BREAST CANCER NOW The research & support charity

We're here

BREAST CANCER IN THE UK 2025: A COMPENDIUM

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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 a 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 some of the core statistics at your fingertips, you'll be able to make better decisions, have more influence and be part of the solution.

You can use the information in this document in your work, as long as you reference it properly. There is 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?

Our vision is that by 2050, everyone with breast cancer will live and live well. But that won't happen overnight. We need to work towards that target every minute, every day. 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 and 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.

Where we can, we've provided statistics for the UK or all 4 nations. 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 uncontrolled and abnormal 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 body[5]

Metastatic breast cancer

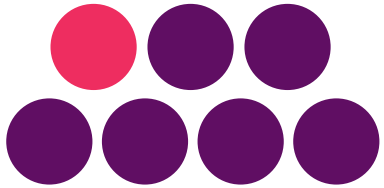
In some cases, breast cancer can spread to other parts of the body, most often to the bones, lungs, liver or brain.[6] This is called metastatic breast cancer. You may also hear it called secondary breast cancer, advanced breast cancer or stage 4 breast cancer.[7]

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]



1 in 7 women will get it in their lifetime.[11]

A woman is diagnosed with breast cancer **every 9 minutes** and a man every day.[12] That's over **55,000 women** and **400 men** each year. A further **7,000 people** are diagnosed with DCIS each year.[13]

If nothing is done to change this, by 2040, a woman will be diagnosed **every 8 minutes**.[14]

And by 2038-40, nearly **70,000 women will be diagnosed each year**.[15]

	No. of people diagnosed each year	No. of people diagnosed each week	No. of women living with breast cancer in 2025[16]
England	46,700 women and 340 men[17]	904	740,000
Scotland	4,870 women and 30 men[18]	94	74,000
Wales	2,690 women and 20 men[19]	52	49,000
Northern Ireland	1,520 women and 10 men[20]	29	23,000

HOW COMMON IS METASTATIC BREAST CANCER IN THE UK?

Metastatic breast cancer occurs when breast cancer cells spread from the breast to other parts of the body. It can also be referred to as secondary, advanced or stage 4 breast cancer.

We don't know exactly how many people are living with metastatic breast cancer in the UK, but it is estimated that there are around **61,000**.[21]

WHY DON'T WE KNOW THE NUMBER OF PEOPLE WITH METASTATIC BREAST CANCER?

Across the UK, the data on metastatic breast cancer isn't being routinely collected, meaning we don't have the complete picture. But there are efforts to change this.

The National Audit of Metastatic Breast Cancer (NAoMe) is underway in England and Wales. It has highlighted the poor data on recurrence within national cancer datasets and is urging NHS organisations to prioritise improving this so that accurate figures can be obtained.

In January 2025, an audit, funded by Cancer Focus Northern Ireland, published estimates on the number of people living with metastatic breast cancer in Northern Ireland for the first time.

The Scottish Government has committed to improving data collection on metastatic breast cancer as part of its Cancer Action Plan 2023-2026.

1.2 SURVIVAL AND MORTALITY

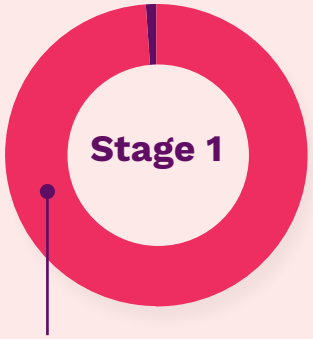
9 in 10 women survive breast cancer for **5 or more years**.[22] But breast cancer is still one of the leading causes of death in women under 50.[23]

Each year in the UK, around **11,500 women** and **90 men** die from breast cancer.[24]

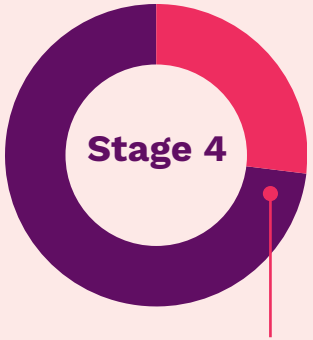
This means someone dies from breast cancer every **45 minutes**.[25]

SURVIVAL ACROSS DIFFERENT GROUPS

By stage



Around **98%** of women in England diagnosed at stage 1 will **survive for 5 or more years**[26]



Only **27%** of women diagnosed at stage 4 **survive for 5 or more years**[27]

By location

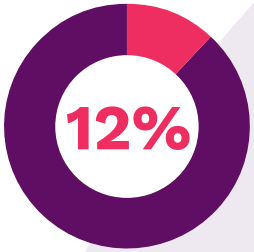
- **82%** of women from the most deprived areas in England survive their cancer for 5 years vs **88%** of women from the least deprived[28]
- **81%** of women from the most deprived areas in Scotland survive their cancer for 5 years vs **87%** of women from the least deprived[29]
- **85%** of women from the most deprived areas in Wales survive their cancer for 5 years vs **95%** of women from the least deprived[30]

By ethnicity

- **85%** of black and **89%** of South Asian women in England aged 15-64 survived breast cancer for 3 years vs **91%** of white women[31]

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**.[32]

Around **2.3 million new cases** were diagnosed in women in 2022. That's **4 women every minute**.[33]

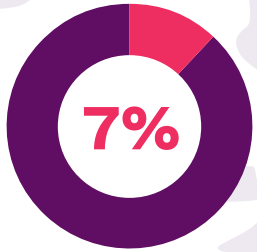
And this figure is rising, with the number of cases estimated **to rise by 43%** between 2022 and 2050 to over **3.3 million new annual cases**.[34]

How does the UK compare to other countries?

UK mortality and 5-year survival rates are better than some comparable countries, but worse than others.[40] 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, USA, Belgium, France, Japan, Canada, Germany, the Netherlands and Sweden[41] (5-year survival rate ranges from **86% - 90.2%**).

Screening coverage in England and Wales lags behind Denmark, Finland, Portugal, USA, the Netherlands and Sweden.[42] The UK has a lower proportion of breast cancers diagnosed at an early stage than other countries.[43]

BREAST CANCER MORTALITY AROUND THE WORLD



Breast cancer is the leading cause of cancer-related death for women globally, accounting for **7% of all cancer deaths worldwide**.[35]

One woman died **every minute** in 2022.[36]

666,000
women died of breast cancer in 2022[37]

Although the survival rates of breast cancer have improved in the UK in recent years, the number of people being diagnosed is increasing in the UK and across the world. By 2050, it's estimated that **1.1 million women** will die from breast cancer each year, a **68%** increase from 2022,[38] in part because of risk factors such as ageing populations and changing lifestyles.[39]

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.[44]

The average woman has a 1 in 7 chance of developing breast cancer in their lifetime.[45] 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 definite what caused someone's cancer to develop.[46]

2.1 SEX AND AGE

SEX

99% of breast cancer cases are in women.[47] The reasons for this include the higher amounts of breast tissue and the influence of hormones.

AGE

Age is the second most significant risk factor for developing breast cancer, after sex. **80% of breast cancer cases are in women over 50**. **75% of cases in men are in those aged over 60**.[48]

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.[49] However, people with certain altered genes have a higher chance of developing cancer at a younger age – for example, those with BRCA1 alterations.[50]

And breast cancer in younger women is often more aggressive, as triple negative breast cancer is more common in women under 40.[51]

This means women diagnosed before 35 have a higher risk of developing metastatic breast cancer than women over 50.[52] It also means survival rates for women aged under 45 are lower than for those aged 45-74.[53]

2.2 UNCONTROLLABLE RISKS

PERIODS AND MENOPAUSE

Being exposed to oestrogen can sometimes encourage breast cancer cells to grow.[54] Women who started their periods before they were 12 or the menopause after 52 are at a higher risk of breast cancer.

This is because their bodies are exposed to oestrogen for a longer time.[55]

DENSE BREAST TISSUE

Some people have dense breast tissue, where there is 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.[56]

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.[57]

Having had breast cancer before (including DCIS, an early form of breast cancer) can also increase a person's risk of developing a second primary breast cancer.[58]

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.[59]

CHEST RADIOTHERAPY

People who have had radiotherapy to their chest at a young age can have an increased future risk of breast cancer.[60]

2.3 LIFESTYLE RISKS

Lifestyle risk factors, such as diet and activity, can be managed to reduce a person's risk.[61] **It's estimated in the UK that:**

At least **23%** of breast cancer cases could be prevented by people making some **healthy changes** to their lifestyle behaviours[62]

Around **8%** of breast cancers are thought to be linked to **drinking alcohol**[63]

Around **8%** of breast cancers are thought to be linked to being **overweight or obese**[64]

People can help **reduce their risk of breast cancer** by being **regularly active**

There's also growing evidence that **smoking can increase the risk of breast cancer**[65]

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.

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.[66] Having children at a younger age and having more children reduces a woman's risk of breast cancer.[67]

Breastfeeding can also slightly reduce the risk of breast cancer. And the longer someone breastfeeds, the more the risk of breast cancer is lowered.[68]

2.4 HORMONE EXPOSURE

Both the contraceptive pill and hormone replacement therapy (HRT) can increase someone's risk of breast cancer.[69] For HRT, the increase in risk is small and depends on the type of HRT and how long it's taken for.[70] For the contraceptive pill, this increase in risk is small and disappears within a few years of stopping taking it.[71]

It's estimated that:[72]

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.[73] The most commonly altered genes are **BRCA1** and **BRCA2**. Others include PALB2, TP53, CHEK2 and ATM.[74] Alterations in the BRCA1 and BRCA2 genes account for around 2.5% of all breast cancers.[75]

Women with an **altered BRCA1 gene** have a
60-90%
risk of **developing breast cancer**

Women with an **altered BRCA2 gene** have a
45-85%
risk of **developing breast cancer**[76]

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.[77]

Men with an **altered BRCA1 gene** have a
0.1-1%
risk of **developing breast cancer**

Men with an **altered BRCA2 gene** have a
5-10%
risk of **developing breast cancer**[78]

Being of Jewish ancestry is also a risk factor for breast cancer. People with Jewish heritage are around **5-10 times more likely** than non-Jewish women to have a changed BRCA1 or BRCA2 gene.[79]

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.[80]

Screening
In the first place, people at an increased risk of breast cancer can be offered additional screening from 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.[81]

Medication
Risk-reducing medications, sometimes referred to as chemo-prevention, 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%**.[82]

2.6 OTHER DEMOGRAPHIC FACTORS

ETHNICITY

Breast cancer incidence rates in the UK are lower for women from some ethnic backgrounds (such as south Asian, black and Chinese) compared to white women.[83]

In 2022, around:*

80% of breast cancer cases in England were in **white people**

4% in **Asian people**

3% in **black people**

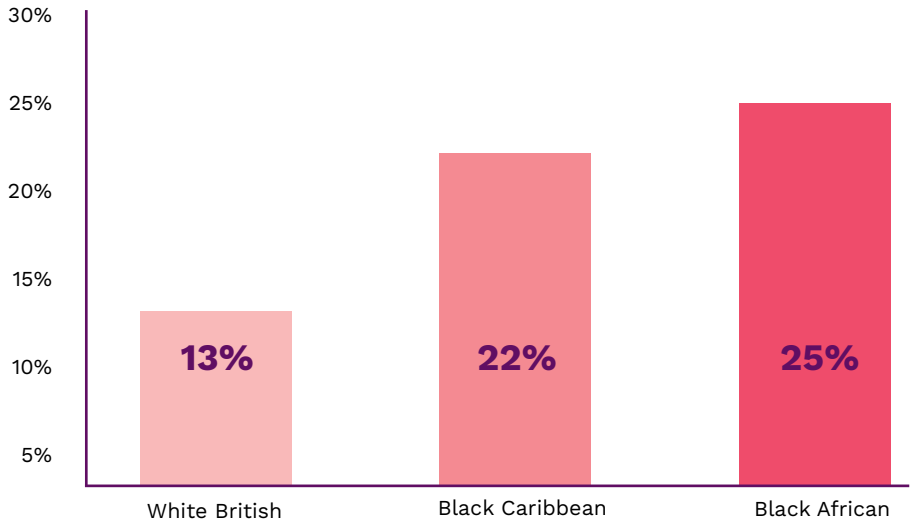
2% in the **'other' group**[84]

1% in the **mixed group**

*The remaining 10% are where we don't have ethnicity data.

However, women from some minority ethnic backgrounds are more likely to have poorer outcomes and be diagnosed with advanced breast cancer.[85]

DIAGNOSIS OF STAGE 3 OR 4 BREAST CANCER ACROSS ETHNICITIES IN ENGLAND



DEPRIVATION

Rates of breast cancer are lower in areas with higher deprivation across the UK.[86]

Most deprived areas compared to least deprived areas:

ENGLAND **18%** **lower**[87]

SCOTLAND **7%** **lower**[88]

WALES **18%** **lower**[89]

N. IRELAND **5%** **lower**[90]

But although rates of breast cancer are lower in more deprived areas, **outcomes in these areas are often worse**.[91]

Women living in more deprived areas in England and Scotland are also more likely to be diagnosed at a later stage.[92] Around **6-7%** of women diagnosed with breast cancer in the most deprived areas in England and Scotland are diagnosed at stage 4. This is around **5%** in the least deprived areas.[93]

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%**).

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

Women from some ethnic minority groups can have misconceptions about breast cancer. Twice as many ethnic minority 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 ethnic minority groups, like using deodorant or wearing certain types of bras.[94]

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.[95]

SECTION 3: BREAST AWARENESS AND SCREENING

3.1 SELF-CHECKING

Around **60%** of breast cancer cases in England are diagnosed because women identify unusual changes in their breast and report these to their GP.[96]

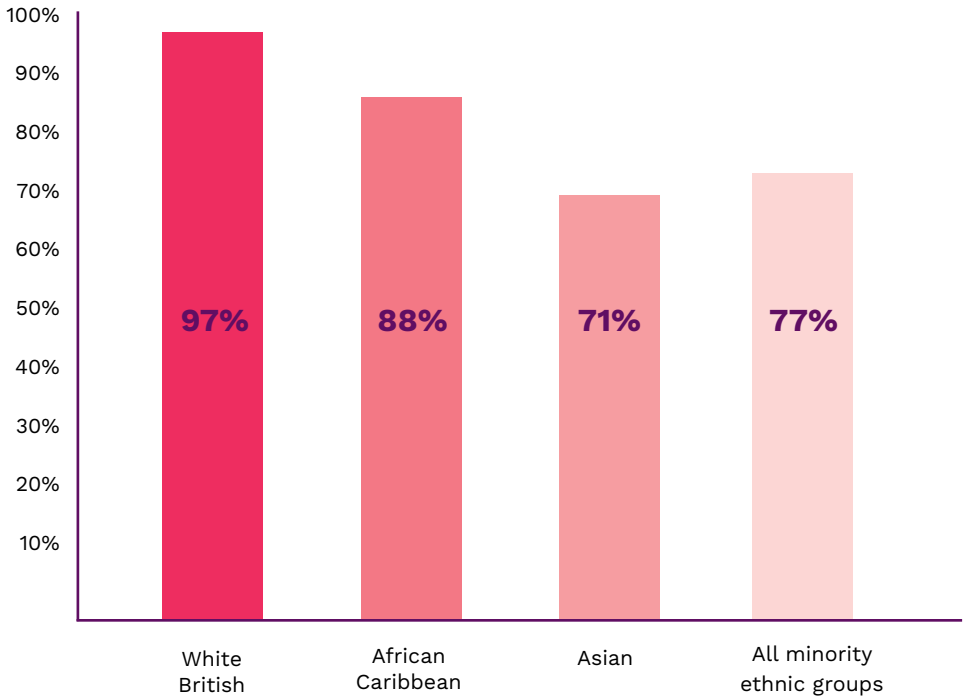
AWARENESS OF SIGNS AND SYMPTOMS

Over 90% of a survey of 2,267 women from the UK could recognise at least 3 signs and symptoms of breast cancer.[97]

53% of a survey of 1,080 women from Great Britain said they'd report any new or unusual breast changes to their GP.[98]

However, awareness can vary across groups. Women from certain ethnic groups are less aware of breast cancer symptoms than white women.[99] And women aged 35 or over are significantly more likely to know at least 3 symptoms than women aged 25-34.[100]

% AWARE THAT A BREAST LUMP IS A SIGN OF BREAST CANCER



AWARENESS OF METASTATIC SIGNS AND SYMPTOMS

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 it. And **62%** would have liked information on lifestyle changes they could make to reduce 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 symptoms.[101]

The following list are real signs and symptoms of metastatic breast cancer. We tested public perceptions of these. **In a survey of 2,267 women from the UK:**[102]

73% thought any **lump or swelling** under the **arm, breast or collarbone** is a sign of metastatic breast cancer	**66%** thought **unexpected weight loss or loss of appetite** is a sign
64% thought feeling **much more tired** than usual is a sign	**54%** thought **bone pain** is a sign
51% thought **discomfort or swelling under the ribs/across the abdomen** is a sign	**44%** thought feeling **sick a lot of the time** is a sign
37% thought a **dry cough** or feeling of **breathlessness** is a sign	**35%** thought severe or ongoing **headaches** is a sign
34% thought **feeling full quickly** or **changes to appetite** is a sign	**34%** thought feeling **bloated** is a sign
33% thought **loss of balance** or **limb weakness/numbness** is a sign	**26%** thought **constipation** is a sign

24% thought that **altered vision or speech** is a sign

BREAST CHECKING

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 Great Britain seems to be dropping:

49%
of women **checked their breasts regularly in 2022**[103]

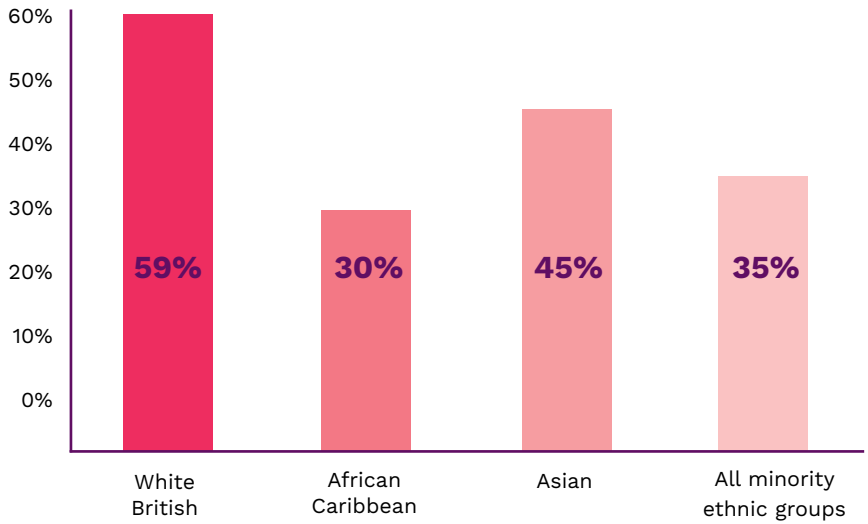
46%
of women **checked their breasts regularly in 2025**[104]

10%
of women in 2025 reported **never having checked their breasts**[105]

A survey of 561 women showed that women from minority ethnic groups are less likely to check their breasts regularly.[106]

47% of women who don't check their breasts regularly (less often than at least once a month) said they forget to, and **36%** said it isn't a habit for them.[107]

% CHECKING BREASTS REGULARLY



3.2 ROUTINE SCREENING MAMMOGRAMS

Women can be diagnosed with breast cancer after a routine screening mammogram, before any visible signs or symptoms develop.[108]

In England, **1/3 of female breast cancers are diagnosed via screening**,[109] most at an early stage[110]

It's estimated that **routine screening prevents** around
1,300 deaths
from breast cancer each year in the UK[111]

BREAST SCREENING ELIGIBILITY

People registered as female with their GP, aged between 50 and their 71st birthday, are invited to routine breast screening every 3 years as part of a national breast screening programme.[112] 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.

In England, 70% of women took up their screening invitation in 2023/24:[113]

- If the **80%** uptake target had been met, **249,232 more women** would have been screened and an estimated **2,029 more breast cancers** would have been found[114]
- Uptake varied across regions, from **63% to 73%**[115]
- Only **62% of women** who had been invited for the first time took up their invite[116]

In Scotland, 76% of women took up their screening invitation in 2022/23:[117]

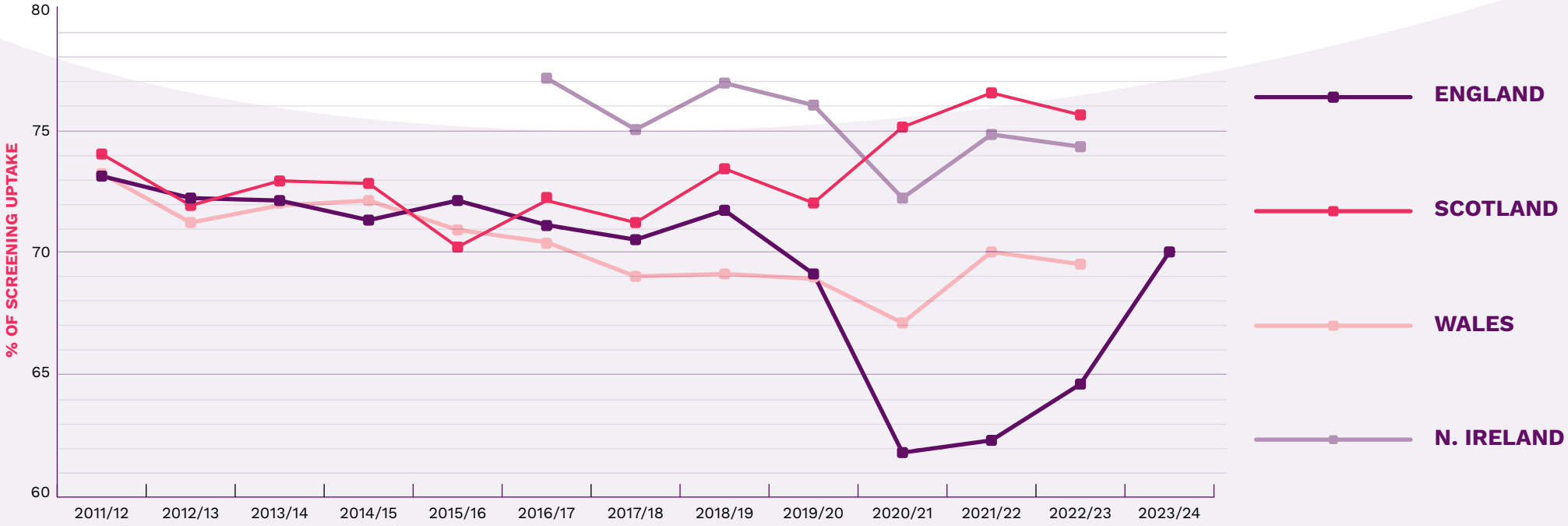
- If the **80%** target had been met, an estimated **12,361 more women** would have been screened and **106 more breast cancers** would have been found[118]
- Uptake varied across regions, from **73% to 86%** from 2020 to 2023[119]
- **6 in 10 women** from the areas of highest deprivation attended, compared to **8 in 10 for the lowest**[120]

In Wales, 69.5% of women took up their screening invitation in 2022/23:[121]

- If the **80%** target had been met, an estimated **15,871 more women** would have been screened and **154 more breast cancers** would have been found[122]
- Uptake varied across regions, from **68% to 72%**
- **Only 64% of women** who had been invited for the first time attended[123]

In Northern Ireland, 74% of women took up their screening invitation in 2022/23:[124]

- If the **80%** target had been met, an estimated **5,038 more women** would have been screened and **30 more breast cancers** would have been found[125]
- Uptake varied across local areas, from **72% to 78%**[126]



There isn't any similar data on 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 Great Britain.[127] This is particularly true for South Asian women.[128]

The uptake of routine screening is also consistently lower amongst people being invited into breast screening for the first time.[129] People who do not attend their first appointment are significantly less likely to take up their follow-up appointments.[130]

Some women with mobility impairment or disabilities are not able to physically participate in mammograms, but there are no recommended alternatives.

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:[131]

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

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.

3.3 RECURRENCE AND METASTATIC DIAGNOSIS

Recurrence is when the same breast cancer comes back, not a new breast cancer. A recurrence can be local, locally advanced (sometimes called regional recurrence) or a metastatic breast cancer (where the cancer has spread to other parts of the body). Data isn't collected on recurrence.

De novo breast cancer is when metastatic breast cancer is diagnosed straight away, without a diagnosis of primary breast cancer. Around **5% of new breast cancer cases** diagnosed in the UK are de novo.[132]

KNOWLEDGE AND AWARENESS OF METASTATIC BREAST CANCER

Many symptoms of metastatic breast cancer are very similar to those of other conditions. A lack of awareness of symptoms can cause delays to diagnosing metastatic breast cancer. This can mean people can't get the treatment and support they need.

- **57%** of patients who had a breast cancer diagnosis felt they were given enough information about the possibility and signs of the cancer coming back or spreading[133] (England only)
- **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[134] (in the UK)
- **13%** of respondents who had previously had breast cancer felt they were given enough information from healthcare professionals on the signs and symptoms of metastatic breast cancer to look out for[135] (In the UK)
- **41%** of people who sought help from a healthcare professional due to their concerns felt their symptoms weren't taken seriously[136] (England only)

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).

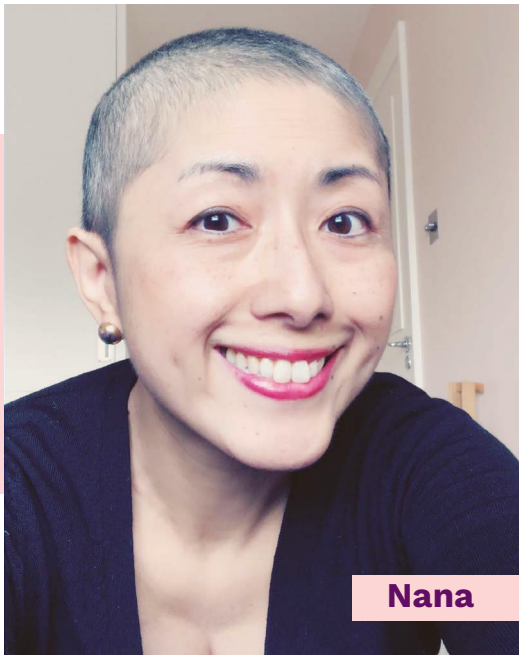
The vast majority of people who are referred to a breast clinic don't have cancer, but they may have a benign breast condition.[137] In around **1/3 of cases**, breast cancer is picked up as part of a routine screening mammogram.[138] A small number of cases are found through other routes – for example, 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 cancer[139]

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.[140] They also might need to have other tests, such as an MRI, to check for signs of their cancer spreading[141] or for altered breast cancer genes.

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



Nana

Gemma

> *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.'*

4.2 WAITING TIMES

Breast cancer waiting times are measured in different ways across the UK nations, but 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

All 4 UK nations have a 62 day target for the time it takes from 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).

ENGLAND

Urgent referral

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

TARGET: 75%

Diagnosis (Confirming/ruling out cancer)

Treatment decision

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

TARGET: 96%

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

TARGET: 85%

ACTUAL: 67.5%[142]

(based on available figures between Jan-Mar 2025)

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: 71.5%[143]

(based on available figures between Jan-Mar 2025)

First treatment

SCOTLAND

Urgent referral

Treatment decision

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

TARGET: 95%

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

TARGET: 95%

ACTUAL: 88.5%[144]

(based on available figures between Jan-Mar 2025)

First treatment

N. IRELAND

Urgent referral

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

TARGET: 100%

First appointment

Treatment decision

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

TARGET: 98%

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

TARGET: 95%

ACTUAL: 50.9%[145]

(based on available figures between Jan-Mar 2025)

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**

There are around **2,500 women in England waiting for their reconstruction surgery** – a backlog partly created from the COVID-19 pandemic. Delays to reconstruction can cause body image issues and poor emotional wellbeing for women.

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**.[146] Not all hospitals have reconstruction services, meaning women are referred elsewhere which can increase the backlog in those areas.

Challenges in delivering timely reconstructions include workforce shortages – particularly a lack of reconstruction specialists. There can also be a lack of surgical theatre capacity.[147] Together, these limit the number of surgeries that can take place and can mean reconstruction surgeries are deprioritised.

In England, tariffs don't incentive NHS trusts to prioritise breast reconstruction, as it doesn't cover costs. And people don't have equal access to reconstruction due to things like variation in surgeon skillsets.

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.

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 are similar for women and men.

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)[148]
- **For metastatic breast cancer**, treatments can include therapy directed to the part of the body the cancer has spread to.[149] The main treatments used are **hormone therapy**, **chemotherapy** and **targeted therapy**[150]

Of breast cancer patients in England in 2022:

81% received a **tumour resection**

62% received **radiotherapy**

36% received **chemotherapy**[151]

SURGERY AND RECONSTRUCTION

Around **30% of women diagnosed with breast cancer have a mastectomy**.[152] 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.[153] Some people will opt not to have any kind of reconstruction.

"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

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. And even after treatments have been approved, lack of capacity in the system can slow down access.

There are also inequities in access to treatment. Clinical trial participants don't always represent the whole population, and this can impact who the drug is suitable for. And because of capacity and resource limitations, some people may be prioritised to receive certain treatments over others. Wales and Northern Ireland usually follow National Institute for Clinical Excellence (NICE) decisions, but this means patients in these countries don't have the same opportunities to be involved in decision-making.

THE HISTORY OF BREAST CANCER TREATMENTS

PROGRESS OVER THE LAST 30 YEARS

In the last 30 years, there's been a dramatic improvement in the number of people surviving breast cancer. This is 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 **1 in 20**.[154]

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.

1882
Introduction of the radical mastectomy - the removal of the full breast and muscles behind it.

1900s-20s
The radical mastectomy becomes the gold standard treatment for breast cancer.

1920s-1940s
British doctors pioneer the use of radiotherapy to treat breast cancer.

1950s-1960s
Chemotherapy is born. It works by targeting and killing cells that grow very quickly, like cancer cells.

1960s
Surgeons move away from the radical mastectomy to less extreme surgery, which leaves the muscle behind the breast intact.

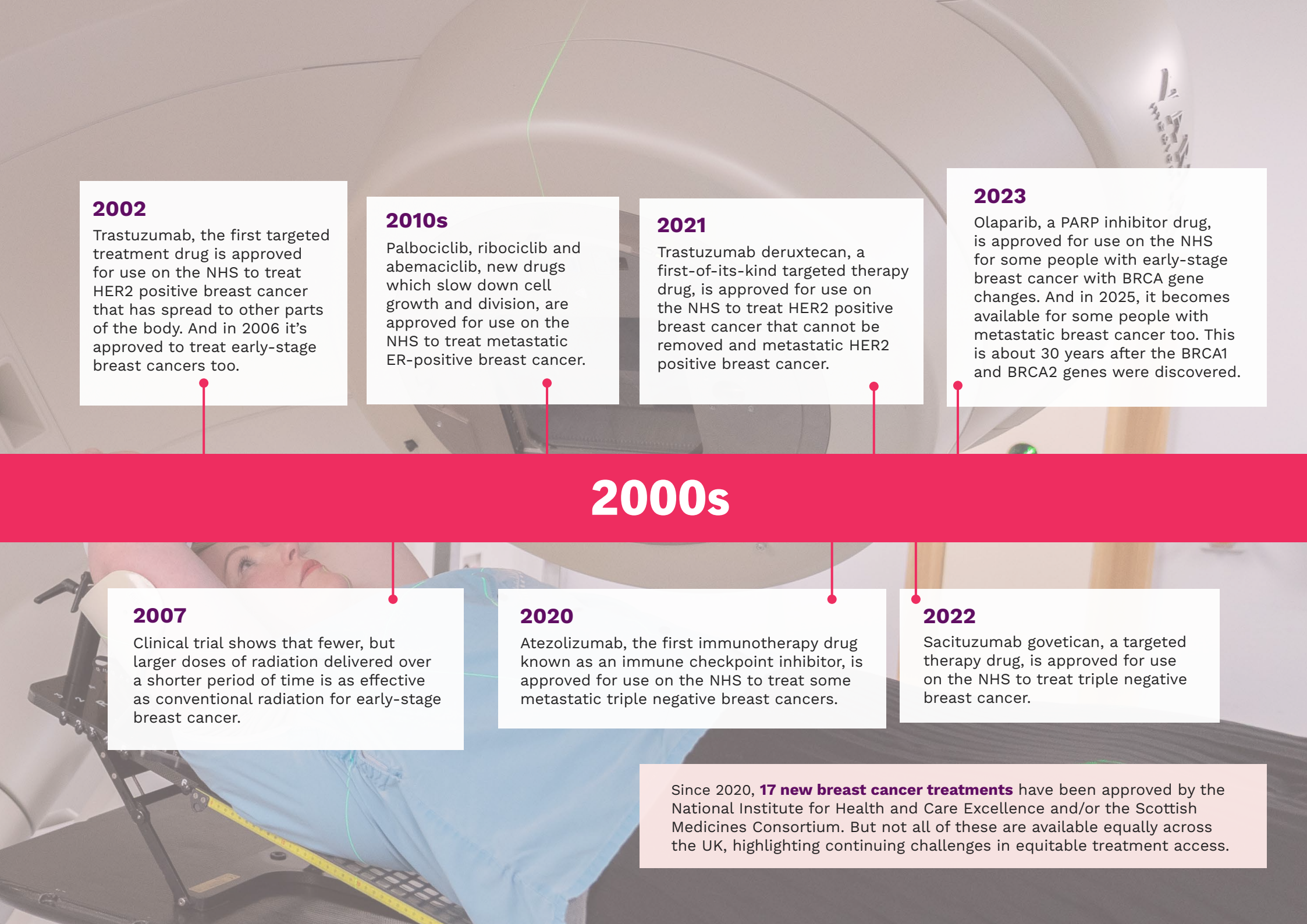
1969
The hormone therapy drug tamoxifen is first used to treat breast cancer. It becomes available on the NHS to treat metastatic oestrogen receptor positive breast cancer in 1972.

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.

1990s
Breast reconstruction surgery for women who have a mastectomy becomes increasingly available.

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.

1900s



2000s

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.

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.

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.

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.

2021
Trastuzumab deruxtecan, 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 govetican, a targeted therapy drug, is approved for use on the NHS to treat triple negative breast cancer.

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.

Since 2020, **17 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.

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, and so we've decided is too outdated to include here.

DIAGNOSIS

In England, Wales and Scotland:[155]

81%
of people in England

felt that diagnostic test results were explained in a way they could understand

80%
of people in Wales

80%
of people in England

85%
of people in Scotland

88%
of people in Wales

felt they were told they had cancer in a sensitive way

Qualitative studies have also shown that:

- Some people felt their concerns were dismissed by healthcare professionals, particularly younger people with symptoms of breast cancer[156]
- It can be difficult for patients to take in information during their diagnosis, leaving them feeling that they have a lack of information about their condition[157]

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). In Scotland, **94%** of breast cancer patients rated their care positively.

In the National Cancer Patient Experience surveys in England, Wales and Scotland:[158]

80%
of people in England

75%
of people in Scotland

77%
of people in Wales

felt definitely involved as much as they wanted to be in decisions about their treatment

74%
of people in England

71%
of people in Scotland

68%
of people in Wales

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

61%
of people in England

66%
of people in Wales

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

The 2024 England Cancer Patient Experience Survey also showed that women with breast cancer from Asian, black and mixed minority ethnic backgrounds rated their overall care lower than white women.[159]

People living with breast cancer in the most deprived areas in Wales also rated their overall care lower than those from the least deprived.[160]

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 Pledge[161] patient experience surveys for metastatic breast cancer patients – which were completed between 2023 and 2024 in 26 hospitals across the UK – show that on average:

32%
felt they **weren't offered emotional support** for their diagnosis

19%
said they **weren't introduced to a breast care nurse** or clinical nurse specialist at diagnosis

16%
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 **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).[162] These figures show that people with metastatic breast cancer are more dissatisfied with their diagnosis than primary breast cancer patients.[163]

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.[164]

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

5.1 ANXIETY AND HEALTH FEARS

Women with breast cancer are **more likely to have symptoms of anxiety and depression** than women without breast cancer:[165]

48%

of people with breast cancer in the England 2024 Cancer Quality of Life survey said they had difficulties with **anxiety or depression**[166]

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**[167]

Younger women with breast cancer may be more likely to have symptoms of anxiety and depression than older age groups.[168] And some evidence suggests that women with breast cancer from South Asian backgrounds report higher levels of depression and anxiety compared to white women.[169]

Breast cancer's effects don't always end when treatment finishes. For people with primary breast cancer, unmet needs rise once hospital-based treatment ends, with a drop in support coming at a time when people face greater practical and emotional challenges. People felt abandoned by their care teams after treatment ended. They feel pressure to return to "normal" and move on when they may not feel ready to.[170]

People often have more emotional needs after their treatment as they have the time to process what they've been through and they may start to have concerns about recurrence.[171]

Fear of recurrence can have a detrimental impact on people's mental wellbeing, as well as that of their family.[172]

Because it's incurable, metastatic breast cancer will have different emotional effects on people. These are discussed in section 5.5. 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.[173]

5.2 SIDE EFFECTS AND QUALITY OF LIFE

The side effects of breast cancer treatment can take a toll on people's quality of life, and this can continue after their treatment has finished. During treatment, managing physical symptoms is the top challenge faced by people with metastatic breast cancer, and, for primary breast cancer patients, the second biggest challenge after hospital-based treatment ended.[174]

83% of primary patients **88%** of metastatic patients reported **tiredness**[175]

61% of primary patients **70%** of metastatic patients reported **memory problems**

66% of people with breast cancer reported **pain and discomfort**[176]

75% of primary patients **78%** of metastatic patients reported **menopausal symptoms**[177]

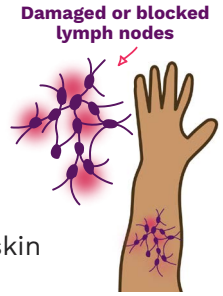
The Cancer Quality of Life in England survey also showed that breast cancer patients had a lower average quality of life score for things such as **emotion, concentration and memory** compared to overall cancer scores.[178] People from the most deprived areas living with breast cancer in England rate their overall health and quality of life lower than those from the least deprived areas.[179]

Asian and black people with breast cancer also rate their overall health and quality of life as lower than white people. South Asian and black women also report a higher level of concern about body image and stronger fatalistic beliefs.[180]

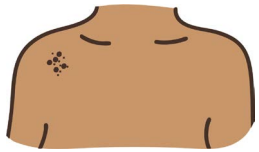
In addition, people can also experience other symptoms and impacts, including:

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

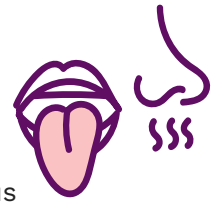


SICKNESS

LOSS OF APPETITE

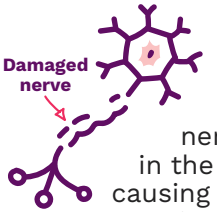
CHANGE TO TASTE AND SMELL

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 numbness[181]

ISSUES WITH SEX AND INTIMACY

5.3 BODY IMAGE

IMPACT OF BREAST CANCER ON BODY IMAGE

60% of primary and metastatic breast cancer patient report concerns over body image.[182]

And 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 – making it difficult to live well after their diagnosis. Hair loss and mastectomies are particular issues that impact body confidence.[183]

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.[184]

RECONSTRUCTION OPTIONS

For the people who choose to have it, breast reconstruction can be a vital part of treatment and recovery.[185]

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-making[186]

The 2011 National Mastectomy and Breast Reconstruction Audit found that only around half were satisfied with the information that was shared with them about what their scars would look like. And the lowest level of satisfaction was with getting information on how other women have experienced the same surgery.[187]

In a survey we conducted, delays to reconstructions during the pandemic resulted in half of women feeling unhappy with their body image and **42% reporting negative impacts on their emotional wellbeing**.[188]

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

5.4 RELATIONSHIPS AND ISOLATION

Undergoing breast cancer treatment can be an incredibly isolating experience for many reasons. For example, feeling like the only person, 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 with others.[189]

A person's relationships, sex life and intimacy can also be affected.[190]

One survey found that sexual issues were reported by:

62%
of primary patients

68%
of metastatic patients[191]

A systematic review found that women with a breast cancer recurrence reported lower rates of sexual intercourse than disease-free women.[192] A survey of 1,500 women who'd had breast cancer in the last 5 years found that nearly all (**98%**) found that side effects of treatment made being sexually intimate difficult due to things like vaginal dryness, fatigue, low mood/anxiety and pain.[193]

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.[194]

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.[195]

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

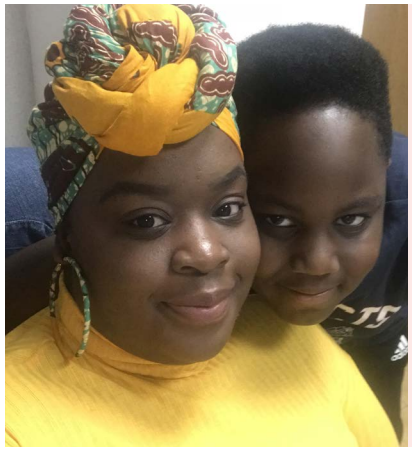
5.5 LIVING WITH METASTATIC BREAST CANCER

Women living with metastatic breast cancer face a number of issues, including poor physical wellbeing (such as greater pain, fatigue and sexual issues) and emotional wellbeing.[196] Managing treatment side effects and pain/discomfort, and dealing with treatment uncertainty, are the biggest physical health challenges metastatic breast cancer patients face, according to our Big Breast Cancer Survey.[197]

Newly diagnosed women have lower quality of life, experiencing things like traumatic stress symptoms and hopelessness, although this often improves over time.[198] Having hope was found to be important in maintaining a good life, and was associated with continuation of treatment.[199]

In particular, women with metastatic breast cancer can experience worse social wellbeing, feeling isolated and excluded, and like an "outsider".[200] Younger women with metastatic breast cancer may also be at greater risk of worse emotional and social wellbeing than older women.[201]

Some women who have lived with metastatic breast cancer for a long period report a positive impact on their life. This can be due to the opportunity for personal growth, gratitude for life and more of a focus on their quality of life.[202]



> *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

In a UK study of 606 people diagnosed with breast cancer:[203]

- **77%** of people with **early breast cancer were employed** at the time of diagnosis, **reducing to 61%** at the time of survey completion. **25% reported a drop in income**
- **79%** of people with **metastatic breast cancer were employed** at diagnosis, **reducing to 40%** at the time the survey was completed. **38% reported a drop in income**
- **20%** with early breast cancer and **25%** with metastatic reported difficulties in covering the cost of travel for treatment

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.[204]

5.7 PEOPLE AT HIGHER RISK OF BREAST CANCER

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 concern is mainly around the implications for them as well as the emotional impact on family. 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.[205]

5.8 FAMILY AND FRIENDS

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%**).

There are also stressors from the need to balance caring responsibilities with work and other responsibilities, and the financial pressure that comes from this.

5.9 UNMET NEEDS

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 metastatic breast cancer patients who struggled with their mental health, there is a 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.

The same gap in mental health support also exists for people at, or who think they're at, high risk of breast cancer and 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.

There is 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 for their physical health 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.[206]

SECTION 6: ECONOMIC IMPACT

6.1 ECONOMIC COSTS AND BREAKDOWN[207]

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 3.5bn** – around **0.1% of UK gross output**.

In 2025, breast cancer will cost the UK economy

£3.2bn

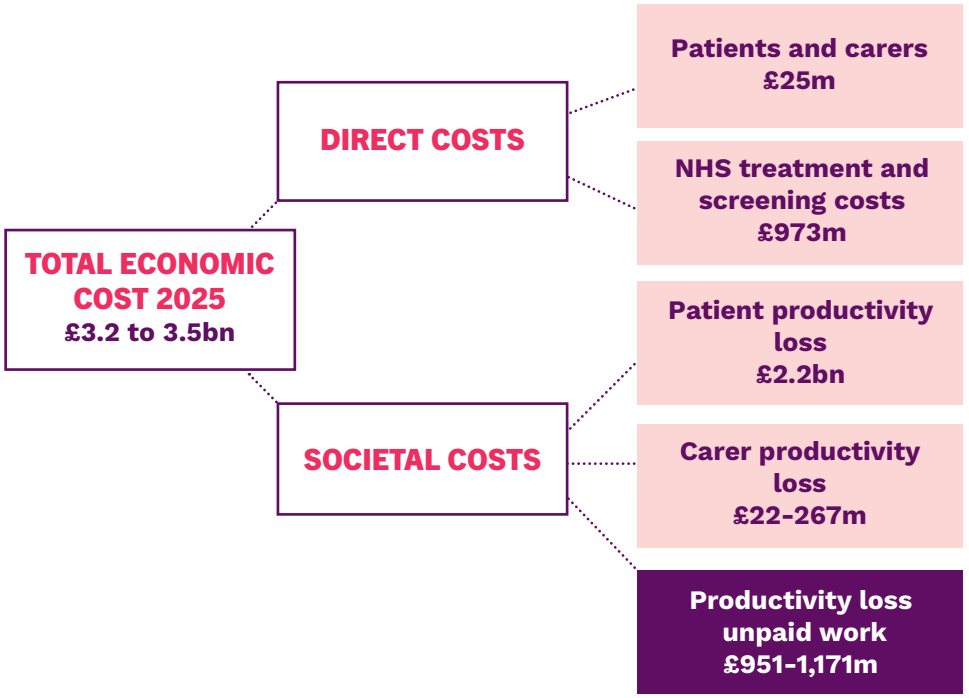
If nothing changes, by 2050 this could rise to

£3.9-4.2bn

These figures are calculated using a 'cost of incidence' approach. Therefore, the costs presented for 2025 are the lifetime costs associated with those breast cancer patients diagnosed 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.

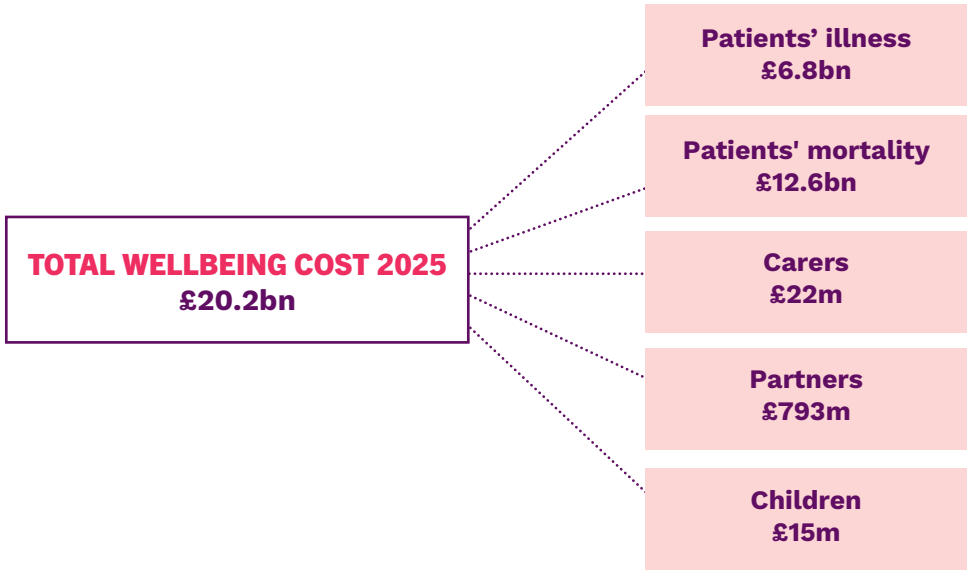
We can also see here that there are very few costs, if any, that fall on employers. That's because people are replaced when they're sick or caring, and any costs of replacing and training are minimal.

6.2 WELLBEING COSTS AND BREAKDOWN[208]

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 breast cancer patients 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 is 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 is also HER2-negative

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[103] *All figures, unless otherwise stated, are from YouGov Plc. 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+)*

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