central to the rollout of targeted lung cancer screening in local areas.

After international trials demonstrated a targeted lung cancer screening programme would lead to better outcomes for people affected by cancer, we worked with the lung cancer community and UK National Screening Committee (UK NSC) to review and translate the research, putting evidence into action. In 2022, the UK NSC recommended targeted lung screening in all four UK nations.

In England, targeted lung screening is already helping to diagnose more lung cancers at an earlier stage when treatment is more likely to be successful. It's also helping to reduce inequalities in cancer outcomes. Since launching in 2019, more than a third of lung cancer cases in people living in some of the most deprived areas in England have been diagnosed at an earlier stage than they would've been before the screening pilot [59].

The government has now committed to fully rolling out targeted lung screening in England by 2030. This could help avoid around 1,500 lung cancer deaths each year, while helping to tackle deep inequalities in cancer outcomes. We've also joined expert advisory groups to support the implementation of lung screening in Wales and Scotland.



## Keeping the spotlight on cancer

Data from the International Cancer Benchmarking Partnership, of which Cancer Research UK is a core funder, shows the UK still lags behind other comparable countries when it comes to cancer survival [60].

People affected by cancer deserve better than this, so we've continued to make sure cancer remains a focus for current and future governments.

## A new national cancer plan for England

In 2024, we published [Longer, better lives: A manifesto for cancer research and care](#), which set out the measures and commitments the UK Government can make **to help prevent 20,000 cancer deaths every year by 2040** [61]. One of our key calls was for the government to publish a new 10-year cancer strategy for England.

We advocated for this through parliament, working with Clive Jones MP to introduce a Private Member's Bill. This led to the government announcing a new National Cancer Plan for England in October 2024.

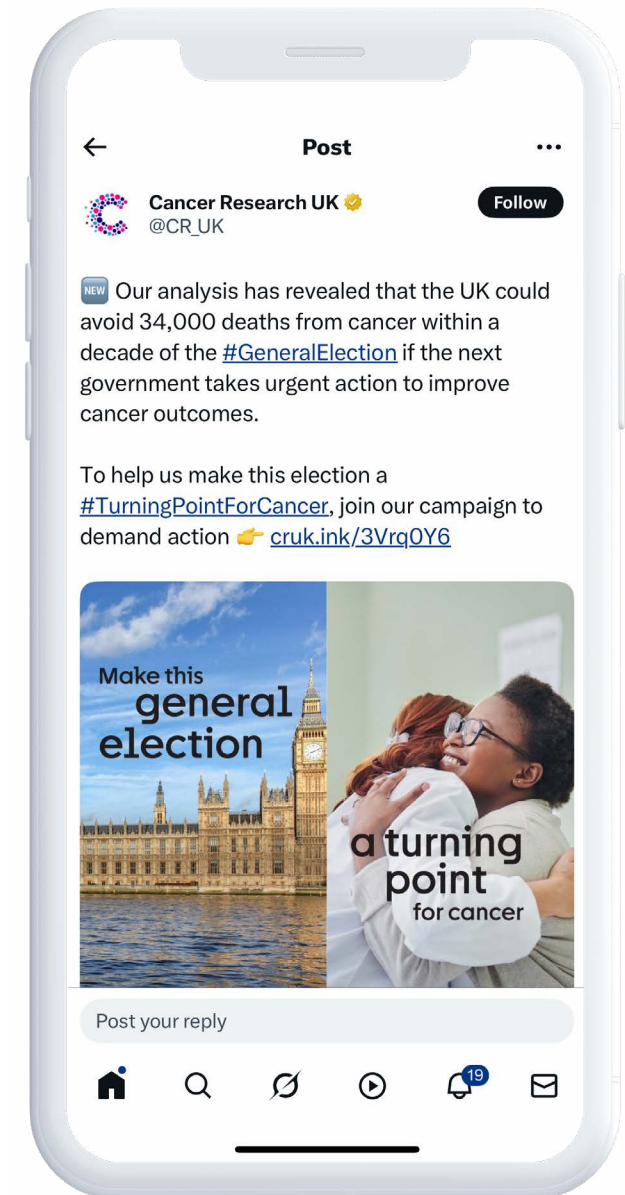
Since then, we've been working hard to make sure the plan is ambitious and has people affected by cancer at its heart. We helped over 1,000 supporters feed into the government's call for evidence and have their voices heard. And we teamed up with experts and government policymakers to help shape the content of the plan, which was published on 4 February 2026.



In May 2025, more than 35,000 people signed our open letter calling on Wes Streeting, the Secretary of State for Health and Social Care, to include our key policy ambitions in the national cancer plan and fully fund it.

The plan includes welcome commitments to meet cancer waiting time targets, diagnose more cancers earlier and accelerate the set-up of clinical trials.

But our work doesn't stop. We now need to make sure the plan translates into real action that delivers for people affected by cancer – and that's just what we'll do.





“Organisations such as Cancer Research UK have been at the forefront of advocating for a robust cancer strategy. Their reports highlight the importance of dedicated cancer strategies in driving efforts and impact towards improving cancer research, diagnosis and care.”

**Stephen Kinnock**  
Minister of State, Department of  
Health and Social Care

# Preventing cancers caused by overweight and obesity

Over the past 10 years, we've established ourselves as a leading voice campaigning for governments to implement policies that make it easier for everyone to keep a healthy weight, with the aim of preventing more cancer cases in the future.

## Overweight and obesity and cancer

Overweight and obesity cause at least 13 different types of cancer, and around 11,800 cancer deaths in the UK each year can be attributed to high body mass index (BMI) [62]. We believe that the problem is getting worse, with around 7 in 10 UK adults (71%) set to be overweight or obese by 2040 [63]. Preventing more cancers would save lives, boost productivity and reduce pressure on health services [64].

So far, we've galvanised public support by increasing awareness of the link between excess weight and cancer. Although policy change is a long and challenging road, with lots to learn on the way, our policy research and advocacy efforts have helped build the evidence base and political will for measures to improve our food environment.

And as an active member and key funder of the Obesity Health Alliance, a coalition of more than 65 health organisations, and its devolved equivalents in Scotland and Wales, we've collaborated to make the case for governments to take bold action on obesity.

We're beginning to see policy wins that can pave the way to a better future. In January 2026, we hit a major milestone as we saw the implementation of hard-won legislation restricting junk food advertising on TV and online to protect children and young people. We have a long way to go and hope to build on these modest steps to make real progress possible across the UK.



# Why do junk food adverts matter?

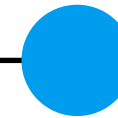
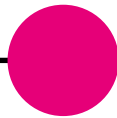
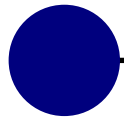
## The world around us can make it harder to be healthy.

What we're exposed to on our phones, TV screens and high streets plays a big part in what we eat. Endless adverts and promotions for junk food give us cravings and normalise less healthy diets.

This affects young people in particular. Evidence shows that exposure to advertising of foods high in fat, salt and/or sugar (HFSS) could cause children to consume extra calories [65]. Research also indicates that screen advertising for unhealthy food can lead to increases in dietary intake among children. These little pressures add up and contribute to poor diets and excess weight [66].



## The path to obesity policy progress



**2018**

### Priming the policy environment for change

With the launch of our first obesity health marketing campaign, awareness of **the link between overweight and obesity and cancer more than doubles, increasing from 17% pre-campaign to 43%** immediately following the campaign, based on unprompted free text responses [67].

We strategically follow this with activities aimed at policymakers, strengthening the case for government action on obesity with reports and data. The campaign establishes Cancer Research UK as a credible voice for obesity policy, with 95% of MPs agreeing or strongly agreeing that the campaign was important [67]. We learn valuable lessons on how to use our trusted voice in this complex debate.

**2018**

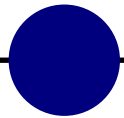
### Galvanising Scottish Government support

Thanks to our **Scale Down Cancer** campaign, the Scottish Government commits to introducing legislation to regulate multibuy price promotions on HFSS foods to reduce obesity.

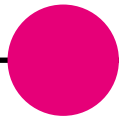
**2019**

### Healthier food advertising in London

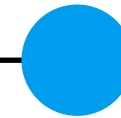
To tackle what he calls the “ticking time bomb of childhood obesity”, the Mayor of London, Sir Sadiq Khan, bans all adverts for HFSS foods across the Transport for London (TfL) network. He uses our policy research to support the decision and share the message. **Following the restrictions, there was a relative reduction in the purchase of these less healthy foods compared to expected levels if restrictions weren’t implemented** [68]. Now, more local and regional authorities are following London’s lead.

**2019****Developing Healthy Weight:  
Healthy Wales**

We play a key role in developing the Welsh Government's first-ever obesity strategy. Although delayed by the COVID-19 pandemic, this ambitious plan is now getting back on track with a comprehensive and coordinated effort to address the complex drivers of overweight and obesity in Wales.

**2020****Planning to reduce  
childhood obesity**

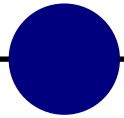
Thanks to our findings and the persistence of our work with the Obesity Health Alliance, the UK Government publishes its strongest childhood obesity strategy to date [69]. Acting early is critical – a child who is obese is around five times more likely to be obese in adulthood. And adults who are obese are more likely to develop cancer [70]. So, this strategy – if implemented fully – could be a huge step towards longer, better lives.

**2021****Making shopping healthier**

Westminster passes legislation to prevent the display of junk food at supermarket checkouts and the ends of aisles and restrict multibuy and similar price promotions on these products.

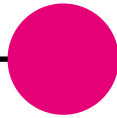
The restrictions on junk food displays come into effect in England in October 2022, with the multibuy measure following in October 2025. The charity Nesta estimates that the continuation of this policy would have “a very high impact on obesity”, reducing the prevalence of adult UK obesity rates by approximately 16% compared to 2019 levels, across five years [71].

In the meantime, our corporate partner Tesco leads the way by voluntarily removing volume-based promotions on HFSS foods, as part of the retailer's efforts to help reach its target of boosting sales of healthy products to 65%.

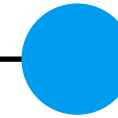
**2022****Passing landmark junk food advertising legislation**

We help the UK take a major step towards protecting children from exposure to junk food marketing as the UK parliament passes legislation to end advertising these products on TV before 9pm, with similar restrictions online.

These measures have strong public and cross-party support – a testament to our many years of advocacy. Unfortunately, political circumstances mean implementation is delayed, but we continue to push.

**2024****Being heard in the general election**

In [Longer, better lives: A manifesto for cancer research and care](#), we call for the UK Government to make implementing HFSS advertising restrictions legislation one of its priority actions in its first year. We calculate that around 9,600 cancers in the UK could be prevented by 2040 if, by 2030, 10% of people projected to live with obesity (BMI 30+) were overweight (BMI 25-30) instead, and if 10% of people projected to live with overweight were a healthy weight (BMI 18-25) instead [72].

**2026****Supporting a renewed prevention push**

The new HFSS TV and online advertising restrictions come into force. The impact will be huge – the UK Government's figures suggest that these restrictions could remove up to 7.2bn calories from children's diets per year. **Over the coming years, this could reduce the number of children in the UK who are obese by more than 20,000 [73].**

We'll be there to help the UK Government meet its promise of delivering a bold approach to improving the public's health, including its commitments to introduce mandatory healthy food sales reporting and targets.

## Looking ahead

The public continues to see reducing cancer cases caused by overweight and obesity as important for governments to focus on [74]. More research is needed on their long-term effectiveness, but the advent of GLP-1 inhibitors (commonly known as weight loss drugs) opens new treatment options and highlights the need for sufficient weight-management services.

There is still an important role for population-wide policy interventions to prevent and reduce obesity. This year, we aim to refresh our strategic approach to focus on where we can add the most value.



# Securing a world-class cancer research environment

World-class outcomes for people affected by cancer takes world-class research. We've been behind efforts to make sure scientists have the environment they need to drive discoveries and help people live longer, better lives, free from the fear of cancer.



## Backing research and development

**Thanks to progress in cancer prevention, diagnosis and treatment, over a million lives have been saved from cancer in the UK since the mid-1980s [75].**

A flourishing life sciences environment has been central to this progress. We work with governments to secure funding for research, so the UK remains an attractive home for the brightest minds in research.

Through tough financial and political times, we've maintained our track record of successful collaboration: we've kept clinical trials on the political agenda, unlocked £115m for early career medical researchers and seen collaboration continue as the UK rejoined the EU's flagship funding scheme, Horizon Europe [76].

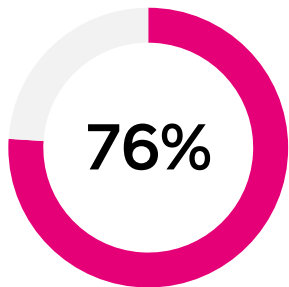
Over the last two decades, we've also joined forces with other leading research and development (R&D) organisations to urge successive chancellors to consider the vital role of R&D in the government's long-term growth plans. We're pleased this advocacy has protected the science budget from cuts and, in some years, led to increased R&D budgets.

## More than research

As well as funding research, we use our scale, expertise and relationships to do even more to save and improve lives.

We're close to cancer patients and the public, and we've established ourselves as an organisation that's got their back – 3 in 4 (76%) people think we're a trusted voice for research [76].

We're also trusted by governments to raise important issues and bring new evidence to amplify the views of people affected by cancer and cancer researchers to help move policies forward. And we're well placed to help them support a world-class science environment because we're a part of it. We're unique in the breadth of our cancer R&D pipeline and we use this experience to collaborate with governments to support the progress we want to see.



of people think we're a trusted voice for research.



## The unseen role of charities

According to Chris Thomas, a former senior health fellow at the Institute of Public Policy Research (IPPR): “Though their work is sometimes unseen, research charities are the lifeblood of UK life sciences.” [77]

He’s right. Cancer Research UK is the world’s largest independent funder of cancer research and the UK’s second largest independent funder of research [78, 79]. **And our impact is huge: 8 in 10 people (81%) who receive cancer drugs in the UK receive a drug developed by or with us [80].** We also benefit the wider economy: in 2020/21, Cancer Research UK generated £973m of economic benefits, including 9,010 jobs [81].

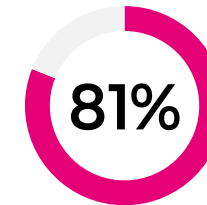
And it’s not just us. Charities invest in 66% of all non-commercially funded cancer research in the UK. Together we’re vital to improving outcomes for people with the disease, and our policy work supports this [82].

## Collaborating to protect research

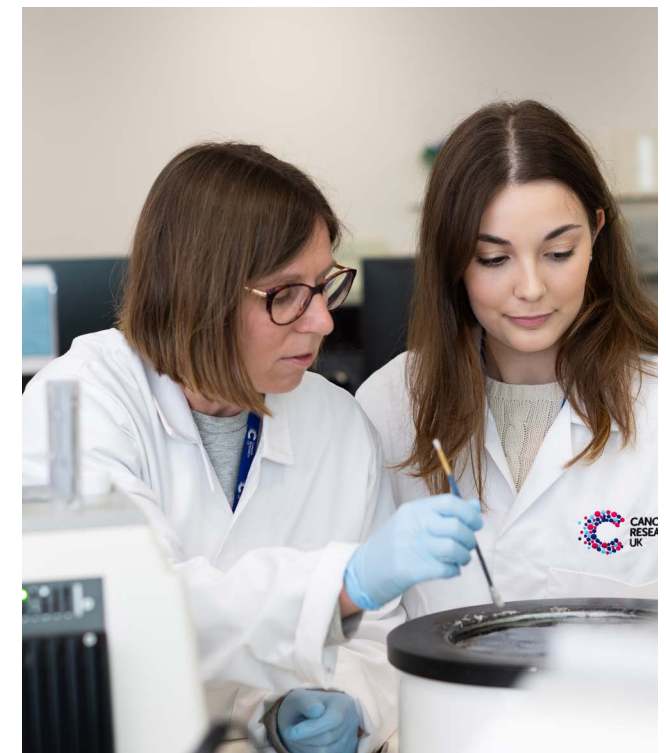
While Cancer Research UK’s crucial role in funding research is something to be proud of, the COVID-19 pandemic highlighted the UK’s reliance on the charity sector. With shops closed and fundraising events cancelled, we faced a severe decline in fundraising income. In 2020/21, medical research charities lost at least £292m [83].

Alongside the British Heart Foundation, we joined the Association of Medical Research Charities (AMRC) as co-organisers of the **#ResearchAtRisk** campaign, calling on the UK Government to help bridge the projected spending gap. Collectively, we proposed a dedicated Life Sciences-Charity Partnership Fund to stop medical charities from falling through the cracks of government COVID-19 support and to maintain ongoing research projects. Without this action, the UK Government risked scientist redundancies and a reduced capacity to deliver research and improve patient care [84].

The campaign was a truly collaborative effort with backing from AMRC’s 150 members, other research organisations, the public, politicians and researchers, including high-profile academics.



8 in 10 people who receive cancer drugs on the NHS in the UK receive a drug developed by or with us [80].



## Helping secure £115m to back future breakthroughs

In March 2024, then Chancellor, Jeremy Hunt, announced £45m to support charity-funded early career researchers. This is on top of £70m previously secured across 2021 and 2023, in response to our **#ResearchAtRisk** campaign call for more funding. This £115m total has now supported more than 2,700 early career researcher posts at more than 140 institutions [85].

When he announced the March 2024 budget, the chancellor singled us out, specifying £3m to support our promising researchers as they find new and better ways to prevent, treat and diagnose cancer [86].

We're proud we helped secure this investment through a cross-sector campaign, with briefings, comment pieces and joint statements. We brought together parliamentarians, shared stories from our researchers on social media and met key opinion leaders, while generating a wealth of evidence to show what would happen if government failed to act [87]. For example, we worked with the IPPR, which predicted the UK could lose up to £7.8bn of investment in life-saving research by 2027, mainly due to lost charity income [88].





## Keeping global research collaborations

We were delighted when, in 2023, Prime Minister Rishi Sunak and EU Commission President Ursula von der Leyen confirmed the UK would rejoin the EU's flagship funding scheme, Horizon Europe [89]. This followed sector-wide advocacy work we supported, including raising global collaboration in parliament, meeting officials and speaking out in the media.

Rejoining Horizon Europe meant that, for the first time since the Brexit transition period, scientists and research institutes in the UK could apply for grants from the £81bn Horizon Europe fund, the world's largest research collaboration programme. This is overwhelmingly in the best interest of people affected by cancer and scientists – a survey of our researchers showed 3 in 4 (75%) favoured association with Horizon Europe [90].

As part of our work to make sure medical research was a priority in Brexit negotiations, we partnered with seven other leading UK medical research funders to investigate the impact of UK-EU scientific collaboration [91]. The UK Government used this evidence during Brexit negotiations.

We also kept clinical trials on the political agenda. Multi-national trials are vital for rare and paediatric research where individual countries alone don't have enough participants for meaningful results. We raised the importance of the smooth running of cross-border trials in stakeholder meetings and in parliament, including during the passage of the EU Withdrawal Bill.

With funds and better support for global research collaboration, we'll hopefully see faster progress towards a world where everybody lives longer, better lives, free from the fear of cancer.

## Removing visa barriers to research

To have a world-leading research environment, we need to attract world-leading researchers through a supportive immigration system. Many of our researchers are recruited from overseas. This international talent brings new skills, knowledge and connections.

The UK Government made wholesale changes to its immigration arrangements in preparation for leaving the EU and the ending of freedom of movement. We used surveys, case studies and analysis from our researchers to advocate for pro-research policies in this redesign. This included reducing salary thresholds and exemptions for researchers, and expanding the eligibility criteria for the Global Talent visa route.

But inflation-busting increases to visa fees continue to put off some of the world's most talented scientists from coming to the UK. Our most recent data shows that our institutes spent £870,000 on visa and immigration costs for researchers. This is the equivalent of training 40 new PhD students ever year and is making it harder to recruit global scientific talent, with examples of roles being rejected due to these costs and barriers [92]. We hope our recommendations will lead to changes to help the UK compete for global talent to deliver more world-class research and answer the toughest questions around cancer. This will drive discoveries that support longer, better lives across the country and around the world.



# Thank you

**to our network of partners, including government, the NHS, researchers, universities, charities and the public.**

We look forward to another decade of turning evidence into impact, using our insight and influence to help everybody affected by cancer live longer, better lives.

Together we are beating cancer.



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