Cancer Incidence and Mortality in the United Kingdom, 2008-10

Coverage: UK
Date: 06 December 2012
Geographical Area: UK and GB
Theme: Health and Social Care

Key findings

- Around 163,100 males and 159,800 females were newly diagnosed with cancer each year in the UK during 2008–10, corresponding to incidence rates of 431 per 100,000 males and 375 per 100,000 females.

- Around 81,800 males and 74,400 females died from cancer in each of those years in the UK, corresponding to mortality rates of 204 per 100,000 males and 149 per 100,000 females.

- In Wales the incidence rate of cancer for males was around six per cent higher than in the UK as a whole. Scotland had the highest cancer incidence rate for females, around ten per cent higher than the UK as a whole.

- Scotland also had the highest cancer mortality rates, around 15 per cent higher than the UK average for both males and females.

Summary

This bulletin presents the number of newly-diagnosed cases of cancer (incidence) and deaths from cancer (mortality), in the UK during 2008–10, together with the age-standardised incidence and mortality rates (see Background Notes 1 and 2).

Figures on all cancers combined are presented (excluding the incidence of non-melanoma skin cancer; see Background Note 3), as well as a range of common cancers, with more detailed commentary on the four most common cancers, including comparisons with other Northern European countries. Results are presented for the UK as a whole and for its four constituent countries. Numbers and age-standardised rates have been calculated as averages over the three-year period 2008–10 (see Background Note 4). Where it is stated that the incidence or mortality rate for a condition or country is higher or lower than another, this is where the rate is higher or lower, and the confidence intervals around the rate do not overlap with those of the figure being
compared (see Background Note 5). Where it is stated that one rate is comparable with another, this is because the confidence intervals around the two estimates overlap.

**Results**

The common cancers presented in this Statistical Bulletin accounted for nearly 90 per cent of all cases of cancer and nearly 83 per cent of all deaths from cancer in the UK in 2008–2010. The four most common cancers, breast, prostate, lung and colorectal, accounted for around 53 per cent of cases and 47 per cent of deaths from cancer.

Detailed results are displayed in tables and charts in the associated data (190.5 Kb Excel sheet) section of this publication.

**Incidence**

Table 1 presents the number of newly diagnosed cases of cancer among males and females for the UK as a whole and for each of its constituent countries. In the UK there were on average 322,923 newly diagnosed cases of cancer each year between 2008 and 2010.

**Table 1: Registrations of newly diagnosed cases of cancer, by sex and country, 2008-10**

<table>
<thead>
<tr>
<th>Sex</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>163,100</td>
<td>159,823</td>
</tr>
<tr>
<td>England</td>
<td>135,163</td>
<td>131,503</td>
</tr>
<tr>
<td>Wales</td>
<td>9,290</td>
<td>8,686</td>
</tr>
<tr>
<td>Scotland</td>
<td>14,461</td>
<td>15,506</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>4,187</td>
<td>4,128</td>
</tr>
</tbody>
</table>

**Table source:** Office for National Statistics

**Table notes:**
1. Data are coded using the International Classification of Diseases, Tenth Revision (ICD-10).
2. Excludes non-melanoma skin cancer (C44).
3. Three-year averages.

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(28.5 Kb)

Table 2 presents age-standardised incidence rates. Between 2008 and 2010 there were on average 430 new cases per 100,000 men each year, compared with 375 new cases per 100,000 women. The difference in rates between males and females was smallest in Scotland compared with the other countries. Wales and Scotland had significantly higher incidence rates among men than England and Northern Ireland. Incidence rates were highest among females in Scotland (413 new
cases per 100,000 women) and Wales (389 new cases per 100,000 women). These incidence rates were significantly higher than those for England and Northern Ireland.

Table 2: Age-standardised incidence rates and 95 per cent confidence intervals for newly diagnosed cases of cancer, by sex and country, 2008-10

<table>
<thead>
<tr>
<th>Sex</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Lower</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>430.5</td>
<td>429.3</td>
</tr>
<tr>
<td>England</td>
<td>425.8</td>
<td>424.5</td>
</tr>
<tr>
<td>Wales</td>
<td>457.5</td>
<td>452.1</td>
</tr>
<tr>
<td>Scotland</td>
<td>456.8</td>
<td>452.5</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>441.9</td>
<td>434.2</td>
</tr>
</tbody>
</table>

**Table source:** Office for National Statistics

**Table notes:**
2. Confidence intervals have been included as a measure of statistical precision.
3. Data are coded using the International Classification of Diseases, Tenth Revision (ICD-10).
4. Excluding non-melanoma skin cancer (C44).

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(31.5 Kb)

Figures 1 and 2 present age-standardised incidence rates for male and females for the most common cancers. The cancers with the highest incidence rates (breast, prostate, lung and colorectal cancers) are discussed in more detail elsewhere in this bulletin.
Figure 1: Age-standardised incidence rates for common cancers, males, United Kingdom, 2008–2010

Source: Office for National Statistics

Notes:
1. Data are coded using ICD-10.
2. Directly age-standardised using the European Standard Population (see Background Note 1).

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XLS format
(30.5 Kb)
Figure 2: Age-standardised incidence rates for common cancers, females, United Kingdom, 2008–2010

Source: Office for National Statistics

Notes:
1. Data are coded using ICD-10.
2. Directly age-standardised using the European Standard Population (see Background Note 1).

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(31 Kb)

Mortality

Table 3 presents the number of deaths from cancer in the UK and each of its constituent countries. Between 2008 and 2010 there were on average 156,244 deaths per year across the UK as a whole.
Table 3: Deaths from cancer, by sex and country, 2008-10

<table>
<thead>
<tr>
<th>Sex</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Kingdom</td>
<td>81,802</td>
<td>74,442</td>
</tr>
<tr>
<td>England</td>
<td>67,534</td>
<td>61,033</td>
</tr>
<tr>
<td>Wales</td>
<td>4,489</td>
<td>4,048</td>
</tr>
<tr>
<td>Scotland</td>
<td>7,720</td>
<td>7,480</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>2,059</td>
<td>1,882</td>
</tr>
</tbody>
</table>

Table source: Office for National Statistics

Table notes:
1. Data are coded using the International Classification of Diseases, Tenth Revision (ICD-10).
2. Excluding non-melanoma skin cancer (C44).
3. Three-year averages.

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Table 4 shows age-standardised mortality rates. Mortality rates for both males and females were higher in Scotland than in England, Wales and Northern Ireland. England had the lowest age-standardised mortality rates for both males and females compared with the other three UK countries. Age-standardised mortality rates for both males and females were similar for Wales and Northern Ireland. All four of the UK countries had higher mortality rates for males than for females.

Table 4: Age-standardised mortality rates and 95 per cent confidence intervals for cancer, by sex and country, 2008-10

<table>
<thead>
<tr>
<th>Sex</th>
<th>Rate per 100,000</th>
<th>95% confidence ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rate</td>
<td>Lower</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>204.4</td>
<td>203.6</td>
</tr>
<tr>
<td>England</td>
<td>200.8</td>
<td>199.9</td>
</tr>
<tr>
<td>Wales</td>
<td>209.3</td>
<td>205.8</td>
</tr>
<tr>
<td>Scotland</td>
<td>235.1</td>
<td>232.1</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>212.0</td>
<td>206.7</td>
</tr>
</tbody>
</table>
Figures 3 and 4 present age-standardised mortality rates for male and females for the most common cancers. The cancers with the highest mortality rates (lung, breast, prostate and colorectal cancers) are discussed in more detail elsewhere in the bulletin.

**Figure 3: Age-standardised mortality rates for common cancers, males, United Kingdom, 2008-2010**

![Graph showing age-standardised mortality rates for common cancers, males, United Kingdom, 2008-2010](image-url)
Figure 4: Age-standardised mortality rates for common cancers, females, United Kingdom, 2008–2010

Source: Office for National Statistics

Notes:
1. Data are coded using ICD-10.
2. Directly age-standardised using the European Standard Population (see Background Note 1).
Four most common cancers in the UK by sex and country

The four most common newly diagnosed cancers in the UK between 2008 and 2010 were breast, prostate, lung, and colorectal cancer. Figures 5 to 10 present age-standardised incidence and mortality rates by sex and country for these cancers.

Breast cancer in females

Figure 5 shows age-standardised incidence and mortality rates for breast cancer in females. Breast cancer was the most common newly diagnosed cancer for females in the UK between 2008 and 2010. An average of 48,988 new cases were diagnosed each year, an incidence rate of 126 new cases per 100,000 women. In the same period, an average of 11,757 women died each year from breast cancer, a mortality rate of 25 deaths per 100,000 women.

The age-standardised incidence rates were lower in Northern Ireland (118 newly diagnosed cases per 100,000 women) compared with Wales (129 new cases per 100,000 women), Scotland (128 new cases per 100,000 women) and England (126 new cases per 100,000 women). Age-standardised mortality rates for breast cancer were comparable across the four UK countries.
Figure 5: Breast cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, females, by country, 2008−2010

Source: Office for National Statistics

Notes:
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of breast is coded as C50.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

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Prostate cancer

Figure 6 shows age-standardised incidence and mortality rates for prostate cancer. Prostate cancer was the most common newly diagnosed cancer in the UK among males between 2008 and 2010, with an average of 40,460 newly diagnosed cases each year. The age-standardised incidence rate over the same period was 105 new cases per 100,000 men. The average number of men who died from prostate cancer each year was 10,427, a mortality rate of 24 deaths per 100,000 men.

The incidence rate for prostate cancer varied across the four UK countries. Scotland had the lowest rate (90 new cases per 100,000 men) while Wales had the highest (116 new cases per 100,000 men). The incidence rates for England (106 new cases per 100,000 men) and Northern Ireland
(105 new cases per 100,000 men) were comparable. There was little variation in age-standardised mortality rates across the four countries. Variations in incidence rates across the UK may be linked to differences in the uptake of Prostate Specific Antigen (PSA) testing; and are likely to show differences in levels of diagnosis rather than differences in the actual number of cases of prostate cancer (Westlake and Cooper, 2008).

**Figure 6: Prostate cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, males, by country, 2008–2010**

![Rate per 100,000 males](image)

Source: Office for National Statistics

**Notes:**
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of prostate is coded as C61.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

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**Lung cancer**

Figures 7 and 8 show age-standardised incidence and mortality rates for lung cancer in males and females. Lung cancer was the second most common newly diagnosed cancer in both males and females between 2008 and 2010. An average of 23,398 men and 18,766 women were newly
diagnosed each year across the UK. This represented age-standardised incidence rates of 60 new cases per 100,000 men, and 40 new cases per 100,000 women. Age-standardised incidence rates were higher in Scotland for both males and females than in the other UK countries at 80 new cases per 100,000 men and 58 new cases per 100,000 women. They were lowest among males in England than in the other UK countries at 57 new cases per 100,000 men. Incidence rates for women were lower in Northern Ireland and England (37 and 38 new cases per 100,000 women respectively) than in Scotland or Wales.

On average 19,668 men and 15,374 women died of lung cancer each year between 2008 and 2010 across the UK. Age-standardised mortality rates in this period were 50 deaths per 100,000 men and 32 deaths per 100,000 women. As with incidence rates, mortality rates among both males and females were higher in Scotland than in the other UK countries, with 65 and 46 deaths occurring per 100,000 men and women respectively. Mortality rates were also higher among males in Northern Ireland (56 deaths per 100,000 men) than in England or Wales. Rates in England were significantly lower than in the other UK countries at 48 deaths per 100,000 men.

Higher rates of lung cancer are related to known risk factors such as smoking and drinking (Swerdlow, 1998, Pirie et al., 2012). There is some evidence that the prevalence of smoking differs across the UK. The General Lifestyle Survey 2009 found that 22 per cent of males in England reported smoking compared with 24 per cent in Scotland, 21 per cent in Wales, while the Continuous Household Survey 2009/10 found that 24 per cent of males reported smoking in Northern Ireland. Twenty per cent of female respondents in England reported smoking compared with 24 per cent in Scotland, Wales and Northern Ireland (Robinson & Harris, 2011 (794.6 Kb Pdf), Northern Ireland Statistics and Research Agency, 2010).
Figure 7: Lung cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, males, by country, 2008–2010

Source: Office for National Statistics

Notes:
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of bronchus and lung is coded as C34.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

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Figure 8: Lung cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, females, by country, 2008–2010

Source: Office for National Statistics

Notes:
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of bronchus and lung is coded as C34.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

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Colorectal cancer

Figures 9 and 10 show age-standardised incidence and mortality rates for colorectal cancer in males and females. This was the third most common newly diagnosed cancer in the UK between 2008 and 2010. On average there were 22,517 newly diagnosed cases of colorectal cancer per year in men, compared with 17,864 new cases in women. Incidence rates for colorectal cancer across the UK were 58 new cases per 100,000 men and 37 new cases per 100,000 women. England had the lowest incidence rate for men at 57 new cases per 100,000 men, with rates across Wales, Scotland and Northern Ireland all being comparable. Female incidence rates were slightly lower in England and Wales (36 and 38 new cases per 100,000 respectively), compared with Scotland and Northern Ireland (43 and 41 new cases per 100,000).
In this period an average of 8,569 men and 7,207 women died of colorectal cancer each year. Mortality rates across the UK were 21 deaths per 100,000 men and 13 deaths per 100,000 women. Mortality rates were significantly lower in England for males (21 deaths per 100,000 men) than in the other UK countries. They were also significantly lower for females in England (36 deaths per 100,000 women) than in Wales, Scotland and Northern Ireland.

**Figure 9: Colorectal cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, males, by country, 2008–2010**

![Figure 9: Colorectal cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, males, by country, 2008–2010](image)

Source: Office for National Statistics

**Notes:**
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of Colon, rectosigmoid junction and rectum is coded as C18-20.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

**Download chart**

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Figure 10: Colorectal cancer: Age-standardised incidence and mortality rates with 95 per cent confidence intervals, females, by country, 2008–2010

Source: Office for National Statistics

Notes:
1. Directly age-standardised using the European Standard Population (see Background Note 1).
2. According to the ICD-10 malignant neoplasm of Colon, rectosigmoid junction and rectum is coded as C18-20.
3. Confidence intervals have been included as a measure of statistical precision (see Background Note 5).

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Incidence and mortality rates since 2001–03 for all cancers

Since 2001–03, cancer incidence rates in the UK have increased, as illustrated in Figure 11. There were 403 new cases per 100,000 men in 2001–03, compared with 431 new cases per 100,000 men in 2008–10. A similar pattern can be seen for women: incidence rates increased from 343 new cases per 100,000 women in 2001–03 to 375 new cases per 100,000 women in 2008–10.

Over the same period cancer mortality rates have decreased from 229 deaths per 100,000 men in 2001–03 to 204 deaths per 100,000 men in 2008–10. Again, a similar pattern can be seen among females: mortality rates decreased from 161 deaths per 100,000 women in 2001–03 to 149 deaths...
per 100,000 women in 2008–10. The confidence intervals around these estimates show a significant difference between the earliest and latest figures for both males and females.

**Figure 11: Age-standardised incidence and mortality rates for all cancers, by sex, United Kingdom, 2001–2003 to 2008–2010**

Source: Office for National Statistics

**Notes:**
1. Excluding non melanoma skin cancer (C44) (see Background Note 3).
2. Directly age-standardised using the European Standard Population (see Background Note 1).
3. Data for earlier years not refreshed (see Background Note 6).

**Download chart**

[XLS format](https://example.com/cancer_rates.xls) (36.5 Kb)

**Cancer incidence and mortality: comparisons between the UK and other Northern European countries**

To consider the UK results in a wider context, we present comparisons with cancer incidence and mortality rates across Europe. A 2012 report by the [United Nations Statistics Division](https://unstats.un.org) classified Europe into the following groups: Northern, Southern, Western, and Eastern Europe. These groups were brought together for statistical convenience and do not reflect political or territorial
assumptions. Northern Europe includes Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Republic of Ireland, Sweden and the UK. Based on this, comparisons are drawn here between the UK and the other Northern European countries.

Data for all of the Northern European countries, including the UK, are calculated by GLOBOCAN. The GLOBOCAN project aims to provide contemporary cancer statistics for 148 countries around the world. GLOBOCAN estimates are calculated using World Standard Populations (Ahmad et al., 2001) and the most recent data available are for 2008. The UK data presented in the other sections of this statistical bulletin are based on European age-standardised rates for 2008-10. As it is not possible to make direct comparisons between the figures presented in this section and those in the rest of this bulletin, we have used GLOBOCAN UK figures to compare with those for Northern Europe. It should be noted that the cancer registration process differs across Northern Europe which may influence the incidence rates reported.

Of the 10 Northern European countries, the United Kingdom had the third lowest incidence rate for males at 280 new cases per 100,000 men. The Republic of Ireland was the country with the highest incidence rate, at 356 new cases per 100,000 men. Sweden had the lowest incidence rate, at 270 new cases per 100,000 men. The UK had the fifth highest incidence rate for females, at 261 new cases per 100,000 women. This compared with Denmark where incidence rates were highest at 325 new cases per 100,000 women and Latvia, where incidence rates were lowest, at 193 new cases per 100,000 women.

The mortality rate among males in the UK was fifth highest at 133 deaths per 100,000 men. The highest mortality rate was in Latvia, with 197 deaths per 100,000 men compared with 108 deaths per 100,000 men in Iceland, the lowest mortality rate. The UK had the third highest mortality rate among females at 103 deaths per 100,000 women. This compared with 120 deaths per 100,000 women in Denmark, the country with highest mortality rate among females compared with 90 deaths per 100,000 women in Estonia, the lowest mortality rate. For full information on incidence and mortality rates across Northern Europe see the GLOBOCAN Project report (Ferlay et al., 2008).

Policy context

England

In ‘Improving Outcomes: A Strategy for Cancer’, the Department of Health stated that although improvements have been made in the quality of cancer services in England, a significant gap remains in mortality rates compared with the European average.

• The outcome strategy document 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:

  where only the NHS needs to be involved in improving outcomes in a particular area, the relevant outcomes strategy will be initiated and its development led by the new NHS Commissioning Board; and

• where integrated action is required across any combination of the NHS, public health and social care services to improve outcomes in a particular area, the relevant outcomes strategy will be
initiated and its development led by the Department of Health, in conjunction with the new Public Health England organisation and the new NHS Commissioning Board as appropriate.

Wales

The Designed to Tackle Cancer in Wales policy document, published in 2006, reported Wales’ aim to achieve incidence and survival rates for cancer similar to the best in Europe. Together for Health – Cancer Delivery Plan, published in 2012, confirmed and updated those ambitions of achieving survival rates among the best in Europe and the world with patient experiences that are second to none. This plan referred to doing more together to avoid cancer, with a focus on earlier diagnosis and the best treatment. The outcome measures of cancer incidence and mortality rates, along with one and five year survival rates will be used to track how well cancer services are doing over time.

Scotland

For many years, cancer has been a national clinical priority for the Scottish Government and NHS Scotland. The policy document, ‘Better Cancer Care, An Action Plan’, launched in October 2008, sets out a series of actions and key priorities intended to improve cancer services and support provided in Scotland. The Scottish Cancer Taskforce and its Sub Groups oversee the actions outlined within ‘Better Cancer Care, An Action Plan’.

The ‘Better Cancer Care Cancer Progress Report 2010’ outlined progress made in delivering the commitments set out in ‘Better Cancer Care, An Action Plan’. The report highlighted achievements made in improving cancer services, and identified a number of areas where more work is needed. The report identified areas to be prioritised as part of the Scottish Cancer Taskforce’s ongoing work plan.

Northern Ireland

After a major review in 1996, cancer services were centralised to one cancer centre and four cancer units. In February 2011, the Services Framework for Cancer Prevention Treatment and Care was launched. This set out standards for cancer services in relation to prevention, diagnosis, treatment and on-going care, rehabilitation, and palliative end-of-life care. The document describes targets, such as to ensure that treatment commences within 62 days of referral and 31 days after diagnosis.

Additional information

Further information about cancer incidence and mortality in the United Kingdom estimates published by the Office for National Statistics (ONS) can be found in the Cancer Incidence and Mortality Summary Quality Report (135.4 Kb Pdf). 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. An update of this summary quality report will be published shortly as a Quality, Methodology and Information paper.

Additional cancer incidence data for England can be found in the release Cancer statistics registrations MB1 series.
Further information on cancer incidence data published by ONS can be found in the Cancer Registrations Quality, Methodology and Information paper (189.7 Kb Pdf).

More information on cancer statistics published by Wales, Scotland and Northern Ireland can be obtained from their respective registries: the Welsh Cancer Intelligence and Surveillance Unit, the Scottish Cancer Registry and the Northern Ireland Cancer Registry.

Users and uses

Key users of cancer incidence and mortality figures include government departments, such as the Department of Health, academics and researchers, cancer charities, cancer registries, other government organisations, researchers within ONS and the general public.

Government departments use cancer incidence and mortality figures as part of the evidence base to inform cancer policy and programmes, for example in drives to improve early diagnosis. Academics and researchers use the figures to inform their own research. Similarly, cancer registries and other government organisations use the data to carry out individual and collaborative projects to apply subject knowledge to practice. Charities use the data so they can provide reliable and accessible information about cancer to a wide range of audiences, including patients and health professionals via health awareness campaigns and cancer information leaflets/web pages. Researchers within ONS use the data to support further research and to publish alongside other National Statistics.

References


Scottish Government (2008) Better Cancer Care, An Action Plan outlines the way forward for cancer services, which are required to support all those in Scotland who find themselves living with and beyond cancer, accessed on 29/11/2012


United Nations Statistics Division (2012). Composition of macro geographical (continental) regions, geographical sub-regions, and selected economic and other groupings, accessed on 05/11/2012


Acknowledgements

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Background notes

1. Incidence and mortality rates have been directly age-standardised, using the European Standard Populations, to control for differences in the age structure of the populations between countries, and over time, to allow unbiased comparisons between rates.

2. The incidence figures in this report are those published at the time of the annual statistical releases for the four constituent countries of the UK. The cancer registration systems are live databases. Therefore, the figures presented here will not reflect those held on the live databases.

3. The Office for National Statistics has been advised, both by expert epidemiologists and by members of the Advisory Committee on Cancer Registration, that non-melanoma skin cancer (ICD–10 C44) is greatly under-registered. Registration varies widely depending on a registry’s
degree of access to out-patient records and general practitioners. Incidence figures given in this report for ‘all cancers’ (C00-C97) therefore exclude non-melanoma skin cancer (C44).

4. All United Kingdom numbers and rates in this report have been calculated as three-year averages to reduce the effects of random variation in small numbers over time.

5. A 95 per cent confidence interval is a measure of the uncertainty around an estimate. It provides a range around the estimated value within which we have a 95 per cent level of confidence that the true value for the population is likely to fall.

6. Data from 2001–03 to 2007–09 were taken from previous publications and have not been refreshed using the live databases.

7. A list of the names of those given pre-publication access to the statistics and written commentary is available in Pre-release Access List: Cancer Incidence and Mortality in the UK 2008–2010 (21.9 Kb Pdf). The rules and principles which govern pre-release access are featured within the Pre-release Access to Official Statistics Order 2008.

8. Special extracts and tabulations of cancer data for England are available to order for a charge (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to:

Cancer and End of Life Care Analysis Team
Life Events and Population Sources
Office for National Statistics
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Cardiff Road
Newport
NP10 8XG

Tel: +44 (0)1633 456021

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

The ONS Charging Policy is available on the ONS website.

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.

10. Follow ONS on Twitter and Facebook.

12. Details of the policy governing the release of new data are available from the UK Statistics Authority website or from the Media Relations Office.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, 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.

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

Statistical contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Department</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Hossack</td>
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