



Cancer in the UK

Northern Ireland overview 2024



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Please send comments, questions or feedback to stats.team@cancer.org.uk

About Cancer Research UK

We're the world's leading cancer charity, dedicated to saving and improving lives with our research, influence and information. We fund research into the prevention, detection and treatment of more than 200 types of cancer, through the work of over 4,000 scientists, doctors and nurses.

In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in around half the world's essential cancer drugs. We want to bring about a world where everybody lives longer, better lives, free from the fear of cancer. And we're achieving this by funding the world's best scientists, carrying out cutting-edge research that saves and improves lives every day.

Our values

Our values help guide our behaviour and culture in an ever-changing world, building on the best of what we do today and what we aspire to be in the future. They unite and inspire us to achieve our ambitious plans and our mission of beating cancer, together.

Our values are:



Bold

Act with ambition, courage and determination



Credible

Act with rigour and professionalism



Human

Act to have a positive impact on people



Together

Act inclusively and collaboratively



Registered with
**FUNDRAISING
REGULATOR**

Cancer Research UK is a registered charity England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

Cancer in Northern Ireland

Summary

This summary provides an overview of key metrics and data across the cancer pathway in Northern Ireland, as part of the Cancer in the UK: Overview 2024 report, which provides the full UK picture. It looks at where progress is being made and what challenges remain in Northern Ireland.

Overview of key cancer statistics in Northern Ireland

Cases

10,075



New cases of cancer in Northern Ireland (2017–2019)

Deaths

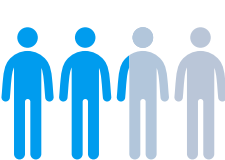
4,498



Deaths from cancer in Northern Ireland (2018–2019+2021)

Survival

57%



People with cancer in Northern Ireland surviving their disease for 5 years or more (2011–2015)

The number of cancer cases is rising in Northern Ireland

Every day, 28 people are diagnosed with cancer in Northern Ireland and 12 people die from the disease [1]. The number of cases is projected to rise by almost a third, from around 11,400 in 2023–2025 to around 14,900 new cases per year in 2038–2040 [2].

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

Survival in Northern Ireland

Almost 6 in 10 (57%) people with cancer survive their disease for at least five years in Northern Ireland [1]. But this varies by stage of disease. 90% of people diagnosed at the earliest stage survive their disease for 5 years, compared to 14% at the latest stage. Five-year survival has improved over time – from around 44% for people diagnosed in 1996–2000, to around 57% for those diagnosed in 2011–2015 – but the rate of improvement has slowed over time.

Around 4 in 10 cancer cases in Northern Ireland can be prevented

Smoking and overweight and obesity are the two biggest preventable causes of cancer in Northern Ireland. They cause around 1,300 and 570 cases of cancer each year in Northern Ireland, respectively [3].

Smoking levels are at their lowest recorded point – around 3 in 20 (14%) of the Northern Irish adult population smoke [4]. But levels aren't declining fast enough. If recent trends continue, Northern Ireland won't be smoke free (less than 5% adult smoking prevalence) until 2048 [5]. Northern Ireland is also the only nation in the UK that doesn't have a specific target year by which to be smoke free.

Meanwhile, overweight and obesity is at its highest recorded level. Around two-thirds (65%) of adults in Northern Ireland are overweight or obese [4]. If recent trends continue, by 2040 around 1.1 million people in Northern Ireland will be overweight or obese [6].

Tackling cancer through prevention requires individuals to be supported to make changes to their lives. Urgent action is needed to minimise the catastrophic impact of smoking and an important first step must be to set a smoke free target for Northern Ireland.

More needs to be done to help people in Northern Ireland reduce their risk of smoking-related cancers. Cancer Research UK also supports the UK Government's proposed legislation on implementing an increase in the age of sale of tobacco products. Cancer Research UK wants to see this legislation introduced in Northern Ireland as soon as possible, alongside a sufficiently funded programme of measures to help people who smoke to quit.

Screening uptake varies between programmes

There are currently three national screening programmes in Northern Ireland, for bowel, breast and cervical cancer. Around 6% of all cancer cases in Northern Ireland are detected through these screening programmes [7].

Around 62% of people take up their bowel cancer screening invitation [8] and 72% their breast cancer screening invitation [9]. Coverage of cervical screening is around 67%, but Northern Ireland has only fully introduced HPV as the primary test in cervical screening in December 2023 [10].

In 2022, the UK National Screening Committee recommended a UK-wide targeted lung screening programme for people identified with a history of smoking, as they are at an increased risk of lung cancer. Northern Ireland has not yet implemented the Targeted Lung Health Check programme. If implemented and uptake was to reach 50%, Cancer Research UK estimates that around 140 extra patients each year across Northern Ireland could be diagnosed at an early stage rather than a late stage [11], and that around 60 lung cancer deaths could be avoided each year through the programme [12].

The Department of Health and the Public Health Agency must work to implement improvements to current screening programmes and commit to new screening programmes (including a targeted lung screening programme) as quickly as possible with enough diagnostic capacity. But without a functioning Northern Ireland Executive, vital and life-saving decisions on committing to and implementing a targeted lung screening programme are being delayed.

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

Cancer Research UK data shows that in Northern Ireland, people on average recognise 12 out of 15 cancer symptoms [13]. The most commonly recognised symptoms are an unexplained lump/swelling, coughing up blood and a change in the appearance of a mole.

61% of people had noticed a potential cancer symptom in the last six months [13]. But under half (49%) of those had contacted their GP within six months, which is concerning. The biggest barriers to seeing a medical professional included finding it difficult to get an appointment, not wanting to be seen as someone who makes a fuss and not wanting to talk to a receptionist about symptoms.

We need to reduce the number of cases diagnosed at later stages

In Northern Ireland, around 54% of cancer cases are diagnosed at an early stage (stages 1 and 2) [1]. There is variation between cancer sites in the proportion diagnosed at early stage. Around 29% of lung cancer cases, 45% of bowel cancer cases, 57% of prostate cancer cases and 83% of breast cancer cases are diagnosed at an early stage [1].

Nearly 1 in 5 people with cancer in Northern Ireland are diagnosed through emergency referral routes [7]. This is concerning as people diagnosed through an emergency presentation are more likely to have poor survival [14].

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

Cancer services are struggling to keep up with demand

Northern Ireland reports on the performance of health and social care trusts against a waiting time target of nine weeks for a diagnostic test. At the end of September 2023, around 58% of people were waiting more than nine weeks for a diagnostic test, highlighting the huge pressures the service is facing [15].

The 62-day and 31-day cancer waiting times targets are two key ways to measure performance of cancer services. The 62-day target advises that at least 95% of eligible patients wait no more than 62 days from an urgent suspected cancer referral to begin treatment. This includes the time for all tests to diagnose cancer. This important target has never been met and performance continues to decline steadily, with only 37.2% of patients starting treatment within 62 days at the end of June 2023 [16].

The 31-day target advises that at least 98% of eligible patients wait no more than 31 days from decision to treat to beginning treatment. This target hasn't been met since 2013, with only 89.5% of patients starting treatment within 31 days at the end of June 2023 [16].

We urgently need the Northern Ireland Executive back up and running to take the necessary decisions to drive forward and implement the cancer strategy. In the meantime, the Department of Health must prioritise and progress what they can. Investment in a multi-skilled, future-fit cancer workforce and diagnostic kit is urgently needed to address long waiting times.

Data on treatments is lacking in Northern Ireland

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

Cancer patients feel generally positive about the care they receive, but too few are offered the opportunity to participate in research

People receiving cancer care in Northern Ireland in 2018 scored their overall care experience positively, with a rating of 8.97 out of 10. Patients felt supported by staff, believed their clinical needs were met and that they had an adequate care plan. Improvements could be made in the primary care support offered throughout their treatment and more detail could have been given about the side effects from treatment [17].

In addition, only 15% of patients reported being asked about taking part in cancer research and clinical trials in 2018, compared to 18% in 2015. Northern Ireland compares negatively to other UK nations in this regard.

Concerningly, in 2023 in Northern Ireland, 84% of people don't think the health service has enough staff or equipment to see, test and treat all the people that need it [13].

Together we are beating cancer in Northern Ireland

Important progress has been made over the decades to improve cancer outcomes, but many significant challenges remain. Despite this, if the right solutions are prioritised and funded for cancer research, prevention, earlier diagnosis and treatment, we will see people in Northern Ireland living longer, better lives.

This is crucial as cancer is Northern Ireland's biggest killer. Each year around 10,100 people are diagnosed with cancer and around 4,500 die from it. And the demand on cancer services will only continue to grow, with cancer incidence set to increase to more than 14,000 cancer diagnoses a year by 2040.

As the data shows, around 4 in 10 cancers in Northern Ireland are preventable. There must be a clear commitment from the Northern Ireland Executive to promote public health. While Cancer Research UK welcomes the commitment to publish new prevention strategies on tobacco and overweight and obesity, clear action plans and adequate budget must accompany the strategies if they are to have impact. More needs to be done to help people in Northern Ireland reduce their risk of cancer. For example, Cancer Research UK wants to see legislation on increasing the age of sale for tobacco products introduced in Northern Ireland as soon as possible, alongside a sufficiently funded programme of measures to help people who smoke to quit.

Despite the best efforts of Health and Social Care staff, the COVID-19 pandemic had a significant effect on the health service in Northern Ireland, and therefore cancer services. But the situation was poor long before the pandemic.

In June 2023, just 37.2% of people started their treatment within 62 days of referral. This is far below the target of 95% and this target has never been met since it was introduced in 2008. Longstanding, chronic staff shortages

are at the heart of delays and years of underinvestment in staff and equipment, particularly in diagnostics, have meant cancer services can't keep up with demand. For those waiting for tests, or those with a cancer diagnosis waiting to begin treatment, this time can be agonising and anxious for patients and those close to them. People in Northern Ireland deserve better.

Around 20% of cancers in Northern Ireland are diagnosed through an emergency route. This is concerning because these cancers are more likely to be late stage and survival is lower amongst patients whose cancer is diagnosed after being admitted to hospital as an emergency. The figures highlight the need for action across many areas, including reducing barriers to people attending screening or speaking to their doctor about symptoms. For example, a targeted lung screening programme will be vital to improve early diagnosis of lung cancer and plans for implementation in Northern Ireland should begin as soon as possible, ahead of when the Executive is back up and running.

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

We also welcomed the funding plan published along with the strategy and the allocation of multi-year funding in the Executive's draft budget. But the lack of an Executive to take the required decisions and ensure an adequate budget mean that implementation of the strategy has stalled and cancer services are falling even further behind.

Cancer won't wait. We need the Executive back up and running as quickly as possible to tackle the challenges facing cancer services, which can only be resolved by funding and implementing the cancer strategy. Right now cancer patients in Northern Ireland are being badly let down. In the meantime the Department of Health must prioritise funding for cancer, even within the limited budget it has.

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



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- 9 HSC Public Health Agency. Northern Ireland Breast Screening Programme. Available from: <https://cancerscreening.hscni.net/breast-screening/>
- 10 HSC Public Health Agency. Northern Ireland Cervical Screening. Available from: <https://cancerscreening.hscni.net/cervical-screening/>

- 11 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.
- 12 Calculated by the Cancer Intelligence Team at Cancer Research UK. Assuming 1) 50% of lung cancer deaths in 55–74-year-olds are in people who would have been eligible for targeted lung health checks (based on Gracie et al. 2019, Eur Respir J), and using incidence as proxy for mortality); 2) 50% of those eligible will take part in a targeted lung health check (based on currently reported uptake and expert opinion of feasible maximum uptake); 3) targeted lung health checks will reduce lung cancer deaths by 24% in males and 33% in females (based on de Koning et al. 2020, N Engl J Med).
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Our ability to understand and tackle cancer is heavily dependent on the quality of data we have. Much of the evidence presented here uses data that has been provided by patients and collected by the health service as part of their care and support. The data is collated, maintained and quality assured by different organisations, including the Northern Ireland Cancer Registry, which is managed by Queen’s University Belfast.