



Cancer Statistics Registrations, England (Series MB1), No. 41, 2010

Coverage: **England**

Date: **13 June 2012**

Geographical Areas: **Country, Region**

Theme: **Health and Social Care**

Key findings

- The three most common cancers for men in 2010 remain prostate (25.6 per cent), lung (13.7 per cent) and colorectal (13.6 per cent).
- The three most common cancers for women in 2010 remain breast (31.2 per cent), lung (11.4 per cent) and colorectal (11.0 per cent).
- Rates of cancer in 2010 among 40 to 44 year old females were more than double the rates for males.
- In the older age groups, rates of cancer in 2010 were higher in males than females (40 per cent higher in the 65 to 69 age group, and 65 per cent higher in those aged 70–74 years).

Summary

This publication presents data for England on those patients who were diagnosed with cancer during 2010 and whose registrations were received at the Office for National Statistics (ONS) by the end of December 2011.

Cancer registrations are submitted to ONS by the eight regional cancer registries in England. These data are then loaded onto a database and validated. The extensive checks include the compatibility of the cancer site and the associated histology, and are closely based on those promoted by International Agency for Research on Cancer (IARC, Parkin et al, 1994).

Once all the expected records for any one incidence year have been received and validated, detailed tables are published (see 'Results' section below) on the numbers and rates of all types of cancer by age and sex, and by region of residence.

Results

The three most common cancers, 2010

For both males and females three cancer sites (different ones for each sex) constituted just over half of the total registrations in 2010. The most common cancer site for males is prostate and for females breast. The second and third most common cancers are lung and colorectal cancer for both males and females.

Table A: The three most common cancers, England, 2010

| | ICD-10 | Site description | Number of registrations | % of total malignancies |
|------------|----------------|-------------------------------------|-------------------------|-------------------------|
| (a) | Males | | | |
| 1 | C61 | Prostate | 34,892 | 25.6 |
| 2 | C34 | Lung | 18,738 | 13.7 |
| 3 | C18-20 | Colorectal | 18,590 | 13.6 |
| | | Total | 72,220 | 53.0 |
| | | All malignancies¹ | 136,372 | 100.0 |
| (b) | Females | | | |
| 1 | C50 | Breast | 41,259 | 31.2 |
| 2 | C34 | Lung | 15,041 | 11.4 |
| 3 | C18-20 | Colorectal | 14,628 | 11.0 |
| | | Total | 70,928 | 53.6 |
| | | All malignancies¹ | 132,386 | 100.0 |

Table notes:

1. Excluding non-melanoma skin cancer (nmisc ICD-10 C44).
2. Source: Office for National Statistics

Download table**XLS** [XLS format](#)

(28.5 Kb)

In the International Classification of Diseases, Tenth Revision (ICD-10), there are 88 three-digit site codes relating to malignant neoplasms (tumours): of these, four relate to males only and eight to females only. Registrations of non-malignant skin cancer (nmisc, ICD-10 C44) are excluded from the figures as experts have advised that it is greatly under-registered.

Full details of registrations of newly diagnosed cases of cancer by site, sex and age group are presented in [Table 1](#).

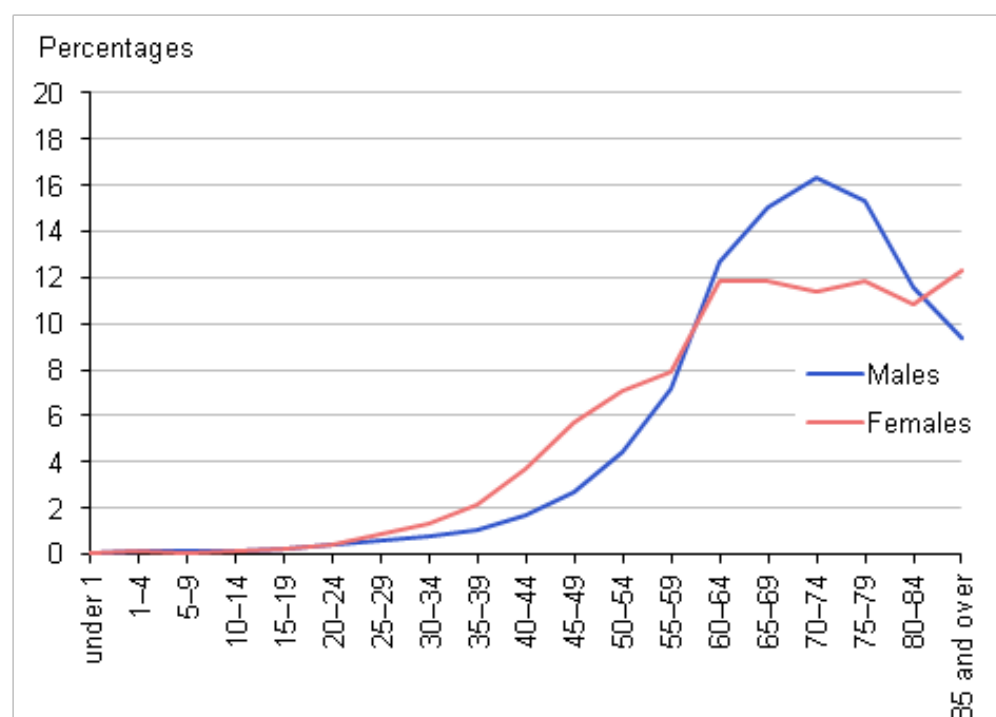
All malignant neoplasms: frequency distribution by age group, 2010

Excluding non-melanoma skin cancers (nmisc), only 1,243 (0.5 per cent) of the total malignancies occurred in children aged under 15 years, with the most common of these leukaemias (ICD-10 C91–C95, 35 per cent – 435 malignancies).

From the 25 to 29 years age group to the 55 to 59 years age group, the higher percentage of cancers within each five-year age group in females than in males was mainly due to the incidence of cancers of the breast (ICD-10 C50) and of the cervix (ICD-10 C53). Cancers in those aged under 45 years accounted for 5.3 per cent of the total for males and 9.1 per cent for females.

There was a clear peak in the age group frequency distribution for males, at 70 to 74 years. For females, there was no such clear peak, with similar frequencies being reported across the age groups from 60 to 64, up to 85 years and over.

Figure A: All malignant neoplasms (excluding nmesc): frequency distribution by age group, England, 2010



Notes:

1. Excluding nmesc (ICD-10 C44)
2. Source: Office for National Statistics

Download chart

XLS [XLS format](#)
(29.5 Kb)

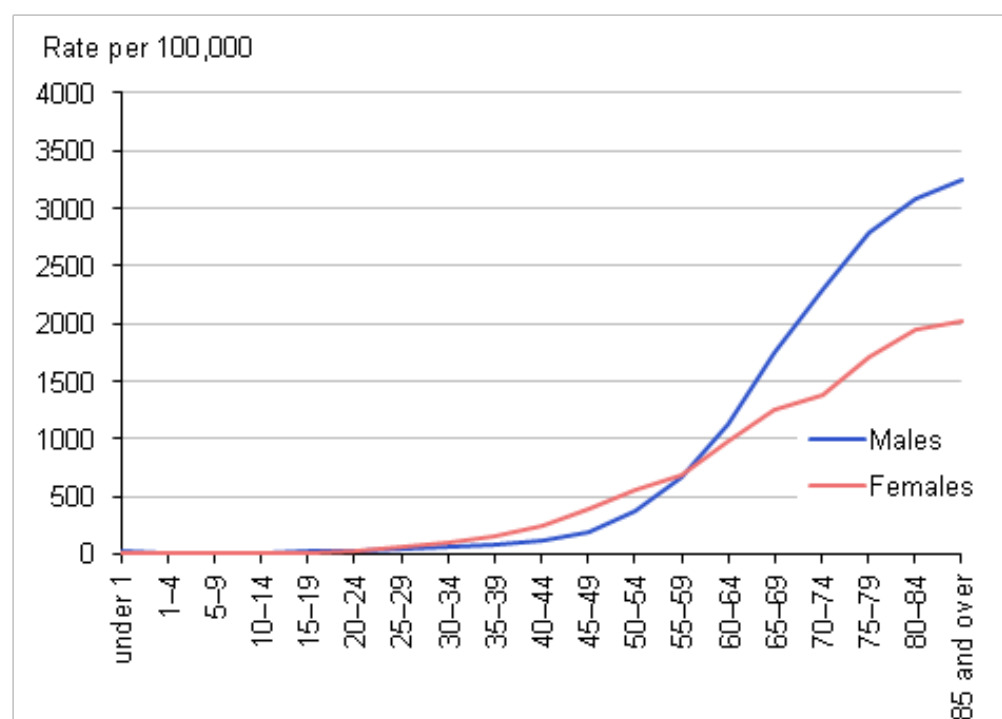
The numbers on which Figure A is based are given in [Table 1: Directly age-standardised and age-specific rates of newly diagnosed cases of cancer by site, sex and age](#).

All malignant neoplasms: incidence rates by age group, 2010

Cancer is predominantly a disease of the elderly. The overall crude rates of cancer registrations (excluding nmesc) – 529 per 100,000 population for males and 500 per 100,000 population for females – conceal wide differences between the sexes and across the age groups, as illustrated in Figure B. Following the small decrease in rates after early childhood, rates increased continuously across the age range for both males and females.

From the 20 to 24 age group up to the 55 to 59 age group, rates of cancer were higher in females than in males. In the 40 to 44 age group, the rate in females was more than double that for males. Rates of cancer were higher in males than females from the 60 to 64 age group onwards, with an increasing difference in rates between the sexes with age up to 85 years and over. Rates of cancer were 40 per cent higher for males than for females in the 65 to 69 age group, but were 65 per cent higher in those aged 70 to 74 and over.

Figure B: All malignant neoplasms (excluding nmesc): incidence rates by sex and age-group, England, 2010



Notes:

1. Excluding nmesc (ICD-10 C44)
2. Source: Office for National Statistics

Download chart

XLS [XLS format](#)
(28.5 Kb)

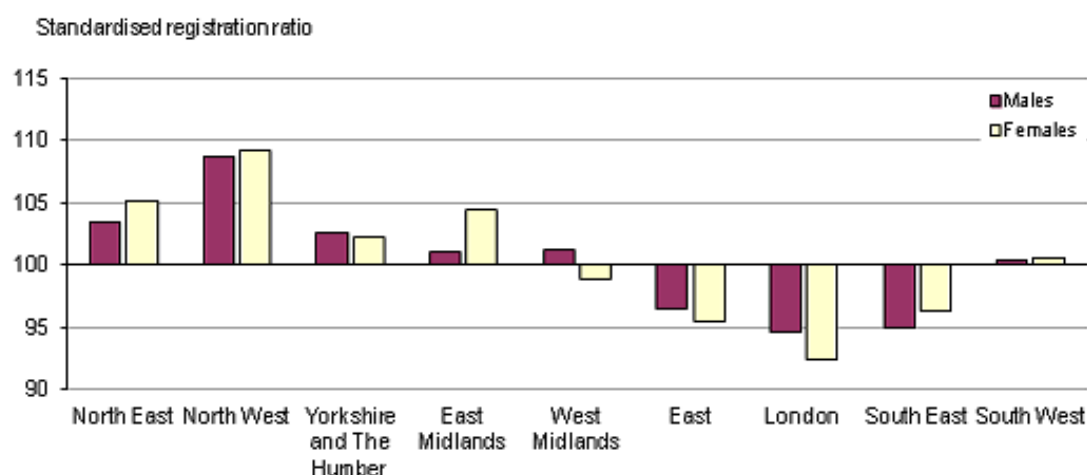
The numbers on which Figure B is based are given in [Table 2: Directly age-standardised and age-specific rates of newly diagnosed cases of cancer by site, sex and age.](#)

All malignant neoplasms: standardised registration ratios by region, 2010

Standardised registration ratios (SRRs) allow regions to be compared. However, these SRRs should be interpreted with caution because it is difficult to separate the effect of variation in levels of ascertainment from genuine differences in incidence.

Actual cancer incidence was higher than the expected incidence in the north of England (North East, North West, and Yorkshire and The Humber regions) compared with the England baseline. It was also higher in the East Midlands region.

Figure C: All malignant neoplasms (excluding nmesc): standardised registration ratios by region, England, 2010



Notes:

1. Areas previously referred to as Government Office Regions (GORs) are now designated as 'regions' for statistical purposes only
2. Excluding nmesc (ICD-10 C44)
3. Source: Office for National Statistics

Download chart

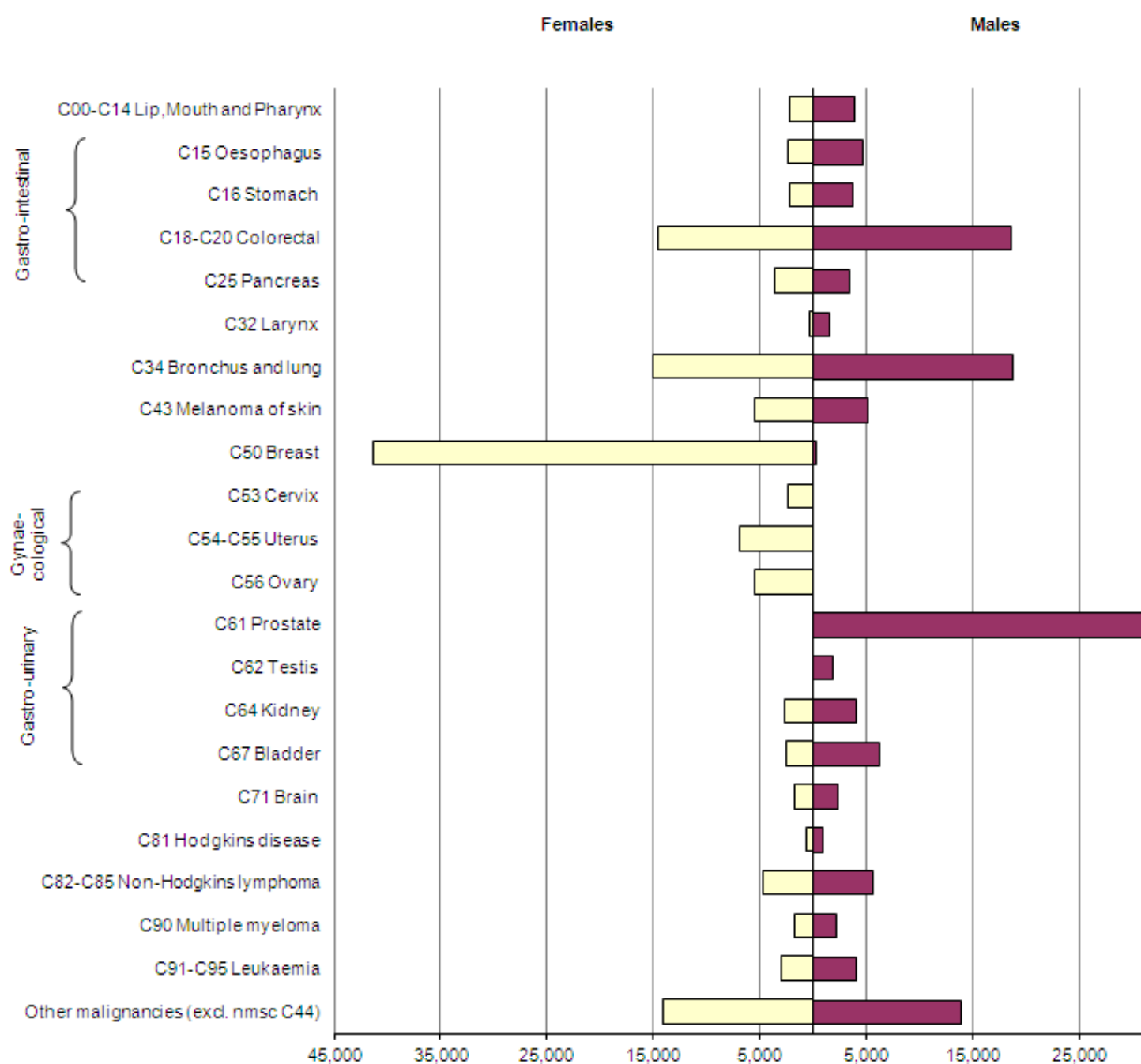
XLS [XLS format](#)

(28.5 Kb)

The numbers on which Figure C is based are given in [Table 5: Standardised registration ratios by site, sex and region.](#)

Number of registrations by major sites, 2010

The number of registrations for the 21 major sites in 2010 represent 89.8 and 89.4 per cent of the total for males and females respectively.

Figure D: Number of registrations: by major sites, England, 2010**Notes:**

1. Source: Office for National Statistics

Download chart

[XLS](#) [XLS format](#)
(28.5 Kb)

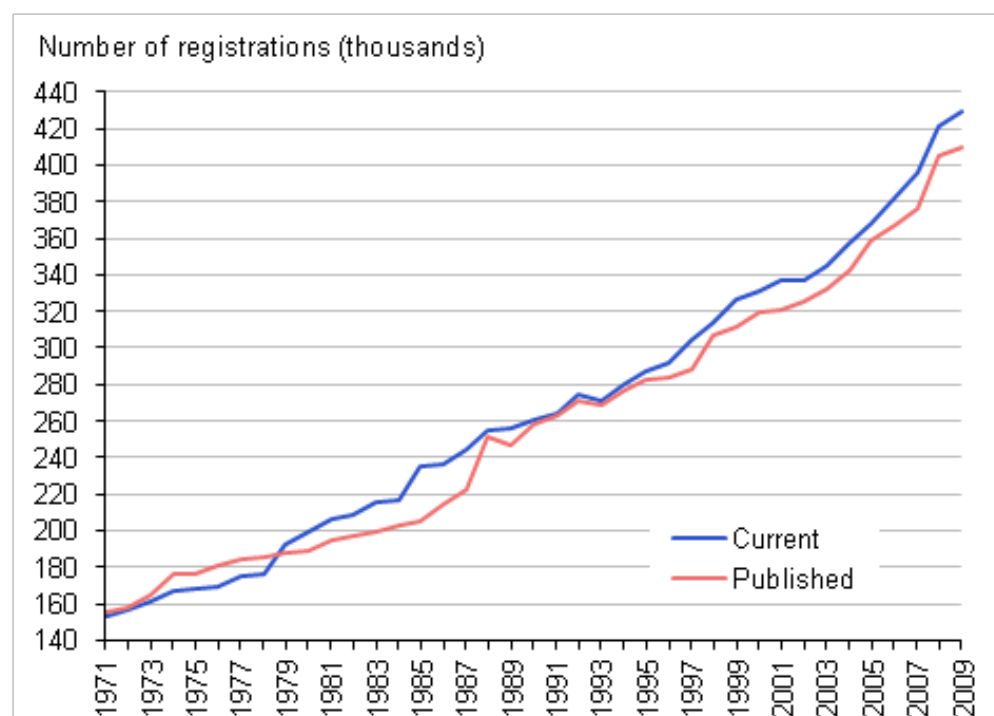
The numbers on which Figure D is based are given in [Table 1: Directly age-standardised and age-specific rates of newly diagnosed cases of cancer by site, sex and age.](#)

Time series: cancer registrations, 1971 to 2009

Registration of cases of cancer is a dynamic process in the sense that the data files, both in the cancer registries and at ONS, are always open. Cancer records may be amended: for example the site code would be modified should later and more accurate information become available.

The date of death is added to the record for those cases registered when the person was alive. Although relatively unusual, records may be cancelled. Also, complete new 'late' registrations may be made after either the cancer registry or ONS, or both, have published what were thought at the time to be virtually complete results for a particular year.

Figure E: Number of registrations published in the annual report (MB1 series) and currently on the National Cancer Registry database, England, 1971–2009



Notes:

1. The published figures for 1971 to 1978 correspond to all malignancies (not all registrations) and have been refreshed using the new historical dataset published in June 2012.
2. Figures at January 2012
3. Source: Office for National Statistics

Download chart

[XLS](#) [XLS format](#)

(30 Kb)

Three versions of ICD codes were used: ICD-8 for 1971 to 1978, ICD-9 for 1979 to 1994 and ICD-10 for 1995 onwards.

Refreshing the database means that current numbers of registrations are generally greater than the published figures. The balance between ensuring completeness of the data but publishing tables in a timely manner is necessarily a compromise.

The gap between the data year and production of tables has varied considerably over time, which results in varying proportions of additional cancer registrations held on the ONS database in comparison with the numbers published in the corresponding annual report (MB1 series), as shown in Figure E. Over the 38-year period reported, differences between current and published numbers of registrations have averaged less than 4 per cent.

Historic dataset: 1971 to 1989

Although cancer registration is a dynamic process, a frozen historic dataset of anonymised records for England and Wales had been available on CD-ROM (Quinn et al, 1999). This historic database has been updated and cleaned using all the same quality checks for more recent years and an extensive piece of work undertaken to reliably determine England and its regions. For 1971 to 1989, just 7,886 records remained unallocated (0.2 per cent).

Refreshing the database means that current numbers of registrations are generally greater than the published figures. This is true for years 1979 onwards. The revised historic figures for 1971 to 1978 showed a decrease in number of registrations on the current database compared with published figures, due primarily to a greater precision in determining England only registrations.

The historic figures distinguished Wales' figures only by selecting records registered by the Welsh Regional Office NHS. As there were no cancer registry codes in the dataset, all other records were described as England, although this included cases where the usual place of residence was neither England nor Wales.

The data for 1971 to 1989 is now comparable with data from 1990 onwards.

Details of the method for assigning region, with six tables reporting cancer registrations and rates by age, sex, region and site, can be found in the [Historical cancer dataset, England, 1971–1989](#).

Cancer registrations: interpretation and data quality

It is estimated that the 2010 cancer registrations reported in this publication are around 97 per cent complete (see Background Note 5). It is expected that the remaining 3 per cent of cancer registrations for 2010 will be received over the next few years.

It should be noted that some cancer registries are not always able to collect complete information about benign, uncertain and unknown neoplasms and therefore these registration rates are almost certainly underestimates of the true incidence. In particular, this should be noted when interpreting regional differences.

A specific example of variation in completeness of registration by cancer registry applies to non-melanoma skin cancers (nmisc ICD-10 C44). The South West Public Health Observatory (SWPHO) reported that, due to national work priorities, there was a delay in completing registrations for nmisc.

As a result the number of registrations of nmisc for diagnosis year 2010 at the time of submission of cases to ONS was low. Registrations for 2010 nmiscs have since been completed, and a fresh offload was submitted by SWCIS in mid-March 2012. The count of 2010 nmiscs (ICD-10 C44) at completion was 20,050 registrations. This will be reflected in the next ONS report for diagnosis year 2011.

Numbers of registrations for carcinoma in situ of cervix uteri showed a decrease of 19.3 per cent, returning to similar levels before the 19.2 per cent increase in 2009 compared with 2008. Carcinoma in situ is not a malignant cancer but in some women it will develop into a malignant cancer if left untreated. In 2010 there were 22,100 cases, a rate of 88.0 females per 100,000 population, and in 2008 there were 23,000 cases and a rate of 92.5 females per 100,000 population.

However, in 2009 there were 27,400 cases, a rate of 110.3 females per 100,000 population and the greatest percentage increases were in the 15 to 19 and 25 to 29 age groups. The 2009 increase was likely to be due to the death of a young celebrity from cervical cancer in 2009, which led to more awareness of the condition among young females and improved levels of screening, resulting in more cases being diagnosed.

The agreed procedures to be followed by the cancer registries and ONS, when submitting and processing data, are set out in the 'Registry/ONS Interface Document' (OPCS, 1994). These are summarised by three levels of quality status, where levels one and two can be included in tables.

It is a requirement that when a registry's data for a particular year are complete, no more than 0.5 per cent of records should have a quality recorded as Status 3 and over the past 11 years the proportion of records with serious errors has consistently been 0.1 per cent or less. The quality status of all the records on the ONS cancer registration database from 1971 up to 2010 is shown in [Table 9](#). Further details about the cancer registration data can be found in the [Summary Quality Reports](#) and in [previous annual volumes](#).

Further comments on data quality and interpretation for this data can be found in the Background Notes and in the metadata with the tables accompanying this report.

Users and uses of cancer statistics

Within the Office for National Statistics (ONS), cancer registration data are used to produce National Statistics on cancer incidence and survival. These data are also used to answer parliamentary questions and provide bespoke tables for customers, for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Enquiries about such requests should be made to:

Cancer and End of Life Care Analysis Team, Health and Life Events Division,

Office for National Statistics,

Government Buildings,

Cardiff Road,

Newport,

Gwent,

NP10 8XG

Tel: +44 (0) 1633 456021

Email: cancer.newport@ons.gsi.gov.uk

The Department of Health is a key user of cancer statistics using the figures to brief parliamentary ministers and inform policy making. Additionally, academics and researchers use these data to engage in the subject and carry out primary research.

Similarly, cancer registries use cancer statistics to carry out individual and collaborative projects and often work in conjunction with others to apply subject knowledge to improve practises. Charities use the figures to provide reliable and accessible information about cancer to a wide range of audiences, including health patients and health professionals, via health awareness campaigns. The media also report on key trends and statistics.

Policy context

The Department of Health, in the 'Improving Outcomes: A Strategy for Cancer' publication states that although improvements have been made in the quality of cancer services in England, significant gaps remain in mortality and survival rates compared with the European average.

The Outcomes Strategy sets out how the Department of Health aims to improve outcomes for all cancer patients and improve cancer survival rates, with the aim of saving an additional 5,000 lives every year by 2014/15. Further details about the [Improving Outcomes: A Strategy for Cancer](#) publication can be found on the Department of Health website.

Outcomes strategies set out how the NHS, public health and social care services will contribute to the ambitions for progress agreed with the Secretary of State in each of the high-level outcomes frameworks. Further details about the [NHS Outcomes Framework 2011/12](#) can be found on the Department of Health website.

Further information

[Cancer registrations in England](#), 2010 provides the first publication of the 2010 cancer registrations, presenting the number of newly diagnosed cases of cancer (incidence) and the age-standardised incidence rates for the three most common cancers for males and females in England.

Further cancer statistics are available on the ONS website

- [Cancer survival by cancer network in England](#)
- [Cancer incidence and mortality in the United Kingdom](#)
- [Cancer survival in England](#)
- [Geographic patterns of cancer survival in England](#)
- [Combined cancer survival by Primary Care Trust](#)

Other cancer statistics for the UK

- Statistics on cancer in Scotland are available from the [Information Services Division \(ISD\)](#), Scotland.
- Statistics on cancer in Wales are available from the [Welsh Cancer Intelligence Surveillance Unit](#).
- Statistics on cancer in Northern Ireland are available from the [Northern Ireland Cancer Registry](#).

Further information about statistics on cancer registrations published by the Office for National Statistics (ONS) can be found in the [Summary Quality Report \(189.7 Kb Pdf\)](#) for cancer registrations.

Summary quality reports are overview notes which pull together key qualitative information on the various dimensions of the quality of statistics as well as providing a summary of the methods used to compile the output. Information about key users of these statistics are also provided.

References

Office of Population Censuses and Surveys (1994). Registry/ONS Interface Document. National Cancer Registration System, England and Wales. London: OPCS 1994 (subsequently revised).

Parkin DM, Chen VW, Ferlay J, Galceran J, Storm HH and Whelan SL (1994). Comparability and Quality Control in Cancer Registration. IARC Technical Report No. 19. Lyons: International Agency for Research on Cancer.

Quinn MJ, Babb PJ, Jones J, Baker A, Ault C. (1999) Cancer 1971–1997: Registrations of cancer cases and deaths in England and Wales by sex, age, year, health region and type of cancer (CD-ROM). London: Office for National Statistics.

Acknowledgements

The National Cancer Registry at the Office for National Statistics wishes to acknowledge the work of the regional cancer registries in England which provide the raw data for these analyses. The current directors of the registries in England are:

Northern & Yorkshire: Professor J Wilkinson, Professor B Ferguson (co-directors).

Trent: Mr D Meechan.

Eastern: Dr J Rashbass.

Thames: Dr E Davies.

Oxford: Dr M Roche.

South West: Dr J Verne.

West Midlands: Dr G Lawrence.

North West: Dr T Moran.

Maps and contact addresses for Cancer Registries.

Figure F: Areas covered by cancer registries, England, 2011



Notes:

1. Map reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right 2011. All rights reserved. Ordnance Survey Licence number ONS GD272183.

Current directors, addresses, telephone and fax numbers for cancer registries in the United Kingdom

United Kingdom Association of Cancer Registries website: www.ukacr.org

- **England**

Northern and Yorkshire

For information / enquiries, please contact Prof J Wilkinson, Northern and Yorkshire Cancer Registry and Information Service, St James's Institute of Oncology, Level 6, Bexley Wing, St James University Hospital, Beckett Street, Leeds, LS9 7TF.

Professor J Wilkinson (co-director) Professor B Ferguson (co-director),

Tel: 0113 206 8830 Fax: 0113 206 8766

Email: John.Wilkinson@nycris.leedsth.nhs.uk* and Email: Brian.Ferguson@nycris.leedsth.nhs.uk*

Trent

Mr D Meechan, Trent Cancer Registry, 5 Old Fulwood Road, Sheffield, S10 3TG.

Tel: +44 (0) 114 226 3560 Fax: +44 (0) 114 226 3561 Email: d.meechan@nhs.net

Eastern

Dr J Rashbass, Director, Dr C Brown, Medical Director, Eastern Cancer Registration and Information Centre, Unit C, Magog Court, Shelford Bottom, Hinton Way, Cambridge, CB22 3AD.

Tel: +44 (0) 1223 213499 Fax: +44 (0) 1223 213571 Email: jem@ecric.nhs.uk

Thames

Dr E Davies, Director, Thames Cancer Registry, 1st Floor, Capital House, 42 Weston Street, London, SE1 3QD.

Tel: +44 (0) 20 7378 7688 Fax: +44 (0) 20 7378 9510 Email: elizabeth.davies@kcl.ac.uk

Oxford

Dr M Roche, Medical Director, Oxford Cancer Intelligence Unit, 4150 Chancellor Court, Oxford Business Park South, Oxford, OX4 2GX.

Tel: +44 (0) 1865 334770 Fax: +44 (0) 1865 334794 Email: monica.roche@sph.nhs.uk

South West

Dr J Verne, Director, South West Public Health Observatory, Grosvenor House, 149 Whiteladies Road, Bristol, BS8 2RA.

Tel: +44 (0) 117 970 6474 Fax: +44 (0) 117 970 6481

Email: julia.verne@swpho.nhs.uk

Mr T Malik, Deputy Director, South West Cancer Intelligence Service, South West Public Health Observatory, The Meadows, Dean Hill Park, Wiltshire, SP5 1EZ.

Tel: +44 (0) 1794 344690 Fax: +44 (0) 1794 344699 Email: tariq.malik@swpho.nhs.uk

North West

Dr T Moran, Director of Intelligence and Research, Mr S Raynor, General Manager, North West Cancer Intelligence Service, 2nd Floor, Muspratt Building, The University of Liverpool, Liverpool, L69 3GB.

Tel: +44 (0) 151 794 5691 Fax: +44 (0) 151 794 5700 Email: info@nwcis.nhs.uk

or contact:

North West Cancer Intelligence Service, The Christie NHS Foundation Trust, The Palatine Centre, 63-65 Palatine Road, Manchester, M20 3LJ.

Tel: +44 (0) 161 446 8080 Fax: +44 (0) 161 446 3590 Email: NWCIS.info@nhs.net

West Midlands

Dr G Lawrence, Director, West Midlands Cancer Intelligence Unit, Public Health Building, The University of Birmingham, Edgbaston, Birmingham. B15 2TT.

Tel: +44 (0) 121 415 8129 Fax: +44 (0) 121 414 7714 Email: gill.lawrence@wmciu.nhs.uk

• Wales

Dr J Steward, Director, Welsh Cancer Intelligence & Surveillance Unit, Floor 13, Brunel House, 2 Fitzalan Road, Cardiff, CF24 0HA.

Tel: +44 (0) 29 20 373500 Email: john.steward@velindre-tr.wales.nhs.uk

• Scotland

Dr D Brewster, Director of Cancer Registration in Scotland, Scottish Cancer Registry, Information Services Division of NHS National Services Scotland (ISD Scotland), Area 155, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB.

Tel: +44 (0) 131 275 6092 Fax: +44 (0) 131 275 7511 Email: Nss.isdCancerStats@nhs.net

- **Northern Ireland**

Dr A Gavin, Director, Northern Ireland Cancer Registry, Queens University of Belfast, School of Medicine, Dentistry & Biomedical Sciences, Mulhouse Building, Grosvenor Road, Belfast, BT12 6BJ.

Tel: +44 (0) 28 9063 2573 Fax: +44 (0) 28 9024 8017 Email: nicr@qub.ac.uk

Background notes

1. The age-standardised rates in this release are expressed per 100,000 population and are standardised to the European Standard Population. They are standardised to allow for more robust comparisons between males and females, years and geographical areas.
2. The figures for numbers and rates of 'all cancers' in this release refer to all malignant neoplasms (ICD-10 C00–C97), excluding non-melanoma skin cancer (ICD-10 C44). Non-melanoma skin cancer (nmisc) is very common, but the policies and practices for the recording of nmisc have varied among the cancer registries, and over time. As the available figures are known to be under-estimates and unreliable for comparison purposes¹, they have been excluded from the figures for 'all cancers'.
3. In situ means that the cancer is in its earliest stages (not yet spread from the surface layer of cells in an organ or other tissue) and is usually curable. ICD-10 groups in situ neoplasms in D00–D09.
4. Cancer incidence data from the national cancer registry at ONS are used to calculate National Statistics on cancer survival.
5. The cancer registrations data reported are believed to be essentially complete for the year 2010 (97 per cent at the time of extraction), but it is important to note that the cancer registration database is dynamic. In common with cancer registries in other countries, cancer incidence rates in England can take up to five years after the end of a given calendar year to reach 100 per cent completeness and stability, due to the continuing accrual of late registrations.

The figure of 97 per cent is an estimate of completeness based on the figures published for three previous years data (2007 to 2009), compared with the number of late registrations subsequently received for these years. It is therefore the difference between what figures have been published in the [First Release publication](#) (and all subsequent ONS cancer incidence publications within that reporting year), versus late registrations received after the publication date cut-off. It is not an estimate of how many cancers never get recorded.

6. Next publication: June/July 2013.
7. Further 2010 cancer statistics will be published later in 2012. The Publication Hub contains more detail on releases.

8. Within the Office for National Statistics (ONS), cancer registration data are used to produce National Statistics on cancer incidence and survival. These data are also used to answer parliamentary questions and provide bespoke tables for customers, for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to:

Cancer Analysis Team, Health and Life Events Division,

Office for National Statistics, Government Buildings,

Cardiff Road,

Newport,

Gwent.

NP10 8XG.

Tel: +44 (0) 1633 456021

Email: cancer.newport@ons.gsi.gov.uk

9. We welcome feedback from users on the content, format and relevance of this release. The Health and Life Events user engagement strategy is available to download from the ONS website. Please send feedback to the postal or e-mail address above.
10. Follow ONS on [Twitter](#) and [Facebook](#).
11. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Copyright

© Crown copyright 2012

You may use or re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/ or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This document is also available on our website at www.ons.gov.uk.

Statistical contacts

| Name | Phone | Department | Email |
|--------------|--------------------|----------------------|--|
| Julie Messer | +44 (0)1633 456021 | Cancer Analysis Team | cancer.newport@ons.gsi.gov.uk |

Next Publication Date:

26 June 2013

Issuing Body:

Office for National Statistics

Media Contact Details:

Telephone: 0845 604 1858
(8.30am-5.30pm Weekdays)

Emergency out of hours (limited service): 07867 906553

Email:

media.relations@ons.gsi.gov.uk