

BREAST CANCER IN THE UK 2026: A COMPENDIUM

**BREAST
CANCER
NOW**

TABLE OF CONTENTS

Introduction	3
What is breast cancer?	4
SECTION 1: THE SCALE OF THE PROBLEM	
1.1 How common is breast cancer in the UK?	6
1.2 Survival and mortality	7
1.3 A global view	8
SECTION 2: RISK FACTORS	
2.1 Sex and age	11
2.2 Uncontrollable risks	12
2.3 Lifestyle risks	12
2.4 Hormone exposure	13
2.5 Family history	13
2.6 Other demographic factors	14
2.7 Risk factor awareness and misconceptions	15
SECTION 3: BREAST AWARENESS AND SCREENING	
3.1 Breast-checking	17
3.2 Recurrence and metastatic diagnosis	18
3.3 Routine screening	20

SECTION 4: DIAGNOSIS, TREATMENT AND CARE

4.1 Diagnosis	24
4.2 Waiting times	25
4.3 Treatment	29
4.4 People's experiences of their care	34

SECTION 5: THE IMPACT OF BREAST CANCER ON PEOPLE'S LIVES

5.1 Anxiety and health fears	35
5.2 Side effects and quality of life	36
5.3 Body image	37
5.4 Relationships and isolation	38
5.5 Living with metastatic breast cancer	39
5.6 Work and financial wellbeing	40
5.7 People at higher risk of breast cancer	40
5.8 Family and friends	40
5.9 Unmet needs	41

SECTION 6: ECONOMIC IMPACT

6.1 Economic costs and breakdown	43
6.2 Wellbeing costs and breakdown	44
Glossary	45
References	46

INTRODUCTION

This document sets out the state of breast cancer in the UK today. It contains the most up-to-date, UK-wide statistics on breast cancer, including:

- How many people have breast cancer
- The different types and stages of breast cancer
- Which people are most affected
- Breast cancer risk factors
- Health inequalities
- The treatment and care pathway
- The impact of breast cancer on people's wellbeing
- How breast cancer affects the UK economy

Who is it for?

If you want to know why breast cancer remains an urgent problem, understand the evidence at a high level and play a role in improving outcomes for people affected by breast cancer, this document is for you.

Whether you're a researcher or healthcare professional, work in government or campaigning, or you support our work in any way, it will help you to understand the state of breast cancer in the UK today. We believe that by having the core statistics at your fingertips, you'll be able to make better decisions, have more influence and be part of the change we need to see.

You can use the information in this document in your work, provided you reference it properly. There's also a glossary of health terms at the end of the document for reference.

This document is not meant as health information for people affected by breast cancer. You can find up-to-date information on our website.

This document sets out the problem. But what's the solution?

We have a bold vision – that by 2050, everyone with breast cancer will live and live well.

We need to work towards that target every single minute, every single day. Because it's the actions we take right now that will get us there.

Our new strategy sets out how we'll do this. It's about accelerating progress towards fewer cases, fewer deaths and a better quality of life for everyone affected by breast cancer.

Methods

We brought lots of different sources together to create this document, from teams within Breast Cancer Now to expert advisors.

Where we can, we've used national data collected by, for example, the NHS or government bodies and departments. Where this wasn't available, we've used data from quantitative studies, some of which we commissioned.

Where there isn't robust quantitative data, we've used qualitative data to shine a light on a topic or add to the quantitative data. All the data we've used is referenced throughout.

We've provided statistics for the UK or all 4 nations where possible. But sometimes the data for all 4 nations isn't available or comparable, so we've included what we can.

A note on terminology:

We recognise that breast cancer can affect all people, regardless of sex. This means we use the term 'people' unless the evidence we draw on focuses specifically on women, in which case we use the term 'women'.

WHAT IS BREAST CANCER?

Breast cancer is a cancer that starts in the breast tissue. It begins when cells in the breast divide and grow in an unusual and uncontrolled way.¹ This may cause a lump in the breast tissue, or other signs and symptoms.²

Breast cancer can be 'invasive' (meaning it has the ability to spread to other parts of the body) or 'non-invasive' (meaning it can't yet but could in the future). Most breast cancers are invasive.

The stage of a cancer describes the size of the cancer and how far it has spread.

An early form of breast cancer called ductal carcinoma in situ (DCIS) is non-invasive and is sometimes referred to as stage 0 breast cancer.

Recurrence

Recurrence is when the same cancer comes back after treatment, although it may have different characteristics or features.³ While most breast cancers don't come back, some do.⁴

There are different types of recurrence:

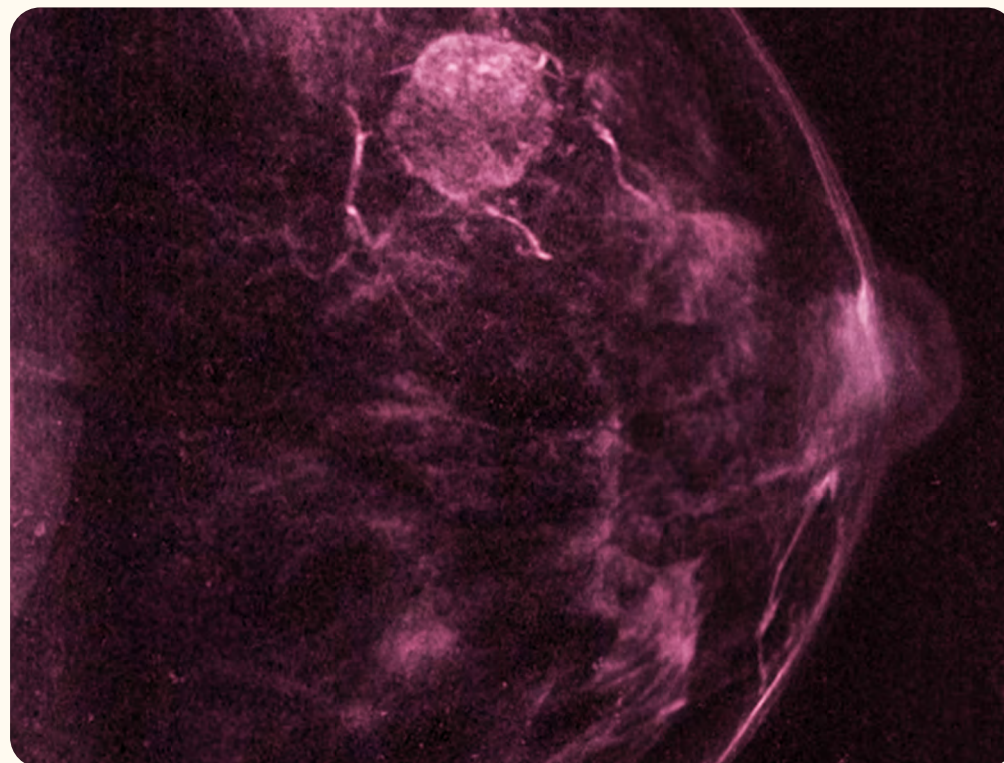
- **Local recurrence:** When the cancer returns in the breast, chest, or skin near the original site
- **Locally or regionally advanced:** When the cancer has spread to the chest wall, skin of the breast or lymph nodes around the chest, neck and under the arm or breast bone
- **Metastatic breast cancer:** When the cancer has spread to other parts of the body⁵

Metastatic (secondary) breast cancer

In some cases, breast cancer can spread to other parts of the body, most often to the bones, lungs, liver or brain.⁶ This is called metastatic breast cancer. You may also hear it called secondary breast cancer, advanced breast cancer or stage 4 breast cancer.⁷

De novo metastatic breast cancer is when metastatic breast cancer is diagnosed straight away, without a diagnosis of primary breast cancer.

Metastatic breast cancer can't be cured, but it can be treated and controlled to help patients have a good quality of life.⁸ The length of time that people will live with metastatic breast cancer will depend on the nature of their cancer and how it responds to treatment.



SECTION 1

THE SCALE OF THE PROBLEM

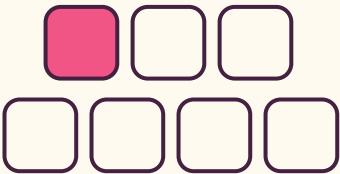


1.1 HOW COMMON IS BREAST CANCER IN THE UK?



Breast cancer is the most common cancer in women in the UK.⁹ Almost **1 in 3** new cancers diagnosed in women will be breast cancer.¹⁰

And **1 in 7** women will develop it in their lifetime.¹¹



A woman is diagnosed with breast cancer every **9 minutes** and a man every day. That's around **60,000 women** and **450 men** each year.¹² And a further **7,500 people** are diagnosed with DCIS (an early form of breast cancer) each year.¹³



If nothing is done to change this, by 2040, a woman will be diagnosed **every 8 minutes**.¹⁴ That's nearly **70,000 women** each year.¹⁵

AROUND
69%

of people in the UK **know** someone who's been diagnosed with breast cancer¹⁶

	Diagnosed each year (est.)	Diagnosed each week (est.)	Women living with breast cancer in 2025 ¹⁷	Women living with breast cancer in 2045 ¹⁸
England	50,100 women and 380 men ¹⁹	970	768,000	1,181,000
Scotland	5,270 women and 40 men ²⁰	102	81,000	118,000
Wales	2,930 women and 20 men ²¹	57	47,000	67,000
Northern Ireland	1,580 women and 10 men ²²	31	24,000	38,000

Age is the second most important risk factor for breast cancer after sex, so an **ageing UK population is a major driver of rising rates**.²³ Other reasons for rising rates include improved detection through screening.

An estimated
920,000
people in the UK are **living with or beyond a diagnosis** of breast cancer

That number is **predicted to rise to**
1.4 MILLION
by 2045²⁴

How common is metastatic breast cancer in the UK?

We don't know exactly how many people are living with metastatic breast cancer in the UK, but it's **estimated that there are around 61,000**.²⁵

Why don't we know the number of people with metastatic breast cancer?

The data on metastatic breast cancer isn't being routinely collected across the UK, so we don't have a complete picture right now. But there are efforts to change this. The National Audit of Metastatic Breast Cancer (NAoMe) is underway in England and Wales. It's highlighted the gaps around recurrence within national cancer datasets and is urging NHS organisations to prioritise better data collection to capture the reality of metastatic breast cancer in the UK.

Funded by Cancer Focus Northern Ireland, an audit in January 2025 published estimates on the number of people living with metastatic breast cancer in Northern Ireland for the first time. The Scottish Government has also committed to improving data collection on metastatic breast cancer as part of its Cancer Action Plan for 2023–2026.

1.2 SURVIVAL AND MORTALITY

9 in 10 women survive breast cancer for **5 or more years**.²⁶ But breast cancer is still the biggest killer of working-age women in the UK.²⁷



Each year in the UK, around **11,200 women** and **90 men** die from breast cancer.²⁸ This means someone dies from breast cancer every **47 minutes**.²⁹

On average, women diagnosed with breast cancer in England **lose around 6 years of life expectancy** if they are in the most deprived socio-economic group, compared with around **5.4 years** for women in the least deprived group. That is equivalent to around **27%** and **22%** of their remaining life expectancy respectively. That's an average taken across everyone who is diagnosed with breast cancer in England, including survivors, most of whom lose little to no life expectancy.³⁰ When someone dies of breast cancer in the UK, they die an average of **17 years earlier than expected**. That's an average taken across anyone who dies of breast cancer in the UK, so it excludes survivors.³¹

Survival across different groups

5 year survival rates of women diagnosed at stage 1 vs stage 4

STAGE 1:

98%

in England³²

100%

in Wales³³

96%

in Northern Ireland³⁴

STAGE 4:

32%

in England³⁵

30%

in Wales³⁶

21%

in Northern Ireland³⁷

By type of breast cancer:

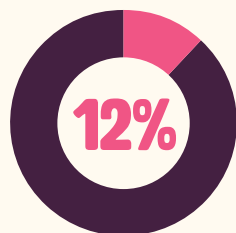
Some breast cancer subtypes have lower survival rates than others. Hormone receptor positive breast cancers have the best survival rates, partly because they can be treated with hormone therapy. Triple negative breast cancer has the poorest survival rates, as it doesn't respond to hormone therapy or HER2-targeted drugs and tends to grow and spread more quickly.

By location:

- **83%** of women from the most deprived areas in England survive their cancer for 5 years vs **90%** of women from the least deprived³⁸
- **81%** of women from the most deprived areas in Scotland survive their cancer for 5 years vs **87%** of women from the least deprived³⁹
- **86%** of women from the most deprived areas in Wales survive their cancer for 5 years vs **91%** of women from the least deprived⁴⁰

1.3 A GLOBAL VIEW

How common is breast cancer around the world?

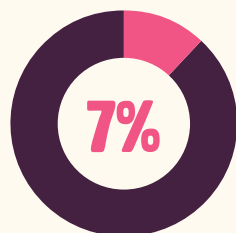


Breast cancer is the second most commonly diagnosed cancer globally, making up nearly **12% of all cancers**.⁴¹

Around **2.4 million new cases** were diagnosed in women in 2024.

That's **more than 4 women** hearing the words “you have breast cancer” every minute.⁴²

Breast cancer mortality around the world



Breast cancer is the leading cause of cancer-related death for women globally.

It accounts for **7% of all cancer deaths worldwide**.⁴³

700,000

women **died of breast cancer** in 2024.⁴⁴ That's **more than one woman every minute**⁴⁵

555,000

of these deaths will be from **recurrence** (est).⁴⁶ Almost all deaths from breast cancer are caused by metastatic breast cancer

How survival varies between countries

Globally, a woman's chance of dying from breast cancer has barely shifted in 33 years. That's because while age-adjusted breast cancer **death rates fell by around 30% in high-income countries**, they roughly **doubled in low-income countries**, which now have the highest breast cancer death rates in the world.⁴⁷

Breast cancer can affect anyone. But it doesn't affect everyone equally. And some people are more likely to die from the disease, simply because of where they live. **5-year survival from breast cancer varies enormously between countries**. And among women diagnosed with breast cancer between 2017 and 2021, **fewer than half of those in low-income countries survived 5 years**, compared with **87%** in high-income countries.⁴⁸

Why outcomes differ

Variations in survival rates between countries reflect differences in health systems, particularly in how early the disease is detected and treated. **How advanced the cancer is at diagnosis remains one of the clearest global inequalities in breast cancer**. Where screening and diagnostic services are limited, breast cancer is found later, when it's more advanced and harder to treat. In sub-Saharan Africa, for example, up to **31% of breast cancers are already metastatic by the time they're diagnosed**, compared to 6% in North America.

Forecasts

By 2050, the World Health Organization forecasts **3.36 million new breast cancer cases**, and an estimated 1 million deaths from breast cancer each year. That's a rise of **38% in diagnoses** and **56% in deaths** compared with 2024.⁴⁹

Almost all of that rise comes from population growth and ageing. But once we account for populations getting older, **a woman's risk of dying from breast cancer is forecast to be no lower in 2050 than it is today**, even though the World Health Organization's Global Breast Cancer Initiative asks countries to **cut that risk by 2.5% every year**.⁵⁰

How does the UK compare to other countries?

UK mortality and 5-year survival rates are better than some other countries with similar incomes and healthcare systems, but worse than others.⁵¹ For example, the United States reached the highest 5-year breast cancer survival rate of **90.2%** in 2010–2014, while the UK rate was **85.6%**. 5-year survival rates in the UK are lower than Australia, Denmark, New Zealand, Finland, Italy, Portugal, the USA, Belgium, France, Japan, Canada, Germany, the Netherlands and Sweden (5-year survival rate ranges from **86% to 90.2%**).⁵²

Screening coverage in England and Wales lags behind Denmark, Finland, Portugal, the USA, the Netherlands and Sweden.⁵³ The UK has a lower proportion of breast cancers diagnosed at an early stage than other countries.⁵⁴



SECTION 2

RISK FACTORS



WHAT CAUSES BREAST CANCER?

Breast cancer is caused by a mixture of a person's genes, environment and lifestyle. Some of these, such as lifestyle, are 'modifiable', meaning they can be changed to reduce a person's risk. But others, like genetics, are 'non-modifiable', meaning they can't be changed.⁵⁵

The average woman has a **1 in 7** chance of developing breast cancer in their lifetime.⁵⁶ But the actual chance for each person will be higher or lower depending on their risk factors.

A note on how risk factors interact

In theory, the risk factors we talk about here are independent from each other. But in practice, they're often linked and can affect each other. For example, the situation someone is born into and lives in can make them more likely to behave in ways that increase or reduce their risk. Or it might mean they aren't as able to reduce some of the risks they can change.

We can't predict with certainty who will get breast cancer, or say for certain what caused someone's cancer to develop.⁵⁷

2.1 SEX AND AGE

Sex

99% of breast cancer cases are in women.⁵⁸ The reasons for this include the higher amounts of breast tissue and the influence of hormones.

Age

After sex, age is the second most significant risk factor for developing breast cancer. **80% of breast cancer cases are in women over 50. And 80% of cases in men are in those aged over 60.**⁵⁹

Older age also influences a person's chances of survival. Age-adjusted survival rates in older women (aged over 75) are lower than in other age groups.⁶⁰

However, people with certain **altered genes** have a higher chance of developing cancer at a younger age – for example, those with **BRCA1 alterations**.⁶¹

And breast cancer in younger women is often more aggressive, as triple negative breast cancer is more common in women under 40.⁶² This means women diagnosed before 35 have a higher risk of developing metastatic breast cancer than women over 50.⁶³ It also means survival rates for women aged under 45 are lower than for those aged 45–74.⁶⁴



2.2 UNCONTROLLABLE RISKS

Periods and menopause

Being exposed to oestrogen can sometimes encourage breast cancer cells to grow.⁶⁵ Women who started their periods before turning 12 or women going through a later menopause (the average age is 51) are at a slightly increased risk of breast cancer. This is because their bodies are exposed to oestrogen for a longer period of time.⁶⁶

Dense breast tissue

Some people have dense breast tissue, meaning there's a high amount of breast tissue compared to fat. This can increase the risk of cancer as there are more breast cells that could become cancerous.

Women with a high breast density have a **4–6 times greater risk** of developing breast cancer compared to women with a low breast density.⁶⁷ In UK women aged 50–70, around 27% have dense breasts and around 10% have very dense breasts.⁶⁸

Previous breast cancer and other breast conditions

Some non-cancerous (benign) breast conditions can increase a person's risk of breast cancer. This includes atypical hyperplasia and lobular neoplasia, where cells in the breast ducts or lobules increase in number and develop an unusual pattern.⁶⁹

Having had breast cancer before (including DCIS) can also increase a person's risk of developing a second primary breast cancer.⁷⁰

Body type

Risk of breast cancer is slightly higher for people who are tall, have a higher bone density or had a higher weight when they were born.⁷¹

Chest radiotherapy

People who have had radiotherapy to their chest at a young age can have an increased future risk of breast cancer.⁷²

2.3 LIFESTYLE RISKS

Lifestyle risk factors, such as diet and activity, can be managed to reduce a person's risk.⁷³ It's estimated in the UK that:



Around **23%** of breast cancer cases could be **prevented** by people making some **healthy changes to their lifestyle behaviours**⁷⁴



Around **8%** of breast cancers are caused by **drinking alcohol**⁷⁵



Around **8%** of breast cancers are caused by being **overweight or obesity**⁷⁶



Breast cancer risk is **13% lower** in women who **exercise** most, compared with women who exercise least⁷⁷



There's also growing evidence that **smoking can increase the risk** of breast cancer⁷⁸

Pregnancy and breastfeeding

The link between pregnancy and breast cancer risk is complex, but overall, **pregnancy reduces the risk of breast cancer in the long term**.⁷⁹ Having children at a younger age and having more children reduces a woman's risk of breast cancer.⁸⁰

Breastfeeding can also slightly reduce the risk of breast cancer. Breast cancer risk is **16% lower** in women who have ever breastfed, versus those who have never done so, and the longer someone breastfeeds, the more the risk of breast cancer is lowered.⁸¹ Breastfeeding lowers the risk of some breast cancer subtypes more than others.⁸²

The factors that contribute to breast cancer risk are complicated and include a mixture of biological and lifestyle factors. The statistics in the previous sections can't and shouldn't be used to calculate a person's individual risk of developing breast cancer.

2.4 HORMONE EXPOSURE

Both the contraceptive pill and hormone replacement therapy (HRT) can increase someone's risk of breast cancer.⁸³ For HRT, the increase in risk is small and depends on the type of HRT and how long it's taken for.⁸⁴ For the contraceptive pill, this increase in risk is small and disappears within a few years of stopping taking it.⁸⁵ It's estimated that:⁸⁶

Around 2 IN EVERY 100 breast cancers in the UK are thought to be linked to taking HRT	Less than 1 IN EVERY 100 breast cancers in the UK are thought to be linked to the pill
---	--

2.5 FAMILY HISTORY

Genetics and family history

Having a family member diagnosed with breast cancer doesn't always mean a person has a higher risk. Lots of factors impact this, including the number of affected relatives, the type of cancer, how closely related the people are and their age at diagnosis.

5–10% of women with breast cancer are thought to have an inherited altered gene that increases their risk.⁸⁷ The most commonly altered genes are **BRCA1 and BRCA2**. Others include PALB2, TP53, CHEK2 and ATM.⁸⁸ **Alterations in the BRCA1 and BRCA2 genes account for around 2.5% of all breast cancers.**⁸⁹

Women with an altered BRCA1 gene have a 72% risk of developing breast cancer	Women with an altered BRCA2 gene have a 69% risk of developing breast cancer ⁹⁰
--	--

Triple negative is a type of breast cancer which has a higher risk of coming back or spreading in the first few years than other types of breast cancer. This type of breast cancer is also more likely in women with an altered BRCA gene.⁹¹

Men with an altered BRCA1 gene have a 0.4% risk of developing breast cancer	Men with an altered BRCA2 gene have a 4% risk of developing breast cancer ⁹²
---	---

Being of Jewish ancestry is also a risk factor for breast cancer. Women with Jewish heritage are around **5–10 times more likely** than non-Jewish women to have an altered BRCA1 or BRCA2 gene.⁹³

Managing the risk for people with altered genes

While it's not possible to change someone's genetics, there are other things that can lower the risk of breast cancer and improve the outcomes for people with altered genes.⁹⁴

Screening:

People at increased risk of breast cancer can be offered additional screening at an earlier age. This can help to find breast cancer at the earliest possible stage, when survival rates are highest.

Surgery:

People deemed to be at higher risk can be offered a double mastectomy. This can lower breast cancer risk by **90–95%** but is associated with developing issues around body image and intimacy.⁹⁵

Medication:

Risk-reducing medications, sometimes referred to as chemoprevention, can also be used for women at risk of developing breast cancer who don't want or can't have surgery. There are several drugs that can reduce breast cancer risk by **30–60%**, for example tamoxifen and raloxifene.⁹⁶

2.6 OTHER DEMOGRAPHIC FACTORS

Ethnicity

Breast cancer incidence rates in the UK are lower for women from some minority ethnic backgrounds (such as South Asian, Black and Chinese) compared to white women.⁹⁷

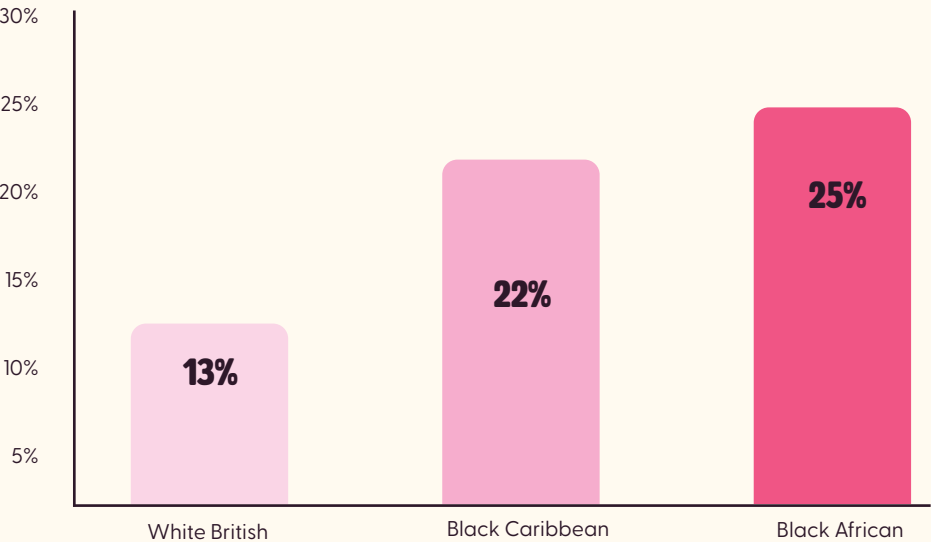
In 2023, the percentage of breast cancer cases in England were in:⁹⁸

84%	5%	3%	2%	1%
White people	Asian people	Black people	'Other' group	Mixed group*

*Ethnicity data was not recorded for the remaining 5%.

However, women from some minority ethnic backgrounds are more likely to have poorer outcomes and be diagnosed with advanced breast cancer.⁹⁹

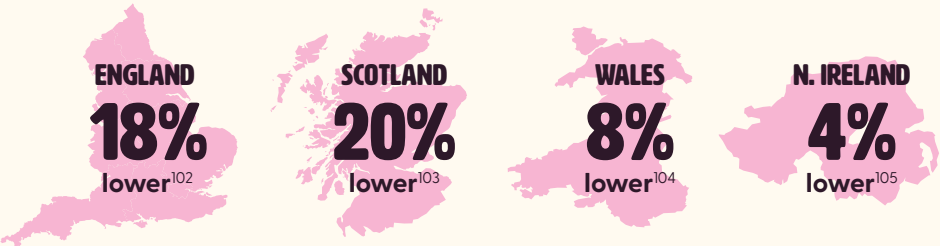
Diagnosis of stage 3 or 4 breast cancer across ethnicities in England¹⁰⁰



Deprivation

Rates of breast cancer are lower in areas with higher deprivation across the UK.¹⁰¹

Compared with the least deprived areas, rates in the most deprived areas across nations are:



Although rates of breast cancer are lower in more deprived areas, **outcomes in these areas are often worse**.¹⁰⁶ That's in part because women living in more deprived areas in England and Scotland are more likely to be diagnosed at a later stage.¹⁰⁷

In England, women from the most deprived areas also have a **29% higher rate** of developing a second primary cancer after breast cancer than women from the least deprived areas.¹⁰⁸





2.7 RISK FACTOR AWARENESS AND MISCONCEPTIONS

In a survey of 2,267 women from the UK in April 2025, **fewer than 75% of people thought the following were risk factors for breast cancer:** smoking (74%), being over 50 (73%), being overweight (63%), drinking alcohol (57%), being physically inactive (48%), and not breastfeeding (23%).¹⁰⁹

Some people may have misconceptions that factors like **stress and breast injuries** can cause breast cancer, but there's **no evidence** to support these.

Women from some minority ethnic groups can have misconceptions about breast cancer. **Twice as many minority ethnic women as white British women believe there are myths about breast cancer in their community** (28% vs 14%), such as it being **contagious**. There can also be misconceptions about what causes breast cancer among minority ethnic groups, like using deodorant or wearing certain types of bras.¹¹⁰

In a nationally representative survey of 2,000 people, **22% of respondents were unsure or did not believe men can get breast cancer**, despite 450 men being diagnosed each year in the UK.¹¹¹

SECTION 3

BREAST AWARENESS AND SCREENING



3.1 BREAST-CHECKING

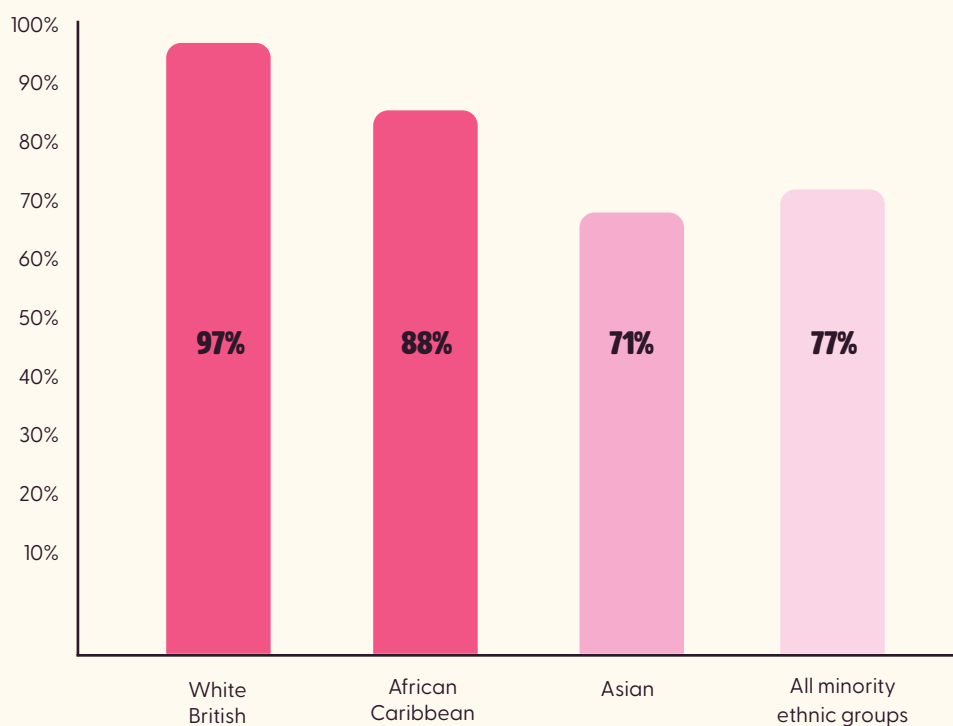
60% of breast cancer cases in England are diagnosed because women identify **unusual changes** in their breast and report these to their GP.¹¹²

Awareness of signs and symptoms

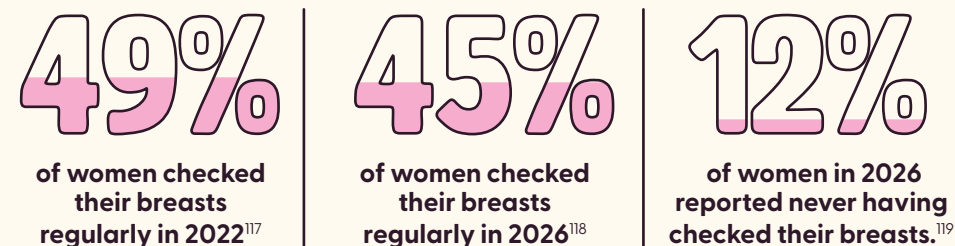
In a survey of 2,241 women from the UK in July 2026, just over **90%** could recognise at least 3 signs and symptoms of breast cancer.¹¹³

However, awareness can vary across groups. **Women from certain minority ethnic groups are less aware of breast cancer symptoms than white women.**¹¹⁴ And awareness of signs and symptoms of breast cancer **increases with age.**¹¹⁵

% Aware that a breast lump is a sign of breast cancer¹¹⁶



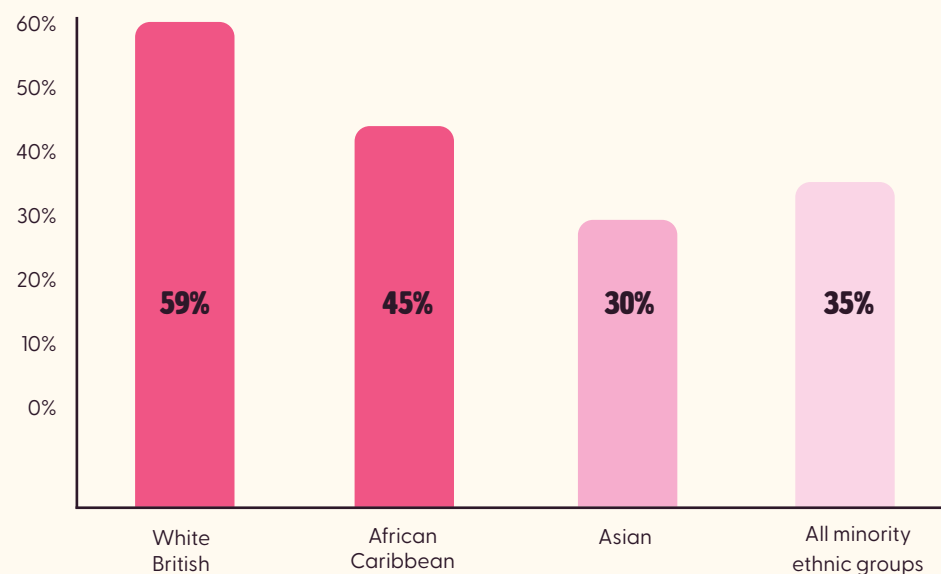
Around two-thirds of breast cancers are found by breast-checking, and when it's found early, treatment is much more likely to be successful. But the percentage of women checking their breasts regularly (defined as checking at least once a week, once a month or at least once every 6 weeks) in the UK seems to be dropping:



In July 2026, **43%** of women who don't check their breasts regularly (less often than at least once every month) said they **forget to**, and **38%** said it **isn't a habit** for them.

A survey of 561 women showed that **women from minority ethnic groups are less likely to check their breasts regularly.**¹²⁰

% Checking breasts regularly¹²¹



3.2 RECURRENCE AND METASTATIC DIAGNOSIS

Around 5% of new breast cancer cases diagnosed in the UK are de novo.¹²²

Overall, the large majority of metastatic cases follow an earlier primary diagnosis.¹²³

Data on breast cancer recurrence isn't reliably collected in UK cancer datasets, but we estimate that **around 1 in 4 women will experience a recurrence**.¹²⁴

The risk of cancer spreading¹²⁵

Most people diagnosed with breast cancer will not go on to develop metastatic breast cancer. And the earlier breast cancer is diagnosed, the less likely someone is to develop metastatic breast cancer.

There's no UK-wide data on the risk of breast cancer spreading. The best available evidence comes from an international review, which found that 12% of women developed metastatic breast cancer within 5 years of their primary diagnosis, rising to 23% at 10 years or more.

It also found that women diagnosed with primary breast cancer under the age of 50 were more likely to develop metastatic breast cancer than those diagnosed after 50.

Risk also varied by the type of breast cancer. Between 5 and 9 years after diagnosis, women whose breast cancer was hormone receptor negative were twice as likely to develop metastatic breast cancer than those whose cancer was hormone receptor positive.



Knowledge and awareness of metastatic breast cancer

The following are real signs and symptoms of metastatic breast cancer. We tested public perceptions of these and found that the symptoms women were least likely to recognise are the ones that seem unrelated to the breast, such as changes to vision or speech, headaches, breathlessness and constipation.

In a survey of 2,241 women from the UK:¹²⁶

68%

thought any **lump or swelling under the arm, breast or collarbone** is a sign of metastatic breast cancer

61%

thought **unexpected weight loss or loss of appetite** is a sign

59%

thought **feeling much more tired than usual** is a sign

47%

thought **bone pain** is a sign

46%

thought **discomfort or swelling under the ribs/across the abdomen** is a sign

37%

thought **feeling sick a lot of the time** is a sign

32%

thought a **dry cough or feeling of breathlessness** is a sign

30%

thought **loss of balance or limb weakness/numbness** is a sign

28%

thought **severe or ongoing headaches** is a sign

28%

thought **feeling full quickly or changes to appetite** is a sign

27%

thought **feeling bloated** is a sign

20%

thought **constipation** is a sign

20%

thought that **altered vision or speech** is a sign



29% of nurses and 16% of GPs felt that the late identification of signs and symptoms creates challenges in identifying people with potential metastatic breast cancer in the UK.¹²⁷

It's important for people who have finished primary treatment to know the **signs and symptoms of metastatic breast cancer**, but this isn't always the case.

- **In our Big Breast Cancer Survey, 64%** of people who'd been diagnosed with metastatic breast cancer after a primary diagnosis **weren't offered information on the signs and symptoms** to watch out for, but would have liked to have been
- **62% would have liked information on lifestyle changes** they could make to help reduce their risk but didn't get it. There can also be confusion and a lack of information about how follow-up works and how to report possible signs and symptoms¹²⁸
- **41%** of people who sought help from a healthcare professional due to their concerns felt their **symptoms weren't taken seriously** (England only)¹²⁹

3.3 ROUTINE SCREENING

Women can be diagnosed with breast cancer after a routine screening, before any visible signs or symptoms develop.¹³⁰



In England, **1/3 of breast cancers in women are diagnosed via screening**¹³¹, most at an early stage¹³²

It's estimated that **routine screening prevents** around

1,300 DEATHS

from breast cancer each year in the UK¹³³

Breast screening eligibility

People registered as female with their GP, aged between **50 and 71**, are invited to **routine breast screening every 3 years** as part of a national breast screening programme.¹³⁴ This may not happen the year someone turns 50, but it will happen by the time they are 53.

Screening uptake by nation

Across the UK, the minimum target is that **70%** of eligible women take up their invite to be screened, with an achievable **target of 80% uptake**.

We estimate that if the achievable target of 80% uptake were met across the UK, around **2,600 more breast cancers would be found**, based on the most recent available data for each nation (2022/23 to 2024/25).¹³⁵

In England, 70.6% of women took up their screening invitation in 2024/25:¹³⁶

- If the 80% uptake target had been met, 259,519 more women would have been screened and an estimated 2,228 more breast cancers would have been found¹³⁷
- Uptake varied across breast screening units, from 55.8% to 81.0%¹³⁸
- Only 63.6% of women who had been invited for the first time attended¹³⁹

In Scotland, 75.6% of women took up their screening invitation in 2022/23:¹⁴⁰

- If the 80% target had been met, 12,361 more women would have been screened, and an estimated 106 more breast cancers would have been found¹⁴¹
- Uptake varied across regions, from 72.8% to 86.2% between 2020 and 2023¹⁴²
- 6 in 10 women from the areas of highest deprivation attended, compared to 8 in 10 for the lowest¹⁴³

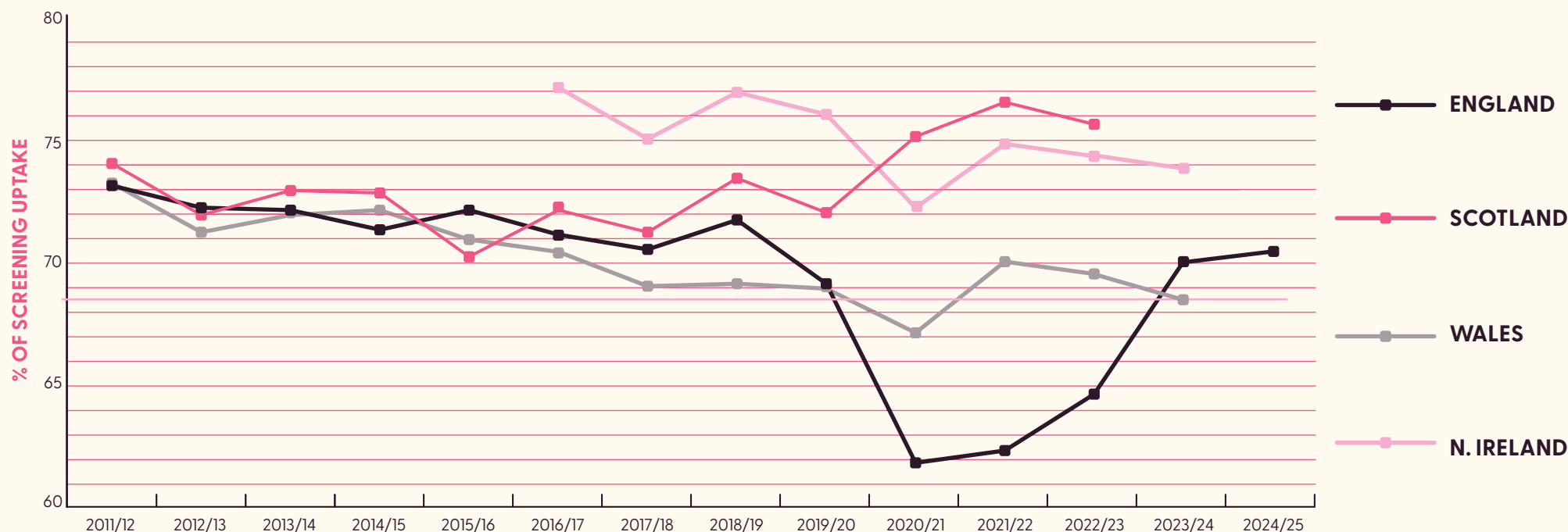
*Please note: breast screening statistics in Scotland are currently under review due to data quality issues

In Wales, 68.5% of women took up their screening invitation in 2023/24:¹⁴⁴

- If the 80% target had been met, 20,052 more women would have been screened and an estimated 197 more breast cancers would have been found¹⁴⁵
- Uptake varied across regions, from 66.8% to 69.4%¹⁴⁶
- Only 65.9% of women who had been invited for the first time attended¹⁴⁷

In Northern Ireland, 73.9% of women took up their screening invitation in 2023/24:¹⁴⁸

- If the 80% target had been met, 5,326 more women would have been screened and an estimated 94 more breast cancers would have been found¹⁴⁹
- Uptake varied across local areas, from 70.0% to 77.4%¹⁵⁰



There's no national breakdown of **screening uptake by ethnic group**, however estimates suggest that women from some minority ethnic backgrounds are less likely to attend compared to white women in the UK.¹⁵¹ This is particularly true for South Asian women.¹⁵²

The uptake of routine screening is also consistently **lower amongst people being invited into breast screening for the first time**.¹⁵³ People who do not attend their first appointment are significantly less likely to take up their follow-up appointments.¹⁵⁴

Some women with **mobility impairment or disabilities** aren't able to physically participate in mammograms, and with no recommended alternatives, they're left behind.

Reasons for low screening uptake

There are a range of reasons why the breast screening target in the UK is not always met. They include:¹⁵⁵

- **A shortage of screening workforce**
- **Low awareness of the screening programme** among some groups, particularly minority ethnic groups
- **Inability to access screening units**
- People **being scared** that screening is painful or of finding out they have cancer
- People **not feeling comfortable** having their breasts screened
- People **forgetting** to book appointments

Of the 10% of women aged 50 and over who said they did not attend their last breast screening appointment, the top 4 reasons given were:¹⁵⁶

22%

said they usually **don't attend** breast screenings

21%

felt **anxious or worried** about the screening

10%

said they had a **previous bad experience** with breast screening

7%

said they **didn't think it was necessary**

Inequalities in early diagnosis

While screening is intended to help people get diagnosed as early as possible, this doesn't happen for everyone. **Black and Asian women experience a higher rate of breast cancer diagnosed at a more advanced stage than white women.** In **women above the routine screening age (70+)** and those in **deprived areas**, breast cancer is also more likely to be diagnosed later.

For older women who are diagnosed early, their diagnoses are less likely to be from screening than younger women. These factors can also combine to worsen people's outcome – such as older Black women and older women living in deprived areas.

Screening and dense breasts

Standard mammography is less effective at finding breast cancers in women with dense breasts, which reduces their chances of getting an early diagnosis through screening. This is because in dense breasts, both dense tissue and tumours can show up as white on an X-ray.

In the UK, mammography sensitivity in women with dense breasts is around **60%**, and in women with very dense breasts it drops to around **50%**.¹⁵⁷ Women with dense breasts have a higher rate of cancers found between screenings than women with less dense breasts.¹⁵⁸ These are known as interval cancers.

SECTION 4

DIAGNOSIS, TREATMENT AND CARE



4.1 DIAGNOSIS

How is breast cancer diagnosed?

To investigate signs and symptoms of breast cancer, a patient is referred to a breast clinic for tests, usually by a GP or as a result of a mammogram (Section 3).

The vast majority of people who are referred to a breast clinic don't have cancer, but they may have a benign breast condition.¹⁵⁹ In around **1/3 of cases**, breast cancer is picked up as part of a routine screening mammogram.¹⁶⁰

A small number of cases are found through other routes – for example, at A&E.

People who need it may have further tests to confirm their diagnosis, including:

- A physical **breast exam**
- A **mammogram or ultrasound** to produce an image of the inside of the breast
- A **biopsy** to confirm the person's diagnosis and the features and characteristics (such as the type, size and grade) of their cancer¹⁶¹

A person will need all of these tests to get a final diagnosis of breast cancer, but many people can have breast cancer ruled out without a biopsy.¹⁶²

They also might need to have other tests, such as an MRI or genetic testing, to check for signs of their cancer spreading or for altered breast cancer genes.¹⁶³



“ ”

Having a breast cancer diagnosis feels like being put on a train with no idea of the destination.

Nana

“ ”

The 2 week wait for the results was a very dark and emotional place. I kept working throughout which distracted me. However, when I got home I just remember thinking every single day: 'I have breast cancer and I am going to die.'

Gemma



4.2 WAITING TIMES

All 4 UK nations have a 62 day target for the time it takes from a referral being made, to treatment starting. In England, Scotland and Northern Ireland, this includes anyone being referred urgently across a pathway. In Wales, it includes anyone referred with a suspicion of cancer (both urgent and non-urgent).

Waiting time targets and performance by nation (annual data for 2025):

ENGLAND

Urgent referral

England has a **28 day target** between someone being urgently referred and getting diagnosed.

TARGET: 80%

Diagnosis
(Confirming/ruling out cancer)

England has a **62 day target** between someone being urgently referred and their treatment starting.

TARGET: 85%

ACTUAL: 69.9%¹⁶⁴

Treatment decision

England also has a **31 day target** between a treatment decision being made and treatment starting.

TARGET: 96%

First treatment

WALES

Suspected cancer referral

Wales has a **62 day target** between someone's suspected breast cancer referral being made and their treatment starting.

TARGET: 75%

ACTUAL: 67.1%¹⁶⁵

First treatment

Breast cancer waiting times are measured in different ways across the UK nations. There are **2 main routes to a breast cancer diagnosis**:

- **Referral by a healthcare professional** who has recognised possible signs of cancer or breast symptoms – referrals can be urgent or non-urgent depending on how likely a cancer diagnosis is
- **Referral from the breast screening programme** after getting an abnormal mammogram result – these referrals are also urgent

SCOTLAND

Urgent referral

Scotland has a **62 day target** between someone being urgently referred and their treatment starting.

TARGET: 95%

ACTUAL: 89.7%¹⁶⁶

Treatment decision

Scotland also has a **31 day target** between a treatment decision being made and treatment starting.

TARGET: 95%

First treatment

NORTHERN IRELAND

Urgent referral

N. Ireland has a **14 day target** between urgent referral and being seen by a specialist.

TARGET: 100%

Diagnosis
(Confirming/ruling out cancer)

Northern Ireland has a **62 day target** between someone being urgently referred and their treatment starting.

TARGET: 95%

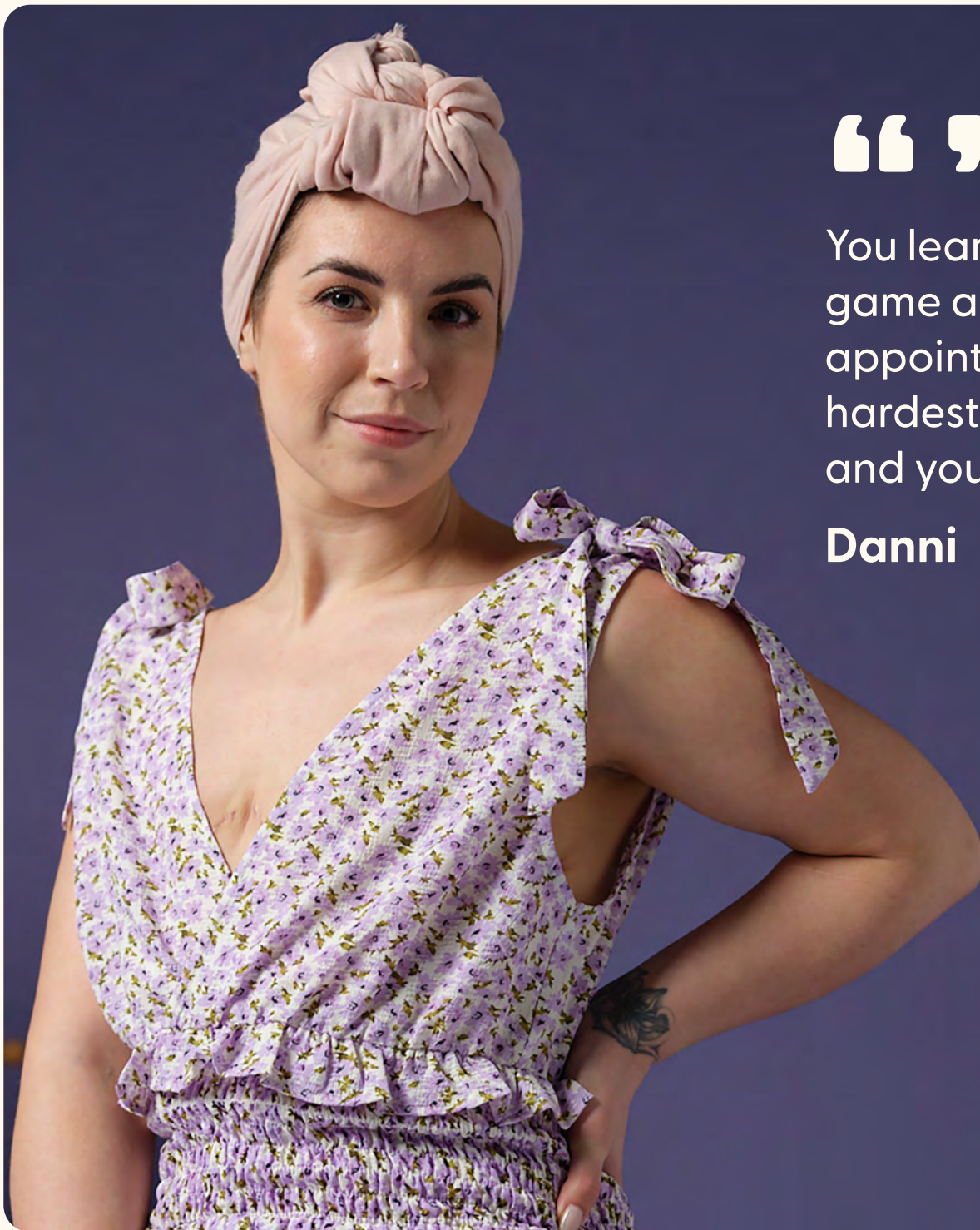
ACTUAL: 35.3%¹⁶⁷

Treatment decision

N. Ireland also has a **31 day target** between a treatment decision being made and treatment starting.

TARGET: 98%

First treatment



“ ”

You learn very quickly that it's a waiting game at the start. You wait for scans and appointments and results. I found that the hardest. Everything is out of your control, and you just have to wait.

Danni

Delays to reconstruction surgery

A survey we carried out in 2022 showed there were around 2,500 women in England waiting for their reconstruction surgery – a backlog partly created from the COVID-19 pandemic. Of 32 NHS trusts in England, the average waiting time for implant-based reconstruction was 6 months, and for free-flap reconstruction (using tissue from elsewhere on the body) it was just under 1 year.¹⁶⁸

Challenges in delivering timely reconstructions have persisted, in part due to workforce shortages – particularly a lack of reconstruction specialists. Not all hospitals have reconstruction services, meaning women are referred elsewhere which can increase the backlog in those areas. There can also be a lack of surgical theatre capacity.¹⁶⁹ Together, these limit the number of surgeries that can take place and mean reconstruction surgeries are deprioritised. Delays to reconstruction can cause body image issues and poor emotional wellbeing for women.

In England, tariffs don't incentivise NHS trusts to prioritise breast reconstruction, as they don't cover the costs. And people don't have equal access to all types of reconstruction, partly because surgeons' skills vary between hospital trust.



4.3 TREATMENT

How is breast cancer treated?

People with a primary breast cancer diagnosis will be offered treatments based on the type and stage of their cancer. This aims to remove the tumour and reduce the risk of it coming back. Breast cancer treatments are similar for women and men.

Metastatic breast cancer cannot currently be cured. For people with metastatic breast cancer, treatments aim to control it to extend the person's life and give them a good quality of life.

Breast cancer treatments include:

- **Radiotherapy**
- **Chemotherapy**
- **Hormone therapy**
- **Targeted therapy**
- **Bisphosphonates**
- **Surgery** – either breast-conserving surgery (where the cancer is removed along with some normal breast tissue around it), or mastectomy (where all the breast tissue is removed, including the nipple area, which can be followed by breast reconstruction)¹⁷⁰
- **For metastatic breast cancer**, treatments can include therapy directed to the part of the body the cancer has spread to.¹⁷¹ The main treatments used are **hormone therapy**, **chemotherapy** and **targeted therapy**.¹⁷²

Of breast cancer patients in England in 2022:¹⁷³

81%

received a **tumour resection**

62%

received **radiotherapy**

36%

received **chemotherapy**



“ ”

I know side effects for treatment can be different for everyone. For me, within a week of chemotherapy all my hair had fallen out, I had mouth and nose ulcers and a horrible taste in my mouth which left me struggling to eat – I lost about 3 stone in 6 months. As a result of treatment my fingernails and toenails also dropped off, I have severe nerve damage and I've lost my teeth. I feel that cancer has taken so much from me.

Keith

Surgery and reconstruction

Around **30% of women diagnosed with breast cancer have a mastectomy**.¹⁷⁴ Of those who have a single mastectomy, around **27% will have an immediate reconstruction** (at the same time as the surgery). Other people have a delayed reconstruction, which could be months or years later.¹⁷⁵ Some people will opt not to have any kind of reconstruction.

Challenges and inequalities in accessing treatment

There are many challenges that can act as barriers for patients accessing treatments. These include delays to medicine licensing or approvals, or long negotiations between pharmaceutical companies and NHS England.

There can also be challenges in proving the cost-effectiveness of treatments. Even after treatments are approved, low system capacity can slow access.

Inequities exist in access to treatment as well. Clinical trial participants don't always represent the whole population, which can impact who the drug is suitable for. And because of capacity and resource limitations, some people may be prioritised for certain treatments over others. Wales and Northern Ireland usually follow National Institute for Health and Care Excellence (NICE) decisions. Because NICE appraisals are carried out for England, patients in these nations have fewer opportunities to be involved in the decisions that affect their access to treatment.

THE HISTORY OF BREAST CANCER TREATMENTS

Progress over the last 30 years

More people are surviving breast cancer than ever before thanks to improvements in the diagnosis and treatment of the disease. In the 1990s, **3 in 20** women diagnosed with early invasive breast cancer would die from the disease within 5 years. Now, it's **less than 1 in 20**.¹⁷⁶

Our timeline of treatments explores how we've got to this point.

Pre 1800s

Ancient Greek and Egyptian medical records show a long history of surgical tumour removal.

1900s-20s

The radical mastectomy becomes the gold standard treatment for breast cancer.

1950s-1960s

Chemotherapy is born. It works by targeting and killing cells that grow very quickly, like cancer cells.

1969

The hormone therapy drug tamoxifen is first used to treat breast cancer. It becomes available on the NHS to treat metastatic oestrogen receptor positive breast cancer in 1972.

1990s

Breast reconstruction surgery for women who have a mastectomy becomes increasingly available.

1900s

1882

Introduction of the radical mastectomy - the removal of the full breast and muscles behind it.

1920s-1940s

British doctors pioneer the use of radiotherapy to treat breast cancer.

1960s

Surgeons move away from the radical mastectomy to less extreme surgery, which leaves the muscle behind the breast intact.

1985

Clinical trials show that breast-conserving surgery with radiotherapy works just as well as mastectomy to treat early breast cancer. These options remain the cornerstone of treatments for breast cancer.

1995

Anastrozole, a new type of hormone therapy drug, is approved for use on the NHS to treat advanced ER-positive breast cancer in women after the menopause. It's later approved to treat primary breast cancer in 2006.

Since 2020, **19 new breast cancer treatments** have been approved by the National Institute for Health and Care Excellence and/or the Scottish Medicines Consortium. But not all of these are available equally across the UK, highlighting continuing challenges in equitable treatment access.

2002

Trastuzumab, the first targeted treatment drug is approved for use on the NHS to treat HER2 positive breast cancer that has spread to other parts of the body. And in 2006 it's approved to treat early-stage breast cancers too.

2010s

Palbociclib, ribociclib and abemaciclib, new drugs which slow down cell growth and division, are approved for use on the NHS to treat metastatic ER-positive breast cancer.

2021

Trastuzumab deruxtecan (Enhertu), a first-of-its-kind targeted therapy drug, is approved for use on the NHS to treat HER2 positive breast cancer that cannot be removed and metastatic HER2 positive breast cancer.

2022

Sacituzumab govitecan, a targeted therapy drug, is approved for use on the NHS to treat triple negative breast cancer.

2026

Enhertu is recommended for use on the NHS in England to treat HER2-low metastatic breast cancer, giving around 1,000 people a year access to this life-extending treatment. It had been available in Scotland since 2023.

2000s

2007

Clinical trial shows that fewer, but larger doses of radiation delivered over a shorter period of time is as effective as conventional radiation for early-stage breast cancer.

2020

Atezolizumab, the first immunotherapy drug known as an immune checkpoint inhibitor, is approved for use on the NHS to treat some metastatic triple negative breast cancers.

2023

Olaparib, a PARP inhibitor drug, is approved for use on the NHS for some people with early-stage breast cancer with BRCA gene changes. And in 2025, it becomes available for some people with metastatic breast cancer too. This is about 30 years after the BRCA1 and BRCA2 genes were discovered.

2025

Capivasertib, a targeted drug that blocks the AKT signalling pathway, is approved for use on the NHS in combination with fulvestrant to treat hormone receptor-positive, HER2-negative advanced breast cancer that has progressed after earlier hormone therapy.

4.4 PEOPLE'S EXPERIENCE OF THEIR CARE

These statistics are from England, Wales and Scotland, where patient experience data is routinely collected and conducted.

Northern Ireland last collected this data in 2018, so we've decided it's too outdated to include here.

Diagnosis

- **81%** of people in England, **80%** of people in Wales and **80%** of people in Scotland felt that breast cancer diagnostic test results were **explained in a way they could understand**
- **80%** of people in England and **88%** of people in Wales felt they were told they had breast cancer in a **sensitive way**
- **85%** of people in Scotland **felt positive** about the way in which they were told they had breast cancer¹⁷⁷

Qualitative studies have also shown that:

- Some people felt their concerns were dismissed by healthcare professionals, particularly minority ethnic women and younger people with symptoms of breast cancer¹⁷⁸
- It can be difficult for patients to take in information during their diagnosis, leaving them to feel that they lack information about their condition¹⁷⁹

Care and treatment

Overall, people with breast cancer in England rated their overall NHS care as 9.0 and in Wales at 8.7 (where 0 is very poor and 10 is very good).¹⁸⁰ In Scotland, 95% of breast cancer patients rated their care positively.¹⁸¹

In the National Cancer Patient Experience surveys in England, Wales and Scotland:¹⁸²



felt as **involved as they wanted to be in decisions** about their breast cancer treatment



said that possible **side effects of treatment were definitely explained** in a way they could understand



felt they were always able to **discuss worries and fears with staff** during their hospital stay

Some people are more likely to have a worse experience of care, simply because of who they are and where they live. The 2024 England Cancer Patient Experience Survey showed that **women with breast cancer from Asian, Black and mixed minority ethnic backgrounds rated their overall care lower than white women.**¹⁸³

Some examples of why include experiencing stereotyping from healthcare professionals and services not being tailored to ethnic minorities (for example, wigs not matching hair type).¹⁸⁴

People living with breast cancer in the most deprived areas in Wales also rated their overall care as lower than those from the least deprived.¹⁸⁵

Little research has been done on men with breast cancer's experience of their care. Healthcare professionals themselves say training on supporting men with breast cancer is non-existent, and that they often signpost men with breast cancer to generic breast cancer resources that may not be appropriate for them.¹⁸⁶

Men report being given written information covering menstruation, breast reconstruction and bra fittings.¹⁸⁷ In a survey of 127 men with breast cancer across 9 countries, including the UK, 16% did not feel their medical team had experience of treating breast cancer in men.¹⁸⁸

Metastatic breast cancer

There are challenges in understanding and addressing the care and support needs of people living with metastatic breast cancer at a national level. A major barrier to this is the lack of routine data currently available.

Our Service Pledge¹⁸⁹ patient experience surveys for people with metastatic breast cancer – which were completed between 2025 and 2026 across 5 Trusts in the UK – show that on average:

24%

felt they **weren't offered emotional support** for their diagnosis

12%

said they **weren't introduced to a breast care nurse or clinical nurse specialist** at diagnosis

19%

felt their diagnosis was **not given sensitively**

14%

felt that they **didn't have enough time to spend with healthcare professionals** during their diagnosis

Some people with metastatic breast cancer feel the support they had during their primary diagnosis was missing and their care coordination was lacking. They also may be less likely to have a treatment plan in place than primary breast cancer patients. In our Big Breast Cancer Survey, **43%** of metastatic patients said they didn't get the support they needed for physical symptoms in the run up to their diagnosis, and **29%** didn't get the mental health support they needed.

A survey we conducted found that only 27% of people with metastatic breast cancer were made aware of palliative care services and only 36% were made aware of counselling or psychotherapy (England, Wales, Scotland).¹⁹⁰ This suggests many people may not be told about support that could help them. Other research has found that people with metastatic breast cancer report lower satisfaction with their care at diagnosis than people with primary breast cancer.¹⁹¹

People at, or worried they're at, increased risk of breast cancer

The Big Breast Cancer Survey found that people are frequently frustrated about being dismissed or denied testing, despite meeting eligibility criteria. Many people face lengthy delays in accessing risk-based or additional screening services. And the physical experience of screening itself often involves significant pain and anxiety, which adds ongoing stress to the process.¹⁹²

SECTION 5

THE IMPACT OF BREAST CANCER ON PEOPLE'S LIVES



5.1 ANXIETY AND HEALTH FEARS

Breast cancer doesn't just take a toll on the body. Women with breast cancer are more likely to experience anxiety and depression than women without breast cancer.¹⁹³

55% of people with breast cancer in the England Cancer Quality of Life survey said they had difficulties with **anxiety or depression**.¹⁹⁴ **63%** of 1,661 people with primary and metastatic breast cancer in a UK-wide survey said breast cancer has had a **negative impact on their mental health**.¹⁹⁵

Some groups appear to be at a higher risk of mental health issues than others.

Younger women with breast cancer may be more likely to have symptoms of anxiety and depression than older age groups.¹⁹⁶ And some evidence suggests that women with breast cancer from **South Asian backgrounds** report higher levels of depression and anxiety compared to white women.¹⁹⁷

Men reported experiencing less anxiety or depression than women in the England Cancer Quality of Life survey.¹⁹⁸ But in a survey of 161 men with breast cancer in the UK, **25% experienced traumatic stress symptoms** specific to breast cancer driven by negative body image, fear and uncertainty.¹⁹⁹

For most women, anxiety and depression are greatest around the time of diagnosis and in the first few years, tending to ease over time.²⁰⁰ But this isn't the case for everyone, and breast cancer's effects don't always end when treatment for primary breast cancer finishes. For some people, this can be the most challenging time, with a drop in support coming as they face greater practical and emotional challenges. Some people felt abandoned by their care teams after treatment ended and reported feeling pressure to return to "normal" and move on when they may not feel ready to.²⁰¹

Fear of recurrence

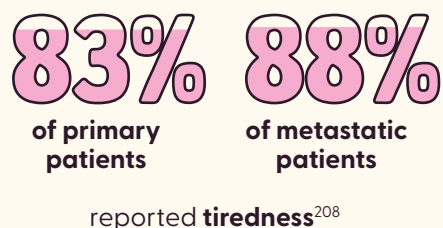
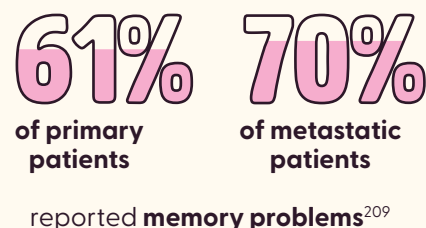
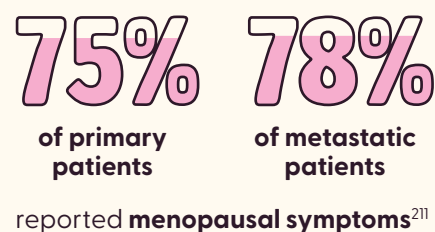
When treatment ends, people may start to have concerns about recurrence.²⁰² This can be because they are processing what they've been through, or because treatment ending brings a lack of information and a lost connection to healthcare professionals.²⁰³ In our Big Breast Cancer Survey, people who had finished hospital-based treatment and struggled with their mental health said their top worry is their breast cancer coming back or spreading.²⁰⁴ We don't know exactly how many people with a primary diagnosis of breast cancer experience this fear, but across cancer types in England, almost **50%** of people reported a **fear of recurrence**, and over **25%** reported a **fear of dying**.²⁰⁵ Fear of recurrence can also have a detrimental impact on people's family.²⁰⁶

Because it's incurable, metastatic breast cancer will have different emotional effects on people. These are discussed in section 5.5.



5.2 SIDE EFFECTS AND QUALITY OF LIFE

Many of the best breast cancer treatments come with side effects that can take a huge toll on people's quality of life, and this can continue after their treatment has finished. During treatment, managing physical symptoms is the biggest challenge faced by people with metastatic breast cancer. And for people with primary breast cancer, managing physical symptoms is the second biggest challenge after hospital-based treatment ended.²⁰⁷



The Cancer Quality of Life in England survey also showed that **breast cancer patients had a lower average quality of life score for things such as emotion, concentration and memory compared to overall cancer scores.**²¹² People from the most deprived areas living with breast cancer in England rate their overall health and quality of life as lower than people from the least deprived areas.²¹³

South Asian people with breast cancer rate their quality of life as lower than white people. They also report a higher level of concern about body image and stronger fatalistic beliefs.²¹⁴

In addition, people can also experience other symptoms and impacts, including:

- **Lymphoedema:** Swelling caused by a build-up of fluid in the body's tissues which can cause issues such as discomfort, tightness and dry skin
- **Skin issues**
- **Sickness**
- **Loss of appetite**
- **Change to taste and smell:** Making it difficult to keep a nutritious diet and healthy weight
- **Fertility issues:** Causing emotions such as loss and grief
- **Peripheral neuropathy:** Damage to the nerves, most often in the hands and feet, causing symptoms such as pain and numbness²¹⁵
- **Issues with sex and intimacy**





5.3 BODY IMAGE

Impact of breast cancer on body image

Hair falls out. Surgery leaves scars. Nails can become brittle.

Treatment reshapes the body and changes how someone sees themselves, with as many as **60% of primary and metastatic breast cancer patients reporting concerns over body image**.²¹⁶

From our Big Breast Cancer Survey, we know that people who had primary breast cancer found negative body image one of the key challenges after hospital-based treatment ended. Hair loss and mastectomies particularly impact body confidence and make it difficult to live well after a diagnosis.²¹⁷

And some groups are more vulnerable to body image issues than others. In a survey of 1,500 women who'd had breast cancer in the last 5 years, Black women were more likely to say the way they, or others, see themselves has been negatively affected (**40%**), followed by mixed ethnicity (**36%**) compared to Asian (**27%**) and white (**28%**) women.²¹⁸

Reconstruction options

For the people who choose to have it, breast reconstruction can be a vital part of treatment and recovery.²¹⁹

But in a UK-wide survey we carried out, we found that:

1 IN 10

people felt they were **not offered all reconstruction options**

1 IN 5

felt **unable to get the support they needed** to help with their decision-making²²⁰

Satisfaction with the results of reconstruction varies. Two-thirds of women rate their reconstruction highly 18 months after surgery. But almost half are dissatisfied with rippling or wrinkling of the reconstructed breast, which lowers their overall satisfaction. Physical and sexual wellbeing also remain low more than a year after surgery.²²¹

5.4 RELATIONSHIPS AND ISOLATION

Feeling like the only one. Not having the energy to take part in usual social activities. Not wanting friends or family to see you as unwell or not feeling able to share your emotions.²²² Undergoing breast cancer treatment can be an incredibly isolating experience for many reasons.

A person's relationships, sex life and intimacy can also be affected.²²³ One survey found that **sexual issues** were reported by **62% of people with primary breast cancer** and **68% of people with metastatic breast cancer**.²²⁴

Navigating intimacy can feel like a minefield, with one systematic review showing that women with a breast cancer recurrence reported lower rates of sexual intercourse than disease-free women.²²⁵ And a survey of 1,500 women who'd had breast cancer in the last 5 years found that **nearly all (98%) reported that treatment side effects made being sexually intimate difficult**. This was due to things like vaginal dryness, fatigue, low mood/anxiety and pain.²²⁶ In a survey of 127 men with breast cancer across 9 countries, including the UK, **79%** reported an impact on their interest in sex.²²⁷

However, in one survey of over 1,000 women treated for breast cancer conducted in 2019, **77%** said their hospital team never discussed the possible impact of treatment on sex and intimacy, and only **12%** of those who experienced sexual difficulties had been referred to any support.²²⁸

There are many reasons why people can feel particularly isolated through their experience. In the survey of 1,500 women who'd had breast cancer, **45% hadn't always felt able to say what they really think or feel**. This impacted older women and those from mixed ethnicities and Asian groups more. And half of women with children found it difficult to talk about their breast cancer to their young or adult children.²²⁹

Men with breast cancer can be at particular risk of feeling isolated, because they may not see much information about breast cancer in men, or be able to connect with other men going through a similar experience.²³⁰ Qualitative data also suggested men frequently express self-stigma, describing ways they marginalised themselves through their own attitudes toward breast cancer and masculinity.²³¹

Younger women diagnosed with breast cancer can face specific challenges because of their age. Many have reported feeling particularly isolated and shocked because it's less common to have a diagnosis at a younger age, and they can also face unique challenges like fertility problems.

“ ”

It's okay to mourn your breasts, even if they caused you a lot of trouble. They were part of you, a part of your life, your history, your self-image, and it's important to recognise all that to let them go and move on. You might get new breasts or choose not to, but nothing replaces what you've lost, which is difficult to deal with but necessary for recovery. I think finding ways to incorporate this loss is important to heal.

Joanna



5.5 LIVING WITH METASTATIC BREAST CANCER

Metastatic breast cancer affects every part of a person's life, and it does so differently from primary breast cancer. Because it can't be cured, the focus shifts to extending life and living as well as possible.

Women describe a diagnosis of metastatic breast cancer as profoundly shocking, bringing fear for the future, uncertainty and a loss of control. And knowing that treatment will continue for the rest of their lives can feel extremely overwhelming. Talking about a metastatic diagnosis brings many challenges too, and women often describe being selective about who they tell and what they share, sometimes suffering in silence as a result.²³²

Many people living with metastatic breast cancer feel isolated. One international survey found that **64% of UK respondents said people generally did not understand their situation** – among the highest of the 12 countries surveyed.²³³ The physical, financial and emotional realities of their diagnosis can be misunderstood or underestimated.²³⁴ For example, many people with metastatic breast cancer look well, so others can be unaware of, or disbelieving about, how serious their diagnosis is.²³⁵ Feelings of being misunderstood are associated with social exclusion and poor mental health.²³⁶

Managing treatment side effects, pain or discomfort, and dealing with treatment uncertainty are the biggest physical health challenges people with metastatic breast cancer face, according to our Big Breast Cancer Survey.²³⁷

Women describe feeling forgotten in a system - and a public conversation - largely built around early breast cancer. Some avoid support groups because most people attending have a primary diagnosis and they simply can't relate to that experience. And they would prefer groups with women at a similar stage. Across the research, the most significant unmet need for women with metastatic breast cancer is psychological support, but very few studies to date have looked directly at their mental health.²³⁸ See section 5.9 for unmet needs.

How people feel changes over time. Some women who have lived with metastatic breast cancer for longer report a positive impact on their life. Reaching a degree of acceptance can bring a deeper appreciation of life, closer relationships and clearer priorities. And many want to use their experience to help others.

Women describe strategies for living well, including restoring a sense of normality, re-evaluating what matters and drawing on the people around them. But because health fluctuates, these can be hard to sustain.²³⁹

Hope matters a great deal to women living with metastatic breast cancer. And people find it in lots of different places - in the treatment they are receiving, in spirituality, by focusing on the present, in setting short and achievable goals, in support from their clinical team, and in thinking of their cancer as a long-term condition rather than a terminal one.²⁴⁰



“ ”

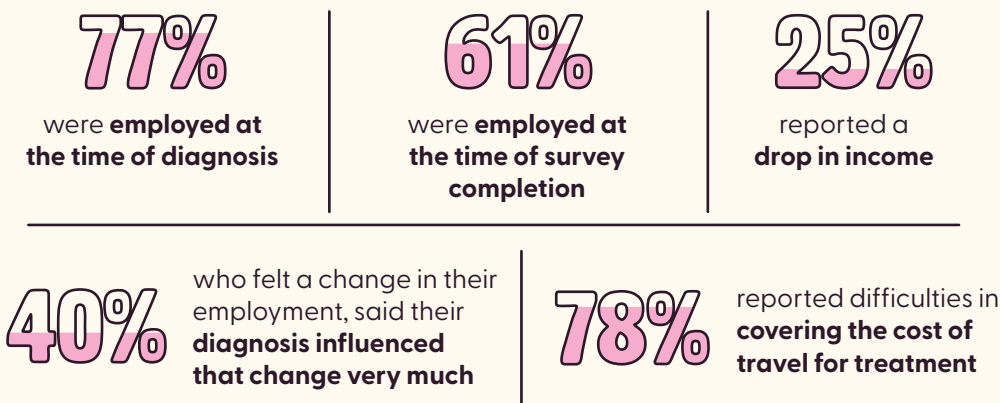
If I had more time, I would love to have more children and to travel the world. I'd love to see my son get married, go to university, and meet my grandkids. Every day, I want to make sure that everyone I'm close to knows how dearly I love them.

Adobea

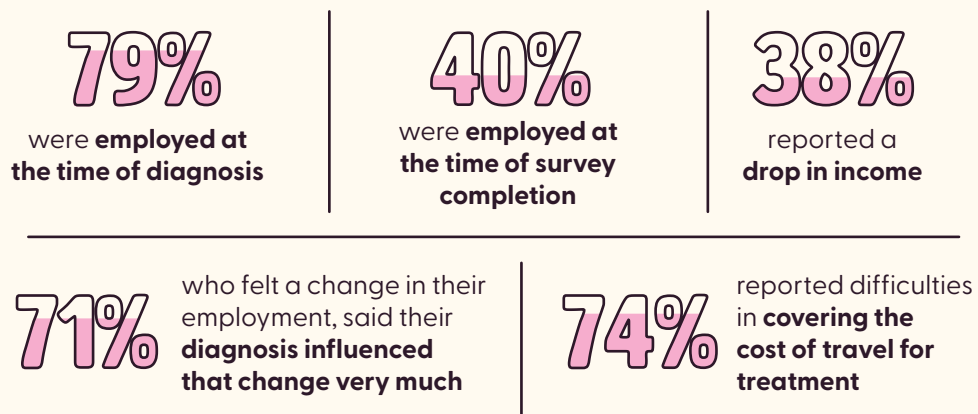
5.6 WORK AND FINANCIAL WELLBEING

Breast cancer is the biggest killer of working age women in the UK.²⁴¹ In a UK study of 606 people diagnosed:²⁴²

People with early breast cancer:



People with metastatic breast cancer:



In a survey of 1,500 women who'd had breast cancer, **33% felt nervous or anxious about returning to work** after their diagnosis. This was mainly because of concerns about needing to take more time off, coping with side effects at work and not feeling properly prepared to return.²⁴³

5.7 PEOPLE AT HIGHER RISK OF BREAST CANCER

The fear of breast cancer alone can be debilitating. Our Big Breast Cancer Survey found that the biggest challenge for people at high risk, or people worried about being at increased risk, is the **impact on their family and friends**. 39% of people undergoing a family history risk assessment had this concern, as did 42% of people undergoing a genetic test.

This is followed by the **impact on their mental wellbeing** (35% for both groups) and managing day-to-day life (19% and 13%). For this group, mental health challenges related to worry about the impact on their life and future health, and constant worry about themselves or their family developing cancer.²⁴⁴

5.8 FAMILY AND FRIENDS

Breast cancer doesn't just affect the person diagnosed. It affects their family as well. People with breast cancer in the UK reported that **unpaid care from partners, family members and friends was the most common form of support** they received.²⁴⁵ They also want more support for their families and partners. Out of 606 people with breast cancer in the UK, **31%** said there should be more wellbeing support for families and partners, and **16%** said the same for employment and finance support.²⁴⁶

For family and friends, our Big Breast Cancer Survey showed that the biggest challenges they face are **not knowing how to best support their loved one (38%)**, concern over the impact on family and friends (**28%**) and providing emotional support (**27%**).²⁴⁷ There are also stressors from the need to balance caring responsibilities with work and other responsibilities, and the financial pressure that comes from this. The same study found that financial problems were more common among people not in a married or cohabiting relationship.²⁴⁸

My brother gave up his flat and his job to become mum's carer [...] the only support offered to my brother was sleeping tablets, no support for him as her carer or because of his bereavement. No counselling or help. With hindsight, we felt a bit let down after she had passed.

Family and friends interviewee²⁴⁹

“ ”



5.9 UNMET NEEDS

No one should have to face breast cancer alone. But right now, some people are being left behind. We know that breast cancer affects people's emotional and mental wellbeing. But we also know that there isn't sufficient support available to help people cope and improve their wellbeing. In our Big Breast Cancer Survey, **21% of people with primary breast cancer who struggled with their mental health didn't get the information, support or advice to help them with this, during or after their treatment.**

For people with metastatic breast cancer who struggled with their mental health, there's an even greater unmet need. **29%** didn't get the information, support or advice to help them deal with their mental health and wellbeing before diagnosis, and **26%** didn't get it after diagnosis either.

The same gap in mental health support also exists for people at, or who think they're at, high risk of breast cancer, as well as their family and friends. **24%** of family and friends who faced mental health challenges didn't get the information, support or advice to help them deal with this. This was the same for **20%** of people at increased risk who struggled with their mental wellbeing during their genetic testing, and **14%** of people during their family history risk assessment.

In our Big Breast Cancer Survey, **30%** of people who had a family history risk assessment and **33%** who had a genetic test said they were not offered information, support or advice on lifestyle changes they could make to reduce their risk of breast cancer – but they would have appreciated this.²⁵⁰

There's also a gap in **physical health support**, particularly for people with a primary diagnosis after their treatment ends, and for people with a metastatic diagnosis before their diagnosis.

Nearly **20%** of people with primary breast cancer who faced difficulties with their physical health needed support, information or advice after treatment ended but didn't get it.

For people with a metastatic diagnosis who had physical health challenges, **43%** didn't get the physical health support, information or advice they needed before diagnosis. **55%** of people diagnosed with metastatic breast cancer after a primary diagnosis wanted information, support and advice on managing long-term treatment side effects but didn't get it.²⁵¹

SECTION 6

ECONOMIC IMPACT



6.1 ECONOMIC COSTS AND BREAKDOWN²⁵²

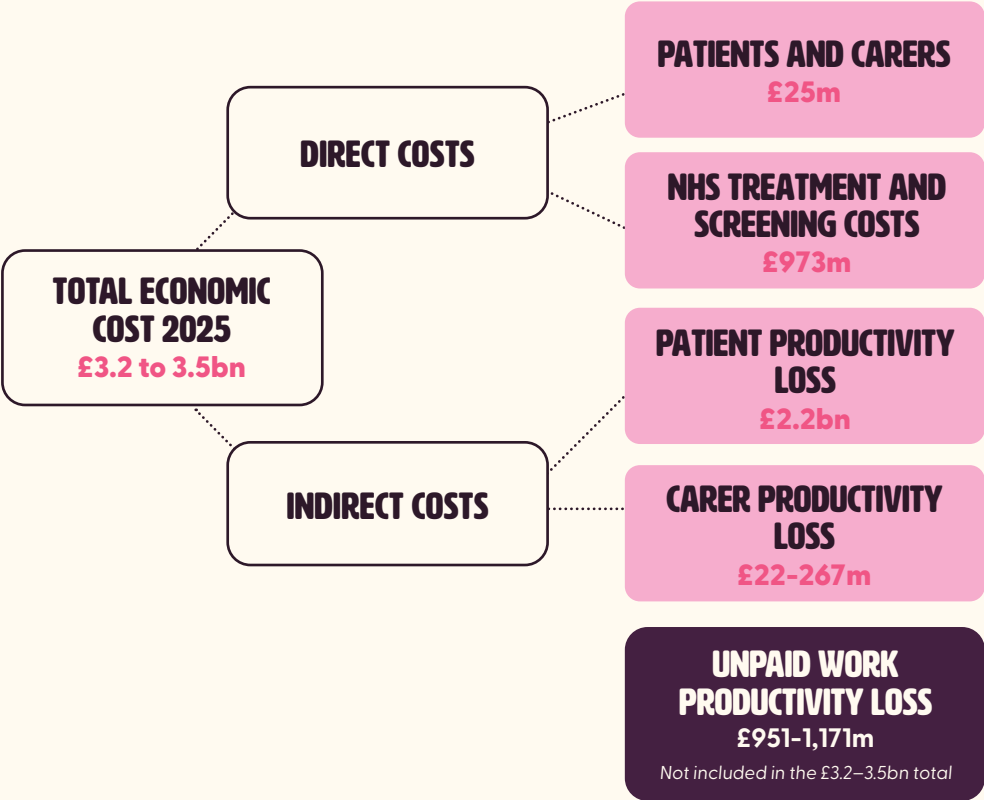
Breast cancer has significant effects on the UK economy, including the costs of caring for people with breast cancer and losses in productivity that it brings about. In 2025, the total cost of breast cancer to the UK economy is estimated to be **£3.2 to 3.5 billion** – around **0.1% of UK gross output**.



These figures are calculated using a ‘cost of incidence’ approach. Therefore, the costs presented for 2025 are the lifetime costs associated with people diagnosed with breast cancer in 2025. They are actual amounts of money that may be spent, saved, gained or lost.

Breakdown of costings across UK nations:

	Economic cost 2025 (£m)	Wellbeing cost 2025 (£m)	Economic cost 2050 (£m)	Wellbeing cost 2050 (£m)
UK	3,252-3,497	20,193	3,879-4,171	24,463
England	2,740-2,947	17,042	3,268-3,514	20,645
Wales	160-173	984	191-206	1,193
Scotland	279-300	1,733	332-357	2,099
N. Ireland	73-78	434	88-93	526



Direct costs are things the government spends money on, such as screening, diagnosis, treatment and support services provided through the NHS.

Indirect costs are losses of potential productive activity as the result of breast cancer.

The majority of these costs are from productivity lost because of illness and early death (**£2.2bn** in 2025). This is all the time taken off work when someone becomes ill with breast cancer and undergoes treatment and aftercare. There are also small costs from informal carers being out of the labour market and providing care.

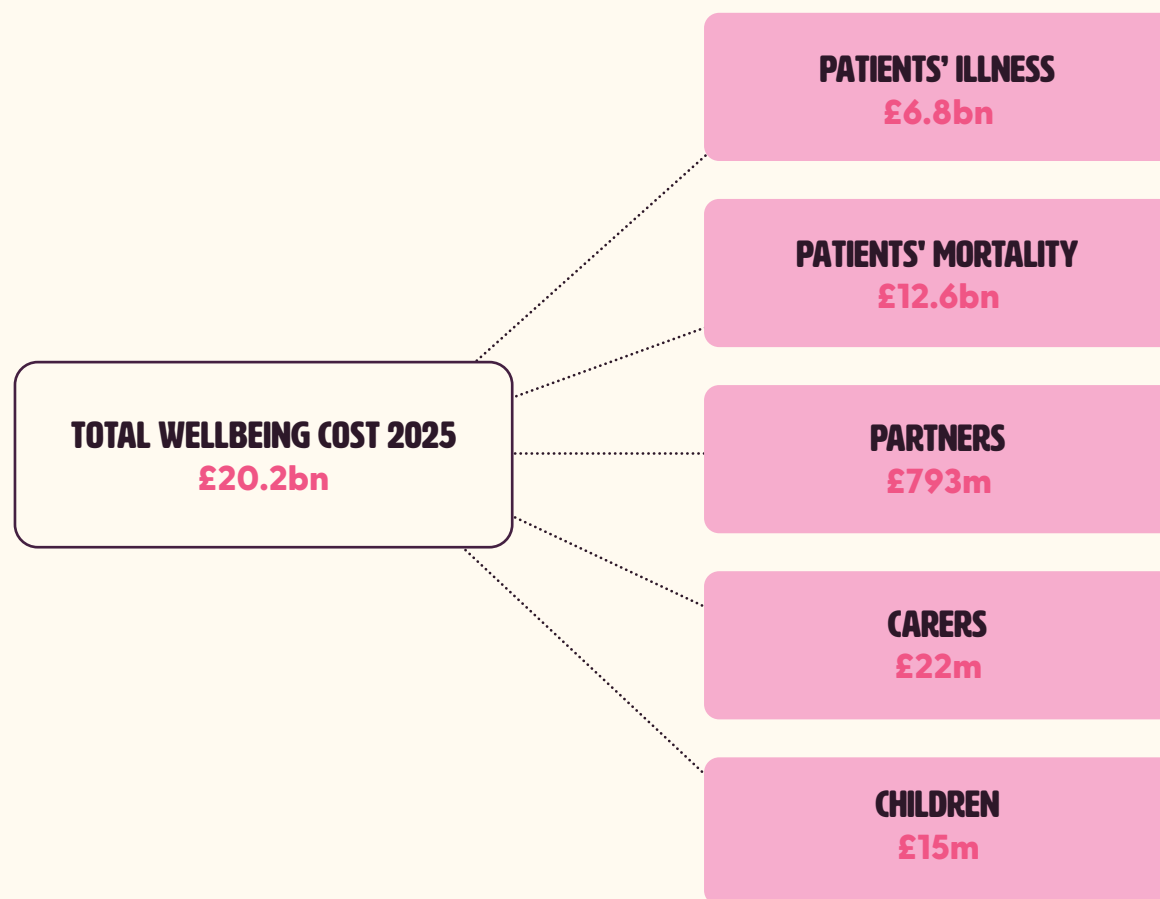
Direct costs to the NHS (**£973m** in 2025) are significant but actually account for only a quarter of the total figure.

6.2 WELLBEING COSTS AND BREAKDOWN²⁵³

The total wellbeing costs associated with breast cancer are estimated at **£20.2bn** in 2025. This is around **6 times higher** than the estimated economic cost. This shows the scale of impact that the disease has on the UK population.

We've used an established way to understand and value the emotional impact of breast cancer – in distinction from the impact on the economy. The figure we present is not an actual amount of money that's spent, but a way of capturing the loss of wellbeing experienced by people with breast cancer and those close to them. The wellbeing costs of people's illness and early mortality has been estimated at **£19.4bn** in 2025.

£12.6bn of this is the wellbeing cost of people dying from breast cancer. The other **£6.8bn** is the human costs of experiencing illness and poor health related to breast cancer. This figure is based on the reduction in a person's quality of life from their diagnosis to either the end of their treatment or the end of their life. While this can change over time and through the different stages of a person's 'journey', for this calculation an average has been taken.



GLOSSARY

Benign breast condition: Non-cancerous breast condition

Biopsy: Removal of tissue to be looked at under a microscope. A biopsy can give more information about a condition.

Bisphosphonates: Group of drugs which can reduce the risk of breast cancer spreading in women who have been through the menopause. Bisphosphonates can also be used as treatment for metastatic breast cancer in the bone.

BRCA1/BRCA2: Genes where an altered version can be inherited which increases breast cancer risk

Chemotherapy: Treatment that destroys cancer cells by affecting their ability to divide and grow

De novo breast cancer: Breast cancer that's first diagnosed as metastatic (it has spread to other parts of the body outside the breast)

Dense breasts: A high amount of breast tissue compared to fat

Ductal carcinoma in situ (DCIS): Also known as intraductal, non-invasive or pre-invasive breast cancer. An early form of breast cancer. The cancer cells are within the milk ducts but have not spread to other parts of the breast or body.

Fatigue: Extreme tiredness that does not go away with rest or sleep

Free-flap reconstruction: Using tissue from another part of the body to perform a reconstruction

HER2 positive breast cancer: Breast cancer consisting of cells with a higher-than-normal level of a protein called HER2 on their surface, which makes them grow more quickly

Invasive breast cancer: Breast cancer that has the potential to spread to other parts of the body

Lymphatic system: The drainage and filtering system of the body which is made up of lymph nodes (also called lymph glands), vessels and fluid. It helps to get rid of waste products and is part of our immune system.

Lymphoedema: Swelling of the arm, hand or breast/chest area caused by a build-up of lymph fluid in the surface tissues of the body

Mammography: Breast x-ray, used during breast screening to check for early signs of breast cancer or if someone is referred to a breast clinic to investigate a breast change

Mastectomy: Removal of all the breast tissue including the nipple area

Metastatic breast cancer: Also called secondary, advanced or stage 4. Breast cancer that has spread to another part of the body, such as the bones, lungs, liver or brain

Non-invasive breast cancer: Breast cancer that hasn't yet developed the ability to spread to other parts of the body

Oestrogen: A hormone that can sometimes encourage breast cancer cells to grow

Peripheral neuropathy: Damage to the nerves, most often in the hands and feet, causing symptoms such as pain and numbness

Primary breast cancer: Breast cancer that has not spread beyond the breast or the lymph nodes under the arm

Radiotherapy: Treatment using high energy x-rays to destroy cancer cells

Reconstruction: Surgery performed after a mastectomy to reconstruct the natural look of a breast. This can be done using a breast implant or the patient's own tissue from another part of their body (or a combination).

Recurrence: When breast cancer returns. There are different types of breast cancer recurrence: local, locally or regionally advanced, and metastatic

Stage: The size of the cancer and how far it has spread

Targeted therapy: A group of drugs that block the growth and spread of cancer; they target and interfere with processes in the cells that help cancer grow

Triple negative breast cancer: Breast cancer that does not use oestrogen (ER-negative) or progesterone (PR-negative) to grow. It also doesn't have high levels of the protein HER2.

REFERENCES

¹ Breast Cancer Now. Primary breast cancer. Available at:

breastcancernow.org/about-breast-cancer/primary-breast-cancer

² Breast Cancer Now. Signs and symptoms of breast cancer. Available at:

breastcancernow.org/about-breast-cancer/awareness/signs-and-symptoms-of-breast-cancer

³ Breast Cancer Now. Breast cancer recurrence. Available at:

breastcancernow.org/about-breast-cancer/diagnosis/breast-cancer-recurrence

⁴ Breast Cancer Now. Breast cancer recurrence symptoms. Available at:

breastcancernow.org/about-breast-cancer/diagnosis/breast-cancer-recurrence/breast-cancer-recurrence-symptoms

⁵ Breast Cancer Now. Breast cancer recurrence. Available at:

breastcancernow.org/about-breast-cancer/diagnosis/breast-cancer-recurrence

⁶ Breast Cancer Now. Secondary breast cancer. Available at:

breastcancernow.org/about-breast-cancer/secondary-breast-cancer

⁷ Ibid

⁸ Ibid

⁹ NHS Digital (2025). Cancer Registration Statistics, England, 2023. Public Health Scotland (2025). Cancer incidence in Scotland. Public Health Wales (2025) Cancer incidence in Wales. Northern Ireland Cancer Registry (2026) 1993–2023. Average figures 2021–2023, with 2019, 2021–22 for Wales.

¹⁰ Cancer Research UK. Cancer statistics data hub. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer. Accessed August 2026.

¹¹ Cancer Research UK. Breast cancer risk. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors. Accessed August 2026.

¹² NHS Digital (2025). Cancer Registration Statistics, England, 2023. Public Health Scotland (2025). Cancer incidence in Scotland. Public Health Wales (2025) Cancer incidence in Wales. Northern Ireland Cancer Registry (2026) 1993–2023. Average figures 2021–2023, with 2019, 2021–22 for Wales.

¹³ Cancer Research UK. Ductal carcinoma in situ (DCIS). Available at: cancerresearchuk.org/about-cancer/breast-cancer/types/ductal-carcinoma-in-situ-dcis. Accessed August 2026.

¹⁴ Cancer Research UK, February 2023. Age-period-cohort modelling approach using 2020-based population projections (Office for National Statistics) and observed cancer incidence (1975–2018 for England, Scotland and Wales, 1993–2018 for Northern Ireland)

¹⁵ Ibid

¹⁶ OnePoll (2026). Unpublished report prepared for Breast Cancer Now. Online survey of 2000 UK adults (nationally representative on the basis of age, gender, and region), fieldwork: 6th and 10th March 2026. All participants are double-opted in to take part in research and are paid an amount depending on the length and complexity of the survey. Available at: breastcancernow.org/about-us/media/press-releases/almost-one-million-people-are-living-with-or-beyond-breast-cancer-and-set-to-rise

¹⁷ Macmillan Cancer Support and Scottish Widows (2026). Living with and beyond cancer in 2045: see the future, support the people. Available at: scottishwidows.co.uk/help-support/health-and-wellbeing/macmillan/living-with-cancer-report.html

¹⁸ Ibid

¹⁹ NHS Digital (2025). Cancer Registration Statistics, England, 2023. Average figures 2021–2023.

²⁰ Public Health Scotland (2025). Cancer incidence in Scotland. Average figures 2021–2023.

²¹ Public Health Wales (2025) Cancer incidence in Wales. Average figures 2019, 2021–2022

²² Northern Ireland Cancer Registry (2026) 1993–2023. Average figures 2021–2023.

²³ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes; National Institute for Health and Care Research (2023). Breast cancer: Why we need to understand breast cancer risk. Available at: evidence.nihr.ac.uk/collection/breast-cancer-risk-why-we-need-to-understand-it; Cancer Research UK (2021). Breast cancer incidence (invasive) statistics. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/incidence-invasive

²⁴ Macmillan Cancer Support and Scottish Widows (2026). Living with and beyond cancer in 2045: see the future, support the people. Available at: scottishwidows.co.uk/help-support/health-and-wellbeing/macmillan/living-with-cancer-report.html

²⁵ Based on findings from Palmieri, C et al (2022). Estimated Prevalence of Metastatic Breast Cancer in England, 2016–2021. JAMA Network Open, 5(12), e2248069 doi.org/10.1001/jamanetworkopen.2022.48069. This paper estimates 57,215 people living with secondary breast cancer in England in 2020/21. Combined with requested data from Public Health Scotland (2025) estimating 4,202 people living with secondary breast cancer at the end of 2023.

²⁶ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Scotland (2026) Cancer survival statistics. Cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Wales (2026). Cancer survival in Wales. Northern Ireland Cancer Registry (2026) 1993–2023. Cancer survival in patients diagnosed 2014–2018.

²⁷ Office of National Statistics (2026). Deaths registered summary statistics, England and Wales: 2025. National Records of Scotland (2025). Vital events reference tables chapter 6, cause of death, Scotland, 2024. Northern Ireland Statistics and Research Agency (2025). Registrar General Annual Report. 'Working age' defined as 20–64. In Wales, heart disease and trachea, bronchus and lung cancer slightly overtakes breast cancer.

²⁸ NHS Digital (2025). Cancer Registration Statistics, England, 2023. Public Health Scotland (2026). Cancer mortality in Scotland – Annual update to 2024. Public Health Wales (2026). Cancer mortality in Wales. Northern Ireland Cancer Registry (2026) 1993–2023. Average figures for 2021–2023.

²⁹ NHS Digital (2025). Cancer Registration Statistics, England, 2023. Public Health Scotland (2026). Cancer mortality in Scotland – Annual update to 2024. Public Health Wales (2026). Cancer mortality in Wales. Northern Ireland Cancer Registry (2026) 1993–2023. Average figures for 2021–2023.

³⁰ Syriopoulou E et al (2017). Estimating the impact of a cancer diagnosis on life expectancy by socio-economic group for a range of cancer types in England. Br J Cancer 117(9):1419–1426. DOI: 10.1038/bjc.2017.300

³¹ Ahmad A et al (2023). Years of life lost due to cancer in the United Kingdom from 1988 to 2017. Br J Cancer 129(10):1558–1568. DOI: 10.1038/s41416-023-02422-8. UK registry data, 2013 to 2017

³² NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023.

³³ Public Health Wales (2026). Cancer survival in Wales.

³⁴ Northern Ireland Cancer Registry (2026) 1993–2023. Cancer survival in patients diagnosed 2014–2018.

³⁵ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023.

³⁶ Public Health Wales (2026). Cancer survival in Wales.

³⁷ Northern Ireland Cancer Registry (2026) 1993–2023. Cancer survival in patients diagnosed 2014–2018.

³⁸ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023.

³⁹ Public Health Scotland (2021). Cancer survival statistics. People diagnosed with cancer between 2013 and 2017

⁴⁰ Public Health Wales (2026). Cancer survival in Wales.

⁴¹ Sung H et al (2026). Global cancer statistics 2024: GLOBOCAN estimates of incidence and mortality worldwide for 34 cancers in 186 countries. CA Cancer J Clin. DOI: 10.3322/caac.70090; Ferlay J et al (2026). International Agency for Research on Cancer. Global Cancer Observatory: Cancer Today. Available at: gco.iarc.fr/today

⁴² Ferlay J et al (2026). International Agency for Research on Cancer. Global Cancer Observatory: Cancer Today. Available at: gco.iarc.fr/today. Per-minute figure is a Breast Cancer Now calculation: $2,434,087 \div 525,960$ minutes per year = 4.6 diagnoses per minute.

⁴³ Sung H et al (2026). Global cancer statistics 2024: GLOBOCAN estimates of incidence and mortality worldwide for 34 cancers in 186 countries. CA Cancer J Clin. doi.org/10.3322/caac.70090

⁴⁴ World Health Organization. Breast cancer fact sheet. Available at: who.int/news-room/fact-sheets/detail/breast-cancer

⁴⁵ Breast Cancer Now calculation based on 694,000 deaths in 2024 ($694,000 \div 525,960$ minutes per year = 1.3 deaths per minute). Underlying figure: World Health Organization. Breast cancer fact sheet. Available at: who.int/news-room/fact-sheets/detail/breast-cancer

⁴⁶ NHS Digital (2025) Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 by ICB in England, 2022. Public Health Scotland (2023). Detect Cancer Early Staging Data 2022. Breast cancer incidence (2022). Welsh Cancer Intelligence and Surveillance Unit. Northern Ireland Cancer Registry (2023). Figures on worldwide recurrent metastatic breast cancer are not available. Assumptions have been made that de novo cases in the UK are the same as average worldwide figures, but this is likely to be an underestimation. Assumptions also made by removing de novo population of 5% of incidence from annual deaths.

⁴⁷ GBD 2023 Breast Cancer Collaborators. Global, regional, and national burden of breast cancer among females, 1990–2023, with forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2023. The Lancet Oncology 2026;27(3):302–26. doi.org/10.1016/S1470-2045(25)00730-2. Central estimates; 95% uncertainty intervals –33.6% to –25.9% for high-income countries and 12.5% to 202.9% for low-income countries, reflecting limited cancer registry coverage in low-income countries.

⁴⁸ Global breast cancer survival estimates in 2017–2021 to advance the WHO Global Breast Cancer Initiative. Nature Medicine 2026. doi.org/10.1038/s41591-026-04531-2. Available at: nature.com/articles/s41591-026-04531-2

⁴⁹ Ferlay J et al (2026). International Agency for Research on Cancer. Global Cancer Observatory: Cancer Today. Available at: gco.iarc.fr/today

⁵⁰ Sung H et al (2026). Global cancer statistics 2024: GLOBOCAN estimates of incidence and mortality worldwide for 34 cancers in 186 countries. CA Cancer J Clin. DOI: 10.3322/caac.70090

⁵¹ Cancer Today (2022). Data visualization tools for exploring the global cancer burden in 2022. Available at: gco.iarc.fr/today/en; Kings Fund (2023). How does the NHS compare to the health care systems of other countries? Available at: kingsfund.org.uk/insight-and-analysis/reports/nhs-compare-health-care-systems-other-countries; The Health Foundation and the Nuffield Trust (2015). International comparisons of healthcare quality. What can the UK learn? Available at: health.org.uk/publications/focus-on-international-comparisons-of-healthcare-quality (Average screening rate of 76% between 2000 and 2012, only second to the Netherlands (80%) from comparator countries. UK mortality rate fell from 37.7 per 100,000 women in 2001 to 30.4 per 100,000 women in 2010 but still higher than comparator countries)

⁵² Nuffield Trust (2023). Cancer survival rates. Available at: nuffieldtrust.org.uk/resource/cancer-survival-rates

⁵³ Nuffield Trust (2023). Cancer Screening. Available at: nuffieldtrust.org.uk/resource/breast-and-cervical-cancer-screening

⁵⁴ Kings Fund (2023). How does the NHS compare to the health care systems of other countries? Available at: kingsfund.org.uk/insight-and-analysis/reports/nhs-compare-health-care-systems-other-countries

⁵⁵ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancer.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes Accessed August 2026. NIHR Evidence; Why we need to understand breast cancer risk; September 2023; doi: 10.3310/nihrevidence_60242

⁵⁶ Cancer Research UK. Breast cancer risk. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors Accessed August 2026

⁵⁷ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancer.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes Accessed August 2026. NIHR Evidence; Why we need to understand breast cancer risk; September 2023; doi: 10.3310/nihrevidence_60242

⁵⁸ NHS Digital (2025). Cancer Registration Statistics, England, 2023. Public Health Scotland (2025). Cancer incidence in Scotland. Public Health Wales (2025) Cancer incidence in Wales. Northern Ireland Cancer Registry (2026) 1993-2023. Average figures 2021-2023, with 2019, 2021-22 for Wales.

⁵⁹ Cancer Research UK. Cancer Statistics Data Hub. Average Number of New Cases per Year and Age-Specific Incidence Rates per 100,000 Females and Males, UK, 2019, 2021-2022. Available at: crukancerintelligence.shinyapps.io/CancerStatsDataHub/ Accessed August 2026

⁶⁰ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Scotland (2026) Cancer survival statistics. Cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Wales (2026). Cancer survival in Wales. Northern Ireland Cancer Registry (2026) 1993-2023. Cancer survival in patients diagnosed 2014-2018. Using 5-year survival rates

⁶¹ Anglian Breast Cancer Study Group (2000). Prevalence and penetrance of BRCA1 and BRCA2 mutations in a population-based series of breast cancer cases. Anglian Breast Cancer Study Group. British journal of cancer, 83(10), 1301-1308; Kuchenbaecker K, Hopper J, Barnes et al (2017). Risks of Breast, Ovarian, and Contralateral Breast Cancer for BRCA1 and BRCA2 Mutation Carriers. JAMA, 317(23), 2402

⁶² Keegan T et al (2012). Occurrence of breast cancer subtypes in adolescent and young adult women. Breast Cancer Research, 14(2); Diana A et al (2020). Early Triple Negative Breast Cancer: Conventional Treatment and Emerging Therapeutic Landscapes. Cancers, 12(4), 819; Sharma P (2016). Biology and Management of Patients with Triple-Negative Breast Cancer. The oncologist, 21(9), 1050-1062

⁶³ Arnold M et al (2021). From early to metastatic breast cancer: a systematic review and meta-analysis of distant recurrence rates. The Breast. 59. S61

⁶⁴ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Scotland (2026) Cancer survival statistics. Cancers diagnosed 2018 to 2022, followed up to 2023. In Wales, women under 45 have survival rates lower than those aged 45-64. In Northern Ireland, data is broken down by different age groups.

⁶⁵ NHS (2024). Causes of breast cancer in women. Available at: nhs.uk/conditions/breast-cancer-in-women/causes-of-breast-cancer-in-women Accessed August 2026

⁶⁶ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancer.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes Accessed August 2026.

⁶⁷ McCormack VA et al (2006). Breast density and parenchymal patterns as markers of breast cancer risk: a meta-analysis. Cancer Epidemiol Biomarkers Prev. 15(6):1159-69. DOI: 10.1158/1055-9965.EPI-06-0034

⁶⁸ Payne N.R. et al. (2025). Breast density effect on the sensitivity of digital screening mammography in a UK cohort. Eur Radiol 35, 177-187. Doi: 10.1007/s00330-024-10951-w

⁶⁹ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes Accessed August 2026. Breast Cancer Now. Hyperplasia and atypical hyperplasia (BCC78). Available at: breastcancernow.org/download-and-order-publications/hyperplasia-and-atypical-hyperplasia-bcc78 Accessed August 2026. Breast Cancer Now. Lobular neoplasia. Available at: breastcancernow.org/about-breast-cancer/breast-lumps-and-benign-not-cancer-breast-conditions/lobular-neoplasia Accessed August 2026.

⁷⁰ NHS (2024). Causes of breast cancer in women. Available at: nhs.uk/conditions/breast-cancer-in-women/causes-of-breast-cancer-in-women Accessed August 2026

⁷¹ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes Accessed August 2026

⁷² Ibid

⁷³ Ibid

⁷⁴ Brown, K.F. et al. (2018). The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British Journal of Cancer* 118, 1130–1141. National Institute for Health and Care Research (2023). Breast cancer: Why we need to understand breast cancer risk. Available at: evidence.nihr.ac.uk/collection/breast-cancer-risk-why-we-need-to-understand-it

⁷⁵ Brown, K.F. et al. (2018). The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. *British Journal of Cancer* 118, 1130–1141. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors

⁷⁶ Ibid

⁷⁷ Ibid

⁷⁸ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes

⁷⁹ Ibid

⁸⁰ Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes; Britt KL, Cuzick J, Phillips KA (2020). Key steps for effective breast cancer prevention. *Nat Rev Cancer* 20, 417–436. doi.org/10.1038/s41568-020-0266-x

⁸¹ Unar-Munguía M et al (2017). Breastfeeding Mode and Risk of Breast Cancer: A Dose–Response Meta-Analysis. *Journal of Human Lactation*,33(2):422–434. Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors; Breast Cancer Now. Breast cancer risk factors and causes. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes

⁸² Lambertini M et al (2016). Reproductive behaviors and risk of developing breast cancer according to tumor subtype: A systematic review and meta-analysis of epidemiological studies. *Cancer Treat Rev*. Sep;49:65–76.; Available at: cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/risk-factors

⁸³ Breast Cancer Now. HRT and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/hormone-replacement-therapy-hrt-and-breast-cancer-risk; Breast Cancer Now. The pill and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/the-pill-and-breast-cancer-risk

⁸⁴ Breast Cancer Now. HRT and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/hormone-replacement-therapy-hrt-and-breast-cancer-risk

⁸⁵ Breast Cancer Now. The pill and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/the-pill-and-breast-cancer-risk; Breast Cancer Now. HRT and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/hormone-replacement-therapy-hrt-and-breast-cancer-risk

⁸⁶ Breast Cancer Now. The pill and breast cancer risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-risk-factors-and-causes/the-pill-and-breast-cancer-risk

⁸⁷ A beginner's guide to BRCA1 and BRCA2 (2023). The Royal Marsden NHS Foundation Trust. Available at: patientinformation.royalmarsden.nhs.uk/brca1brca2

⁸⁸ Breast Cancer Now. Family history of breast cancer – managing your risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-in-families/family-history-of-breast-cancer-managing-your-risk Accessed August 2026

⁸⁹ Britt, K.L. et al (2020). Key steps for effective breast cancer prevention. *Nat Rev Cancer* 20, 417–436. Available at: doi.org/10.1038/s41568-020-0266-x

⁹⁰ Breast Cancer Now. Family history of breast cancer: Managing your risk. Available at: breastcancernow.org/download-and-order-publications/family-history-of-breast-cancer-managing-your-risk-bcn244

⁹¹ Chen, H. et al (2018). Association Between BRCA Status and Triple-Negative Breast Cancer: A Meta-Analysis. *Frontiers in pharmacology*, 9, 909; Diana, A. et al (2020). Early Triple Negative Breast Cancer: Conventional Treatment and Emerging Therapeutic Landscapes. *Cancers*, 12(4), 819

⁹² Breast Cancer Now. Family history of breast cancer: Managing your risk. Available at: breastcancernow.org/download-and-order-publications/family-history-of-breast-cancer-managing-your-risk-bcn244

⁹³ National Institute for Health and Care Excellence (2023). Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. Available at: nice.org.uk/guidance/cg164

⁹⁴ The National Institute for Health and Care Excellence (2023). Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer. Available at: nice.org.uk/guidance/cg164/resources/familial-breast-cancer-classification-care-and-managing-breast-cancer-and-related-risks-in-people-with-a-family-history-of-breast-cancer-pdf-35109691767493; NHS England (2023). Protocols for the surveillance of women at higher risk of developing breast cancer. Available at: gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols/protocols-for-surveillance-of-women-at-higher-risk-of-developing-breast-cancer

⁹⁵ Britt, K.L. et al (2020). Key steps for effective breast cancer prevention. *Nat Rev Cancer* 20, 417–436. Available at: doi.org/10.1038/s41568-020-0266-x; Breast Cancer Now. Family history of breast cancer – managing your risk. Available at: breastcancernow.org/about-breast-cancer/awareness/breast-cancer-in-families/family-history-of-breast-cancer-managing-your-risk Accessed August 2026

⁹⁶ DeCensi A et al (2019). Randomized Placebo Controlled Trial of Low-Dose Tamoxifen to Prevent Local and Contralateral Recurrence in Breast Intraepithelial Neoplasia. *J Clin Oncol*; 37(19): 1629–37; Powles TJ et al (2007). Twenty-year follow-up of the Royal Marsden randomized, double-blinded tamoxifen breast cancer prevention trial. *J Natl Cancer Inst*; 99(4): 283–90; Cuzick J et al (2015). Tamoxifen for prevention of breast cancer: extended long-term follow-up of the IBIS-I breast cancer prevention trial. *Lancet Oncol*; 16(1): 67–75; Cuzick J, Sestak I, Forbes JF et al (2020). Use of anastrozole for breast cancer prevention (IBIS-II): long-term results of a randomised controlled trial. *The Lancet*; 395(10218): 117–22; Goss PE, Ingle JN, Alés-Martínez JE et al (2011). Exemestane for breast-cancer prevention in postmenopausal women. *N Engl J Med*; 364(25): 2381–91; Fisher B, Costantino JP, Wickerham DL et al (2005). Tamoxifen for the prevention of breast cancer: current status of the National Surgical Adjuvant Breast and Bowel Project P-1 study. *J Natl Cancer Inst*; 97(22): 1652–62; Lazzeroni M, Puntoni M, Guerrieri-Gonzaga A et al (2023). Randomized Placebo Controlled Trial of Low-Dose Tamoxifen to Prevent Recurrence in Breast Noninvasive Neoplasia: A 10-Year Follow-Up of TAM-01 Study. *Journal of Clinical Oncology*; 41(17):3116–3121; Visvanathan K, Fabian CJ, Bantug E et al (2019). Use of Endocrine Therapy for Breast Cancer Risk Reduction: ASCO Clinical Practice Guideline Update. *J Clin Oncol*; 37(33): 3152–65; Paluch-Shimon S, Cardoso F, Sessa C et al (2016). Prevention and screening in BRCA mutation carriers and other

breast/ovarian hereditary cancer syndromes: ESMO Clinical Practice Guidelines for cancer prevention and screening. *Ann Oncol*; 27(suppl 5): v103–v10

⁹⁷ Gathani, T. et al. (2026). Ethnicity and breast cancer incidence in over 329 500 women in England in 2011–2019. *European Journal of Surgical Oncology*, 52(2), p. 109585. doi:10.1016/j.ejso.2025.109585. Delon, C. et al. (2022). Differences in cancer incidence by broad ethnic group in England, 2013–2017. *British Journal of Cancer*, 126(12), pp. 1765–1773. doi:10.1038/s41416-022-01718-5. Gathani, T. et al. (2014). Ethnic differences in breast cancer incidence in England are due to differences in known risk factors for the disease: prospective study. *British Journal of Cancer*, 110(1), pp. 224–229. doi:10.1038/bjc.2013.632.

⁹⁸ National Disease Registration Service. Number of cancer cases by Diagnosis Trust. Cancer data hub. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub Accessed August 2026.

⁹⁹ Gathani, T. et al. (2021). Ethnicity and the tumour characteristics of invasive breast cancer in over 116,500 women in England. *British Journal of Cancer*, 125(4), pp. 611–617. doi:10.1038/s41416-021-01409-7. Fry, A. et al. (2023) 'Relationship between ethnicity and stage at diagnosis in England: A national analysis of six cancer sites', *BMJ Open*, 13(1). doi:10.1136/bmjopen-2022-062079. Bowen RL et al (2008). Early onset of breast cancer in a group of British black women. *British journal of cancer*, 98(2), 277–281. Public Health England and Cancer Research UK (2016). Ethnicity and stage at diagnosis. National cancer registration and analysis service data briefing.

¹⁰⁰ Public Health England and Cancer Research UK (2016). Ethnicity and stage at diagnosis. National cancer registration and analysis service data briefing.

¹⁰¹ NHS Digital (2024). Cancer registration statistics, England, 2022. Public Health Scotland (2026). Cancer incidence rates 2024. Welsh Cancer Intelligence and Surveillance Unit (2024). Breast cancer incidence, 2022. Northern Ireland Cancer Registry (2026). Average figures for 2019–23.

¹⁰² NHS Digital (2024). Cancer registration statistics, England, 2022

¹⁰³ Public Health Scotland (2026). Cancer incidence rates 2024

¹⁰⁴ Welsh Cancer Intelligence and Surveillance Unit (2024). Breast cancer incidence, 2022

¹⁰⁵ Northern Ireland Cancer Registry (2026). Average figures for 2019–23

¹⁰⁶ NHS Digital (2026). Cancer Survival in England, cancers diagnosed 2018 to 2022, followed up to 2023. Public Health Wales (2026). Cancer survival in Wales.

¹⁰⁷ NHS Digital (2025) Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 by ICB in England, 2022. Public Health Scotland (2022). Detect Cancer Early Staging Data 2021

¹⁰⁸ Golani R et al. (2025). Socio-economic inequalities in second primary cancer incidence: a competing risks analysis of women with breast cancer in England between 2000 and 2018. *Int J Cancer*. 156(12):2283–2293. Available at: doi.org/10.1002/ijc.35320

¹⁰⁹ YouGov Plc. (2025). Breast Cancer Now quarterly surveys. Total sample size was 4171 adults of which 2267 females. Fieldwork was undertaken between 7th – 9th April 2025. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹¹⁰ Ethnos (2021). Ethnic Minority Communities Research. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with 561 respondents. Available on request from Breast Cancer Now

¹¹¹ OnePoll (2026). Unpublished report prepared for Breast Cancer Now. Online survey of 2000 UK adults (nationally representative on the basis of age, gender, and region), fieldwork: 6th and 10th March 2026. All participants are double-opted in to take part in research and are paid an amount depending on the length and complexity of the survey. Available at: breastcancernow.org/about-us/media/press-releases/almost-one-million-people-are-living-with-or-beyond-breast-cancer-and-set-to-rise

¹¹² Breast Cancer Now analysis of Rapid Cancer Registration Data: Incidence and treatment dashboard (2025) Sum of USC and GP referrals in 2025. Available at: nhsd-nhrs.shinyapps.io/rcrd

¹¹³ YouGov Plc. (2026). Breast Cancer Now quarterly surveys. Total sample size was 4282 adults of which 2241 females. Fieldwork was undertaken between 1st – 3rd July 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹¹⁴ Ethnos (2021). Ethnic Minority Communities Research. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with 561 respondents. Available on request from Breast Cancer Now; Niksic M et al (2016). Ethnic differences in cancer symptom awareness and barriers to seeking medical help in England. *British Journal of Cancer* 115, 136–144; Waller J et al (2009). Awareness of cancer symptoms and anticipated help seeking among ethnic minority groups in England. *British Journal of Cancer* 101(2): 24–30

¹¹⁵ YouGov Plc. (2026). Breast Cancer Now quarterly surveys. Total sample size was 4282 adults of which 2241 females. Fieldwork was undertaken between 1st – 3rd July 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹¹⁶ Ethnos (2021). Ethnic Minority Communities Research. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with 561 respondents. Available on request from Breast Cancer Now

¹¹⁷ YouGov Plc. (2022). Breast Cancer Now quarterly surveys. Total sample size was 2,069 adults. Fieldwork was undertaken between 14th – 15th September 2022. The survey was

carried out online. The figures have been weighted and are representative of all UK females (aged 18+)

¹¹⁸ YouGov Plc. (2026). Breast Cancer Now quarterly surveys. Total sample size was 4282 adults of which 2241 females. Fieldwork was undertaken between 1st – 3rd July 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹¹⁹ Ibid

¹²⁰ Ethnos (2021). Ethnic Minority Communities Research. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with 561 respondents. Available on request from Breast Cancer Now

¹²¹ Ibid

¹²² NHS Digital (2025) Case-mix adjusted percentage of cancers diagnosed at stages 1 and 2 by ICB in England, 2022. Public Health Scotland (2023). Detect Cancer Early Staging Data 2022. Breast cancer incidence (2022). Welsh Cancer Intelligence and Surveillance Unit. Northern Ireland Cancer Registry (2023)

¹²³ National Audit of Metastatic Breast Cancer (2025). State of the Nation Report 2025. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England

¹²⁴ Breast Cancer Now calculation, Recurrence rates vary by tumour subtype, stage at diagnosis, and time since treatment. The “around one in four” figure is a long-run average drawn from UK cancer registry data and published research (Cancer Research UK). In line with international estimates that sit between 20–30% risk of distant recurrence

¹²⁵ Morgan E et al (2024). Metastatic recurrence in women diagnosed with non-metastatic breast cancer: a systematic review and meta-analysis. *Breast Cancer Research* 26:171. doi:10.1186/s13058-024-01881-y

¹²⁶ YouGov Plc. (2026). Breast Cancer Now quarterly surveys. Total sample size was 4282 adults of which 2241 females. Fieldwork was undertaken between 1st – 3rd July 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹²⁷ Synergy (2024). Primary Care Attitudes to Secondary Breast Cancer Market Research. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study. Available on request from Breast Cancer Now.

¹²⁸ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report

¹²⁹ Breast Cancer Now. Clearing the path to diagnosis: Improving referral pathways in England for people with secondary breast cancer. Available at: breastcancernow.org/media-assets/y3xahjbq/nss-pathway-report.pdf

¹³⁰ Breast Cancer Now. What happens at a breast clinic appointment? Available at: breastcancernow.org/about-breast-cancer/screening-tests-and-scans/what-happens-at-a-breast-clinic-appointment

¹³¹ Routes to diagnosis. National Disease Registration Service. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-routes-to-diagnosis

¹³² Cancer Research UK. Early diagnosis hub. Available at: crukancerintelligence.shinyapps.io/EarlyDiagnosis Accessed August 2026.

¹³³ UK National Screening Committee. UK NSC Recommendations. Available at: view-health-screening-recommendations.service.gov.uk/breast-cancer Accessed August 2026.

¹³⁴ Breast Cancer Now. What happens at a breast clinic appointment? Available at: breastcancernow.org/about-breast-cancer/screening-tests-and-scans/what-happens-at-a-breast-clinic-appointment

¹³⁵ Breast Cancer Now analysis. UK total is the sum of Breast Cancer Now's four separate nation-level estimates of additional breast cancers that would be detected if uptake reached the achievable target of 80%: England 2024/25 (2,228), Scotland 2022/23 (106), Wales 2023/24 (197) and Northern Ireland 2023/24 (94). Each nation figure is calculated using a different method, reflecting differences in what each screening programme publishes. Because the four nations' most recent available data cover different years, this total does not represent a single UK reporting year.

¹³⁶ NHS England (2026). Breast Screening Programme, England, 2024-25. Available at: digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2024-2025 Accessed August 2026.

¹³⁷ Breast Cancer Now analysis of NHS Breast Screening Programme, England 2024/25 (NHS England). Calculated by applying the rate of cancers detected per 1,000 women screened from the 50>71 cohort (this published figure includes short term recall invitations and self/GP referrals), to the number of women screened from first and all routine invitations in the 50>71 cohort. Uptake adjusted to the achievable level target of 80%.

¹³⁸ NHS England (2026). Breast Screening Programme, England, 2024-25. Available at: digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2024-2025 Accessed August 2026

¹³⁹ Ibid

¹⁴⁰ Public Health Scotland (2023). Scottish Breast Screening Programme Statistics. Available at: publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2023 Accessed August 2026. (Breast screening statistics in Scotland are currently under review due to data quality issues)

¹⁴¹ Breast Cancer Now analysis of Scottish breast screening programme statistics 2022/23. Calculated by applying the rate of cancers detected per 1,000 women, to the number of women screened from routine invitations 2022/23 with uptake adjusted to the achievable level of 80%

¹⁴² Public Health Scotland (2023). Scottish Breast Screening Programme Statistics. Available at: publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2023 Accessed August 2026. (Breast screening statistics in Scotland are currently under review due to data quality issues)

¹⁴³ Ibid

¹⁴⁴ Public Health Wales (2026). Breast Test Wales annual statistical report 2023 to 2024. Available at: phw.nhs.wales/reports/breast-test-wales-annual-statistical-report-2023-to-2024 Accessed August 2026.

¹⁴⁵ Breast Cancer Now analysis of Breast Test Wales Annual Statistical Report 2023-24. Calculated by applying the total rate of cancers detected per 1000 women screened (this published figure includes all ages and referral types so may differ from the routine screening rate), to the number of women screened (calculated by applying the uptake to the number of women invited). The uptake is then adjusted to the achievable level of 80%

¹⁴⁶ Public Health Wales (2026). Breast Test Wales annual statistical report 2023 to 2024. Available at: phw.nhs.wales/reports/breast-test-wales-annual-statistical-report-2023-to-2024 Accessed August 2026.

¹⁴⁷ Ibid

¹⁴⁸ Public Health Agency (2026). Breast Screening Programme Annual Report 2023-2024. Available at: cancerscreening.hscni.net/breast-screening/performance-standards Accessed August 2026.

¹⁴⁹ Breast Cancer Now analysis of Public Health Agency (2026). Breast Screening Programme Annual Report 2023-2024. Calculated by applying the published invasive cancer detection rate for the 50-70 group and applying this to the overall number of women screened in the 50-70 group. This estimates the number of women with cancer detected to be higher than the published 50-70 group but gives an idea of the extra number of cancers detected. The uptake is then adjusted to the achievable level of 80%

¹⁵⁰ Public Health Agency (2026). Breast Screening Programme Annual Report 2023–2024 Available at: cancerscreening.hscni.net/breast-screening/performance-standards Accessed August 2026.

¹⁵¹ NHS England (2024). Breast screening: identifying inequalities. Available at: gov.uk/government/publications/breast-screening-identifying-and-reducing-inequalities/breast-screening-identifying-inequalities Accessed August 2026. Renshaw C et al (2010). Estimating attendance for breast cancer screening in ethnic groups in London. BMC Public Health 10, 157; Jack RH et al (2014). Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study. BMJ Open, 4(10); Moser K et al (2009). Inequalities in reported use of breast and cervical screening in Great Britain: analysis of cross-sectional survey data. British Medical Journal, Volume 338, p. b2025

¹⁵² Kings Fund (2023). The health of people from ethnic minority groups in England Available at: kingsfund.org.uk/insight-and-analysis/long-reads/health-people-ethnic-minority-groups-england Accessed August 2026. Anderson de Cuevas, R.M. et al (2018). A systematic review of barriers and enablers to South Asian women's attendance for asymptomatic screening of breast and cervical cancers in emigrant countries. BMJ Open, 8(7), e020892. doi: 10.1136/bmjopen-2017-020892

¹⁵³ NHS England (2026). Breast Screening Programme, England, 2024–25. Available at: digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2024-2025 Accessed August 2026. Public Health Wales (2026). Breast Test Wales annual statistical report 2023 to 2024. Available at: phw.nhs.wales/reports/breast-test-wales-annual-statistical-report-2023-to-2024 Accessed August 2026.

¹⁵⁴ NHS England (2026). Breast Screening Programme, England, 2024–25. Available at: digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme/england-2024-2025 Accessed August 2026. Public Health Wales (2026). Breast Test Wales annual statistical report 2023 to 2024. Available at: phw.nhs.wales/reports/breast-test-wales-annual-statistical-report-2023-to-2024 Accessed August 2026. Public Health Scotland (2023). Scottish Breast Screening Programme Statistics. Available at: publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2023 Accessed August 2026. (Breast screening statistics in Scotland are currently under review due to data quality issues)

¹⁵⁵ Breast Cancer Now quarterly survey (2025). Research conducted by YouGov PLC; Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report; Breast Cancer Now (2023). The impact of workforce shortages on cancer services. Available at: breastcancernow.org/about-us/campaign-news/impact-workforce-shortages-cancer-services; Breast Cancer Now (2024). Delivering a fair and equal breast screening programme. Available at: breastcancernow.org/about-us/campaign-news/delivering-a-fair-and-equal-breast-screening-programme

¹⁵⁶ YouGov Plc. (2026). Breast Cancer Now quarterly surveys. Total sample size was 4282 adults of which 2241 females. Fieldwork was undertaken between 1st – 3rd July 2026. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

¹⁵⁷ Payne, N.R. et al. (2025). Breast density effect on the sensitivity of digital screening mammography in a UK cohort. Eur Radiol 35, 177–187 Available at: doi.org/10.1007/s00330-024-10951-w

¹⁵⁸ Payne, N.R. et al. (2025). Breast density effect on the sensitivity of digital screening mammography in a UK cohort. Eur Radiol 35, 177–187 Available at: doi.org/10.1007/s00330-024-10951-w

¹⁵⁹ Breast Cancer Now. What happens at a breast clinic appointment? Available at: breastcancernow.org/about-breast-cancer/screening-tests-and-scans/what-happens-at-a-breast-clinic-appointment

¹⁶⁰ Rapid Cancer Registration Data: Incidence and treatment dashboard. Available at: nhsd-ndrs.shinyapps.io/rcrd

¹⁶¹ Breast Cancer Now. Your pathology results. Available at: breastcancernow.org/about-breast-cancer/diagnosis/your-pathology-results

¹⁶² Breast Cancer Now. What happens at a breast clinic appointment? Available at: breastcancernow.org/about-breast-cancer/screening-tests-and-scans/what-happens-at-a-breast-clinic-appointment

¹⁶³ Breast Cancer Now. Secondary breast cancer tests. Available at: breastcancernow.org/about-breast-cancer/secondary-breast-cancer/secondary-breast-cancer-tests

¹⁶⁴ NHS England. Cancer waiting times. Available at: england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times

¹⁶⁵ StatsWales. Performance and waiting times Available at: stats.gov.wales/en-GB/topic/50/performance-and-waiting-times

¹⁶⁶ Public Health Scotland. Cancer waiting times. Available at: publichealthscotland.scot/publications/cancer-waiting-times/cancer-waiting-times-1-october-to-31-december-2025

¹⁶⁷ Department of Health. Cancer waiting times. Available at: health-ni.gov.uk/articles/cancer-waiting-times

¹⁶⁸ Breast Cancer Now (2022) Delivering real choice: the future of breast reconstruction in England. Available at: breastcancernow.org/media-assets/mo2bovkj/breast_cancer_now_report_delivering_real_choice.pdf

¹⁶⁹ Royal College of Surgeons of England (2023). Advancing the Surgical Workforce: 2023 UK Surgical Workforce Census Report

¹⁷⁰ Breast Cancer Now. Surgery for primary breast cancer. Available at: breastcancernow.org/about-breast-cancer/treatment/surgery-for-primary-breast-cancer

- ¹⁷¹ Breast Cancer Now. Secondary breast cancer treatment. Available at: breastcancernow.org/about-breast-cancer/secondary-breast-cancer/secondary-breast-cancer-treatment
- ¹⁷² Breast Cancer Now. Secondary breast cancer treatment. Available at: breastcancernow.org/about-breast-cancer/secondary-breast-cancer/secondary-breast-cancer-treatment
- ¹⁷³ Cancer treatments. National Disease Registration Service. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-treatments Accessed August 2026.
- ¹⁷⁴ NHS England (2026). Breast surgery: GIRFT Programme Follow-up Report. Available at: gettingitrightfirsttime.co.uk/girft-reports
- ¹⁷⁵ NHS England (2021). Breast surgery: GIRFT Programme National Specialty Report. Available at: gettingitrightfirsttime.co.uk/girft-reports
- ¹⁷⁶ Taylor C, McGale P, Probert J, Broggio J, Charman J, Darby S C et al. Breast cancer mortality in 500000 women with early invasive breast cancer diagnosed in England, 1993–2015: population based observational cohort study BMJ 2023; 381: e074684 doi:10.1136/bmj-2022-074684
- ¹⁷⁷ NHS (2025). National Cancer Patient Experience Survey. Data downloaded 05–06 August 2026. Available at: nhssurveys.co.uk/cpes/subgroups_trend/national; Public Health Scotland (2024). Scottish Cancer Patient Experience Survey. Available at: scotland.shinyapps.io/phs-scpes-2024; Wales Cancer Survey and Macmillan Cancer Support (2021). Wales Cancer Patient Experience Survey. Available at: performanceandimprovement.nhs.wales/our-work/cancer/patient-hub/wales-cancer-patient-experience-survey-results Data by cancer type is not published. Breast cancer data was made available following a data request.
- ¹⁷⁸ DJS Research (2022). Support needs research study. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with people with breast cancer in the UK (n=45 interviews / n=530 surveys). Available on request from Breast Cancer Now; Estupiñán Fdez de Mesa M et al (2025). Applying the intersectionality lens to understand minority ethnic women's experiences of the breast cancer care pathway in England: a qualitative interview study. Psycho-Oncology 34(2):e70092. DOI: 10.1002/pon.70092.
- ¹⁷⁹ DJS Research (2022). Support needs research study. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with people with breast cancer in the UK (n=45 interviews / n=530 surveys). Available on request from Breast Cancer Now.
- ¹⁸⁰ NHS (2025). National Cancer Patient Experience Survey. Data downloaded 05–06 August 2026. Available at: nhssurveys.co.uk/cpes/subgroups_trend/national; Wales Cancer Patient Experience Survey. Available at: performanceandimprovement.nhs.wales/our-work/cancer/patient-hub/wales-cancer-patient-experience-survey-results Data by cancer type is not published. Breast cancer data was made available following a data request.
- ¹⁸¹ Public Health Scotland (2024). Scottish Cancer Patient Experience Survey. Available at: scotland.shinyapps.io/phs-scpes-2024
- ¹⁸² NHS (2025). National Cancer Patient Experience Survey. Data downloaded 05–06 August 2026. Available at: nhssurveys.co.uk/cpes/subgroups_trend/national; Public Health Scotland (2024). Scottish Cancer Patient Experience Survey. Available at: scotland.shinyapps.io/phs-scpes-2024; Wales Cancer Survey and Macmillan Cancer Support (2021). Wales Cancer Patient Experience Survey. Available at: executive.nhs.wales/functions/networks-and-planning/cancer/patient-hub/wales-cancer-patient-experience-survey-results
- ¹⁸³ NHS (2024). National Cancer Patient Experience Survey. Available at: nhssurveys.co.uk/cpes/subgroups_trend/national
- ¹⁸⁴ Estupiñán Fdez de Mesa M et al (2025). Applying the intersectionality lens to understand minority ethnic women's experiences of the breast cancer care pathway in England: a qualitative interview study. Psycho-Oncology 34(2):e70092. DOI: 10.1002/pon.70092.
- ¹⁸⁵ Wales Cancer Survey and Macmillan Cancer Support (2021). Wales Cancer Patient Experience Survey – Results. Available at: executive.nhs.wales/functions/networks-and-planning/cancer/patient-hub/wales-cancer-patient-experience-survey-results
- ¹⁸⁶ Herring B et al (2025). UK healthcare professionals' experiences and perceptions of the support needs of men with breast cancer and their informal carers. Trends Urol Mens Health. 16:e70006. DOI: 10.1002/tre.70006
- ¹⁸⁷ Iredale R et al (2006). The experiences of men with breast cancer in the United Kingdom. Eur J Cancer. 42(3):334–41. DOI: 10.1016/j.ejca.2005.09.027
- ¹⁸⁸ Avila J et al (2023). Treatments for breast cancer in men: late effects and impact on quality of life. Breast Cancer Res Treat. 201(3):489–98. DOI: 10.1007/s10549-023-07027-6
- ¹⁸⁹ Breast Cancer Now, Service Pledge (2025–2026). Qualitative and quantitative feedback was gathered from 202 metastatic breast cancer patients from 5 different Hospitals Trusts across the UK. Feedback was gathered between September 2025 – June 2026. Available on request from Breast Cancer Now.
- ¹⁹⁰ Breast Cancer Now. Secondary. Not second rate. Available at: breastcancernow.org/media-assets/flickckrk/current_best_practice.pdf
- ¹⁹¹ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report; Breast Cancer Now, Service Pledge (2025–2026). Qualitative and quantitative feedback was gathered from 202 metastatic breast cancer patients from 5 different Hospitals Trusts across the UK. Feedback was gathered between September 2025 – June 2026. Available on request from Breast Cancer Now.
- ¹⁹² Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ¹⁹³ Carreira H et al (2021). Associations between breast cancer survivorship and adverse mental health outcomes: A matched population based cohort study in the United Kingdom. PLoS Med 18(1). DOI: 10.1371/journal.pmed.1003504; Carreira H et al (2018). Associations Between Breast Cancer Survivorship and Adverse Mental Health Outcomes: A Systematic Review. J Natl Cancer Inst. 1;110(12):1311–1327. DOI: 10.1093/jnci/djy177. Erratum in: J Natl Cancer Inst. 2020 Jan 1;112(1):118.

- ¹⁹⁴ NHS England (2025). Cancer Quality of Life Survey. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey 11th December 2025 update. Questionnaire responses received up to 11th November 2025 for questionnaire invites from September 2020 to September 2025.
- ¹⁹⁵ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ¹⁹⁶ Carreira H et al (2021). Quality of life and mental health in breast cancer survivors compared with non-cancer controls: a study of patient-reported outcomes in the United Kingdom. *J Cancer Surviv.* 15(4):564–575. DOI: 10.1007/s11764-020-00950-3; Carreira H et al (2021). Associations between breast cancer survivorship and adverse mental health outcomes: A matched population based cohort study in the United Kingdom. *PLoS Med* 18(1): e1003504. DOI 10.1371/journal.pmed.1003504.
- ¹⁹⁷ Patel-Kerai G et al (2017). The psychosocial experiences of breast cancer amongst Black, South Asian and White survivors: do differences exist between ethnic groups? *Psycho-oncology*, 26(4): 515–522. DOI: 10.1002/pon.4187.
- ¹⁹⁸ NHS England (2025). Cancer Quality of Life Survey. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey 11th December 2025 update. Questionnaire responses received up to 11th November 2025 for questionnaire invites from September 2020 to September 2025.
- ¹⁹⁹ Brain K et al (2006). Psychological distress in men with breast cancer. *J Clin Oncol.* 24(1):95–101. DOI: 10.1200/JCO.2006.10.064.
- ²⁰⁰ Carreira H et al (2021) Associations between breast cancer survivorship and adverse mental health outcomes: A matched population based cohort study in the United Kingdom. *PLoS Med* 18(1): e1003504. DOI: 10.1371/journal.pmed.1003504
- ²⁰¹ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ²⁰² DJS Research (2022). Support needs research study. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with people with breast cancer in the UK (n=45 interviews / n=530 surveys). Available on request from Breast Cancer Now.
- ²⁰³ King R et al (2024). Psychosocial experiences of breast cancer survivors: a meta-review. *J Cancer Surviv.* 18(1):84–123. DOI: 10.1007/s11764-023-01336-x
- ²⁰⁴ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ²⁰⁵ Glaser et al (2013), *BMJ Open* 3(4):e002317. Underlying data published as Quality of Life of Cancer Survivors in England (Department of Health / Quality Health, December 2012), National Cancer Survivorship Initiative.
- ²⁰⁶ Bu X et al (2025). Fear of Cancer Recurrence Prevalence and Its Associated Factors Among Family Caregivers of Women With Breast Cancer: A Systematic Review and Meta-Analysis. *J Clin Nurs* 34(7):2510–2524. DOI: 10.1111/jocn.17680; King R et al (2024). Psychosocial experiences of breast cancer survivors: a meta-review. *J Cancer Surviv.* 18(1):84–123. DOI: 10.1007/s11764-023-01336-x
- ²⁰⁷ King R et al (2024). Psychosocial experiences of breast cancer survivors: a meta-review. *J Cancer Surviv.* 18(1):84–123. DOI: 10.1007/s11764-023-01336-x; NHS England (2022). Cancer Quality of Life Survey. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey; DJS Research (2023). Support needs research study; Coles C et al (2024). The Lancet Breast Cancer Commission. DOI: [doi.org/10.1016/S0140-6736\(24\)00747-5](https://doi.org/10.1016/S0140-6736(24)00747-5)
- ²⁰⁸ Coles C et al (2024). The Lancet Breast Cancer Commission. *The Lancet.* 403(10439):1895–1950. DOI: 10.1016/S0140-6736(24)00747-5; Ng S et al (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. *BJC Reports* 3:55. DOI: 10.1038/s44276-025-00172-z
- ²⁰⁹ Ibid
- ²¹⁰ NHS England (2025). Cancer Quality of Life Survey. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey 11th December 2025 update. Questionnaire responses received up to 11th November 2025 for questionnaire invites from September 2020 to September 2025.
- ²¹¹ Coles C et al (2024). The Lancet Breast Cancer Commission. *The Lancet.* 403(10439):1895–1950. DOI: 10.1016/S0140-6736(24)00747-5; Ng S et al (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. *BJC Reports* 3:55. DOI: 10.1038/s44276-025-00172-z
- ²¹² NHS England (2025). Cancer Quality of Life Survey. Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey 11th December 2025 update. Questionnaire responses received up to 11th November 2025 for questionnaire invites from September 2020 to September 2025.
- ²¹³ Ibid
- ²¹⁴ Patel-Kerai G et al (2017). The psychosocial experiences of breast cancer amongst Black, South Asian and White survivors: do differences exist between ethnic groups? *Psycho-oncology*, 26(4): 515–522. DOI: 10.1002/pon.4187.
- ²¹⁵ Breast Cancer Now. Peripheral neuropathy and breast cancer. Available at: breastcancernow.org/about-breast-cancer/treatment/chemotherapy/chemotherapy-side-effects/peripheral-neuropathy-and-breast-cancer
- ²¹⁶ Coles C et al (2024). The Lancet Breast Cancer Commission. *The Lancet.* 403(10439):1895–1950. DOI: 10.1016/S0140-6736(24)00747-5
- ²¹⁷ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ²¹⁸ Censuswide (2024). Body image and speaking to others. Unpublished report prepared for Breast Cancer Now. Study with 1,500 women with breast cancer in the UK. Available on request from Breast Cancer Now.
- ²¹⁹ Breast Cancer Now. Your body after breast cancer treatment. Available at: breastcancernow.org/about-breast-cancer/life-after-treatment/your-body-after-breast-cancer-treatment

- ²²⁰ Breast Cancer Now. Delivering real choice: The future of breast reconstruction in England. Available at: breastcancernow.org/media-assets/mo2bovj/breast_cancer_now_report_delivering_real_choice.pdf
- ²²¹ Harvey K et al (2025). Patient-reported outcomes 3 and 18 months after mastectomy and immediate prepectoral implant-based breast reconstruction in the UK - Pre-BRA prospective multicentre cohort study. *BJS*; 112(2). DOI: 10.1093/bjs/znaf032
- ²²² DJS Research (2022). Support needs research study. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with people with breast cancer in the UK (n=45 interviews / n=530 surveys). Available on request from Breast Cancer Now.
- ²²³ Elmore N et al (2019). Findings from a systematic review to explore the patient and societal impacts of disease progression in women who were treated for early breast cancer: Implications for future research, policy and practice. RAND Europe. Available at: rand.org/t/RR3010z3; King R et al (2024). Psychosocial experiences of breast cancer survivors: a meta-review. *J Cancer Surviv*. 18(1):84–123. DOI: 10.1007/s11764-023-01336-x
- ²²⁴ Coles C et al (2024). The Lancet Breast Cancer Commission. The Lancet. 403(10439):1895–1950. DOI: 10.1016/S0140-6736(24)00747-5; Ng S et al. (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. *BJC Reports* 3:55. DOI: 10.1038/s44276-025-00172-z
- ²²⁵ Elmore N et al (2019). Findings from a systematic review to explore the patient and societal impacts of disease progression in women who were treated for early breast cancer: Implications for future research, policy and practice. RAND Europe. Available at: rand.org/t/RR3010z3
- ²²⁶ Censuswide (2024). Body image and speaking to others. Unpublished report prepared for Breast Cancer Now. Study with 1,500 women with breast cancer in the UK. Available on request from Breast Cancer Now.
- ²²⁷ Avila J et al (2023). Treatments for breast cancer in men: late effects and impact on quality of life. *Breast Cancer Res Treat*. 201(3):489–98. DOI: 10.1007/s10549-023-07027-6
- ²²⁸ YouGov Plc. & Breast Cancer Now (2019). Total sample size was 1,039 women diagnosed with breast cancer within the last 10 years. Fieldwork 25 July to 11 August 2019.
- ²²⁹ Censuswide (2024). Body image and speaking to others. Unpublished report prepared for Breast Cancer Now. Study with 1,500 women with breast cancer in the UK. Available on request from Breast Cancer Now.
- ²³⁰ DJS Research (2022). Support needs research study. Unpublished report prepared for Breast Cancer Now. Qualitative and quantitative study with people with breast cancer in the UK (n=45 interviews / n=530 surveys). Available on request from Breast Cancer Now.
- ²³¹ Quincey K et al (2016). 'Marginalised malignancies': a qualitative synthesis of men's accounts of living with breast cancer. *Social Science & Medicine* 149:17–25. DOI: 10.1016/j.socscimed.2015.11.032; Iredale R et al (2006). The experiences of men with breast cancer in the United Kingdom. *Eur J Cancer*. 42(3):334–41. DOI: 10.1016/j.ejca.2005.09.027;
- Williams B et al (2003). Experiences of men with breast cancer: an exploratory focus group study. *British Journal of Cancer* 89(10):1834–6. DOI: 10.1038/sj.bjc.6601305.
- ²³² Lyons-Rahilly T et al (2024). Exploring the experiences of women living with metastatic breast cancer: A systematic review of qualitative evidence. *PLoS ONE* 19(1): e0296384. DOI: 10.1371/journal.pone.0296384.
- ²³³ Kaur R et al (2025). Reducing stigma, isolation, and misconceptions in advanced breast cancer: a global expert review and call-to-action for 2025–2035 (Goal 8). *The Breast* 2025;84:104602. doi.org/10.1016/j.breast.2025.104602
- ²³⁴ Ibid
- ²³⁵ Lyons-Rahilly T et al (2024). Exploring the experiences of women living with metastatic breast cancer: A systematic review of qualitative evidence. *PLoS ONE* 19(1): e0296384. DOI: 10.1371/journal.pone.0296384.
- ²³⁶ Kaur R et al (2025). Reducing stigma, isolation, and misconceptions in advanced breast cancer: a global expert review and call-to-action for 2025–2035 (Goal 8). *The Breast* 2025;84:104602. DOI: 10.1016/j.breast.2025.104602
- ²³⁷ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report
- ²³⁸ Lyons-Rahilly T et al (2024). Exploring the experiences of women living with metastatic breast cancer: A systematic review of qualitative evidence. *PLoS ONE* 19(1): e0296384. DOI: 10.1371/journal.pone.0296384.
- ²³⁹ Lyons-Rahilly T et al (2024). Exploring the experiences of women living with metastatic breast cancer: A systematic review of qualitative evidence. *PLoS ONE* 19(1): e0296384. DOI: 10.1371/journal.pone.0296384.
- ²⁴⁰ Lyons-Rahilly T et al (2024). Exploring the experiences of women living with metastatic breast cancer: A systematic review of qualitative evidence. *PLoS ONE* 19(1): e0296384. DOI: 10.1371/journal.pone.0296384.
- ²⁴¹ Office of National Statistics (2026). Deaths registered summary statistics, England and Wales: 2025. National Records of Scotland (2025). Vital events reference tables chapter 6, cause of death, Scotland, 2024. Northern Ireland Statistics and Research Agency (2025). Registrar General Annual Report. 'Working age' defined as 20–64. In Wales, heart disease and trachea, bronchus and lung cancer slightly overtakes breast cancer.
- ²⁴² Breast Cancer Now analysis of Ng et al. (2025), Supplementary Table A5. Percentages recalculated using as the denominator those participants who reported a change in employment (n=311 primary, n=103 metastatic), excluding 'not applicable' and missing responses. Published percentages in the source use the full cohorts as denominators; Ng S et al (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. *BJC Reports* 3:55. DOI: 10.1038/s44276-025-00172-z; Coles C, Earl H, Anderson B et al (2024). The Lancet Breast Cancer Commission. DOI: [doi.org/10.1016/S0140-6736\(24\)00747-5](https://doi.org/10.1016/S0140-6736(24)00747-5)
- ²⁴³ Censuswide (2024). Body image and speaking to others. Unpublished report prepared for Breast Cancer Now. Study with 1,500 women with breast cancer in the UK. Available on request from Breast Cancer Now.

²⁴⁴ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report

²⁴⁵ Ng S et al (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. BJC Reports 3:55. DOI: 10.1038/s44276-025-00172-z

²⁴⁶ Ibid

²⁴⁷ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report

²⁴⁸ Ng S et al (2025). Hidden costs and unmet supportive care needs among individuals with experience of breast cancer and their carers in the United Kingdom. BJC Reports 3:55. DOI: 10.1038/s44276-025-00172-z

²⁴⁹ Breast Cancer Now (2025). Big Breast Cancer Survey. Available at: breastcancernow.org/about-us/blogs/the-big-breast-cancer-survey-report

²⁵⁰ Ibid

²⁵¹ Ibid

²⁵² Demos (2025). The cost of breast cancer to the UK: 2025 update. Published report prepared for Breast Cancer Now. Available at: demos.co.uk/research/the-cost-of-breast-cancer-modelling-the-economic-impact-to-the-uk

²⁵³ Ibid

BREAST CANCER IN THE UK 2026: A COMPENDIUM

Publication date: November 2026

Review date: September 2027

Breast Cancer Now 2026 ©

Breast Cancer Now is a charity registered in England and Wales (1160558), Scotland (SC045584) and the Isle of Man (1200), and also operating in Northern Ireland. Registered Office: 6th Floor, The White Chapel Building, 10 Whitechapel High Street, London, E1 8QS.

