

**BREAST
CANCER
NOW** The research &
support charity

We're here

BREAST CANCER IN THE UK 2024: A COMPENDIUM

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A MESSAGE FROM OUR CHIEF EXECUTIVE

This document, the first of its kind, lays bare the situation with breast cancer in the UK today – from how many people are developing it and how many survive, right through to how it affects our economy. And what it shows is that breast cancer isn't yesterday's problem.

There has been huge progress over the last few decades. In the 1990s, more than 1 in 7 people diagnosed died from breast cancer. Improvements in diagnosis and treatment mean that today, it's 1 in 20.

But despite this, breast cancer remains one of the UK's biggest health challenges. It's still the most common cancer in the UK, and one of the leading causes of death for women under 50. Someone in the UK dies from breast cancer every 45 minutes, and the number of cases is only going to rise over the coming years.

At Breast Cancer Now, our vision is that by 2050, everyone diagnosed with breast cancer lives, and is supported to live well. It's clear there's much more to be done to make this vision a reality. But we hope that by having a complete picture of the situation, we'll be better able to make the decisions that will get us there.



Baroness Delyth Morgan
Chief executive,
Breast Cancer Now



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 those 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 will 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 diagnosed with breast cancer will live, and be supported to live well. But that won't happen overnight. We need to work towards that target every minute, every day. Our strategy, [Turning the tide](#), 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 four nations. But sometimes the data for all four 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.
- Secondary breast cancer: when the cancer has spread to other parts of the body.⁵

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 secondary (or metastatic, advanced or stage 4) breast cancer.⁷

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



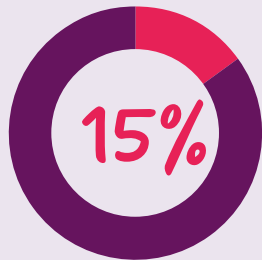


SECTION 1

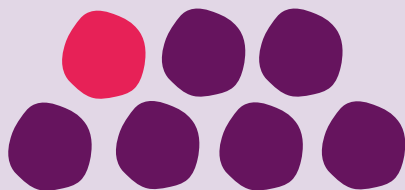
THE SCALE OF THE PROBLEM

1.1 HOW COMMON IS BREAST CANCER IN THE UK?

Breast cancer is the most common cancer in the UK,⁹ making up **15%** of all new cases.¹⁰



Almost **1 in 3** new cancers diagnosed in women will be breast cancer.¹¹



1 in 7 women will get it in their lifetime.¹²

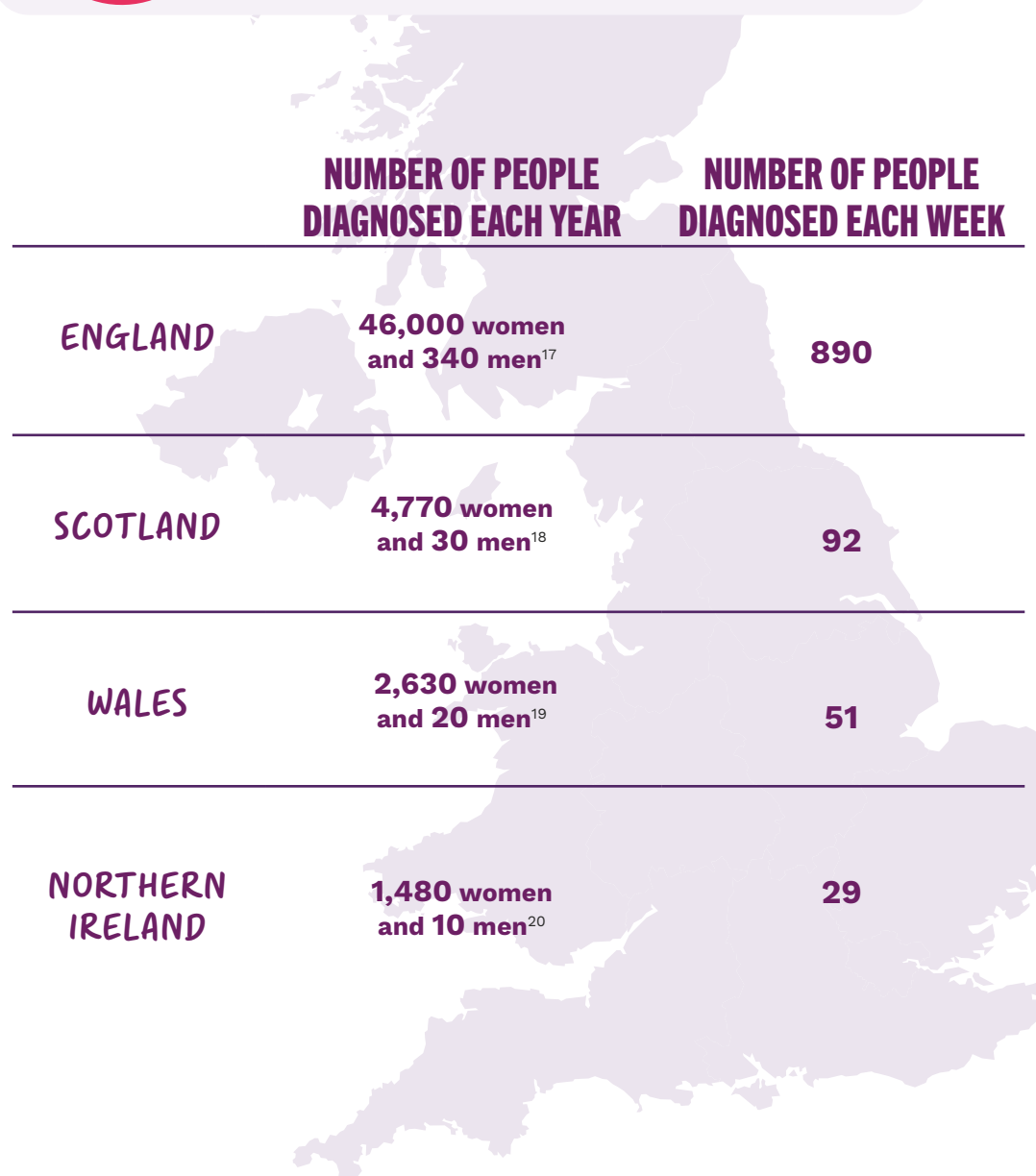


A woman is diagnosed with breast cancer **every 10 minutes** and a man every day.¹³ That's around **55,000 women** and **400 men** each year. A further **7,000 people** are diagnosed with DCIS each year.¹⁴



If nothing is done to change this, by 2040, a woman will be diagnosed **every 8 minutes**.¹⁵

And by 2038-40, nearly **70,000 women** will be diagnosed each year.¹⁶



HOW COMMON IS SECONDARY BREAST CANCER IN THE UK?

Secondary or metastatic breast cancer occurs when breast cancer cells spread from the breast to other parts of the body. It is also referred to as advanced or stage 4 breast cancer.

We don't know exactly how many people are living with secondary 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 SECONDARY BREAST CANCER?

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

The National Audit of Metastatic Breast Cancer (NAoMe) will provide accurate figures of people living with secondary breast cancer in England and Wales for the first time.

Cancer Focus NI has committed to a similar initiative in Northern Ireland. And the Scottish Government has committed to improving data collection on secondary 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

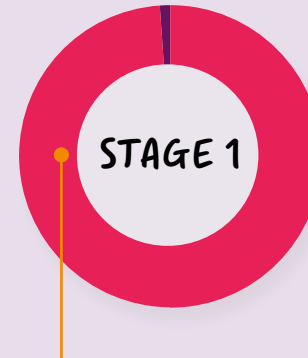
Each year in the UK, around **11,500 women** and **90 men** die from breast cancer.²⁴



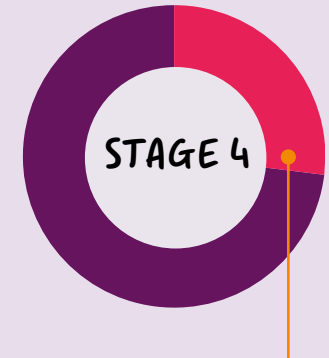
This means someone dies from breast cancer every **45 minutes**.²⁵

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

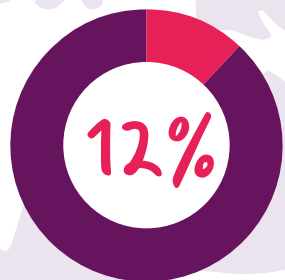
BY ETHNICITY

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.³⁰

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**.³¹

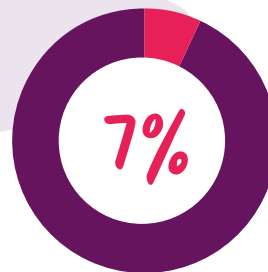


Around **2.3 million new cases** were diagnosed in women in 2022. That's **4 women every minute**.³²

And this figure is rising, with the number of cases estimated to **rise by 38%** between 2022 and 2040 to over **3.1 million new annual cases**.³³



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**.³⁴

One woman died **every minute** in 2022.³⁵

666,000

women died of breast cancer in 2022.³⁶



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 2040, it is estimated that nearly **1 million women** will die from breast cancer each year, a **47%** increase from 2022,³⁷ in part because of risk factors such as ageing populations and changing lifestyles.³⁸

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.³⁹ For example, the United States reached the highest five-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.⁴⁰
- Screening coverage in England and Wales lags behind Denmark, Finland, Portugal, USA, the Netherlands and Sweden.⁴¹
- The UK has a lower proportion of breast cancers diagnosed at an early stage than other countries.⁴²





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.⁴³

The average woman has a 1 in 7 chance of developing breast cancer in their lifetime.⁴⁴ 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 are 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.⁴⁵

2.1 SEX AND AGE

SEX

99% of breast cancer cases are in women.⁴⁶ 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.**⁴⁷

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.⁴⁸ However, people with certain altered genes have a higher chance of developing cancer at a younger age – for example, those with BRCA1 alterations.⁴⁹

And breast cancer in younger women is often more aggressive, as triple negative breast cancer is more common in women under 40.⁵⁰

This **means women diagnosed before 35 have a higher risk of developing secondary breast cancer** than women over 50.⁵¹ It also means survival rates for women aged under 45 are lower than for those aged 45–74.⁵²



2.2 UNCONTROLLABLE RISKS

PERIODS AND MENOPAUSE

Being exposed to oestrogen can sometimes encourage breast cancer cells to grow.⁵³ 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.⁵⁴

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.⁵⁵

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.⁵⁶ 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.⁵⁷

2.3 LIFESTYLE RISKS

Lifestyle risk factors, such as diet and activity, can be managed to reduce a person's risk.⁵⁸ It is 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**.⁵⁹
- Around **8%** of breast cancers are thought to be linked to **drinking alcohol**.⁶⁰
- Around **8%** of breast cancers are thought to be linked to **being overweight or obese**.⁶¹
- 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, particularly in women with a significant family history.⁶² Starting smoking at a younger age increases the risk of breast cancer and this risk remains 20 years after stopping smoking.⁶³

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.⁶⁴ Having children at a younger age and having more children reduces a woman's risk of breast cancer.⁶⁵

Breastfeeding can also slightly reduce the risk of breast cancer. And the longer someone breastfeeds, the more the risk of breast cancer is lowered.⁶⁶

2.4 HORMONE EXPOSURE

Both the contraceptive pill and hormone replacement therapy (HRT) can increase someone's risk of breast cancer.⁶⁷ For HRT, the increase in risk is small and depends on the type of HRT and how long it's taken for.⁶⁸

For the contraceptive pill, this increase in risk is small and disappears within a few years of stopping taking it.⁶⁹

IT'S ESTIMATED THERE WILL BE AN EXTRA:⁷⁰

8 CASES

of breast cancer for every 100,000 women who take the pill between the ages of 16 and 20

265 CASES

of breast cancer for every 100,000 women who take the pill between the ages of 35 and 39

2.5 A FAMILY HISTORY OF BREAST CANCER

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.⁷¹

The most commonly altered genes are **BRCA1** and **BRCA2**. Others include PALB2, TP53, CHEK2 and ATM.⁷² Alterations in the BRCA1 and BRCA2 genes account for around 2.5% of all breast cancers.⁷³

Women with an altered
BRCA1 gene have a

65-79%

risk of **developing**
breast cancer.

Women with an altered
BRCA2 gene have a

61-77%

risk of **developing**
breast cancer.⁷⁴

Triple negative is a type of breast cancer which has a higher risk of coming back or spreading in the first few years than some types of breast cancer. This type of breast cancer is also more likely in women with an altered BRCA gene.⁷⁵

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.⁷⁶

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.⁷⁷

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.⁷⁸

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%**.⁷⁹

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.⁸⁰

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.⁸¹ Between 2013 and 2018, around:

87%

of breast cancer cases in women in England were in white women

2%

in black women

3%

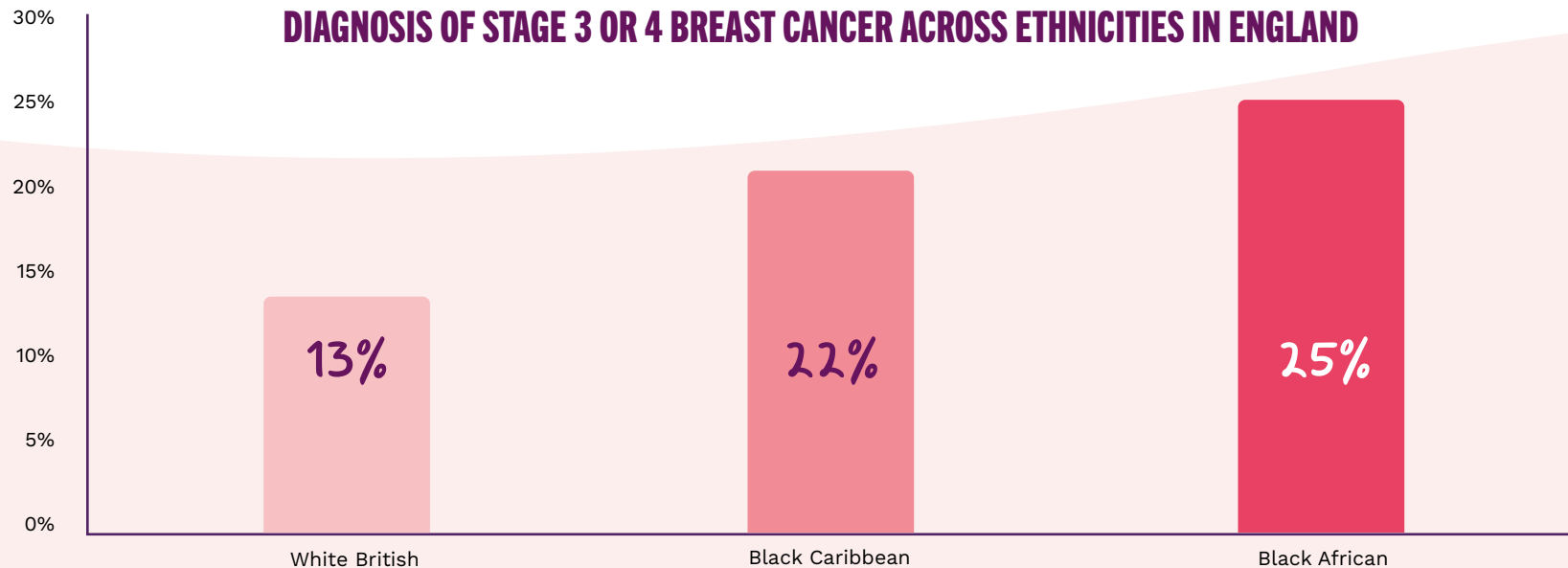
of cases were in Asian women

2%

in the 'other' group⁸²

The remaining 6% are where we don't have ethnicity data.

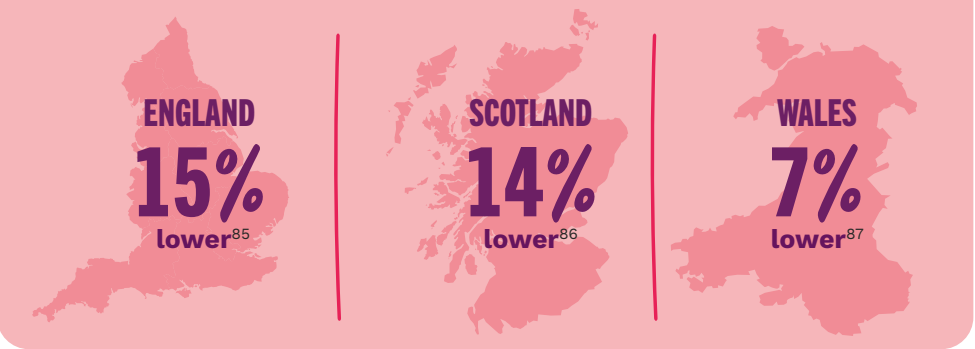
However, women from some minority ethnic backgrounds are more likely to have poorer outcomes and be diagnosed with advanced breast cancer.⁸³



DEPRIVATION

Rates of breast cancer are lower in areas with higher deprivation in England, Scotland and Wales.⁸⁴

Most deprived areas compared to least deprived areas in 2020:



But although rates of breast cancer are lower in more deprived areas, **outcomes in these areas are often worse.**⁸⁸

Women living in more deprived areas in England and Scotland are also more likely to be diagnosed at a later stage.⁸⁹ Around **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.**⁹⁰



SECTION 3

BREAST AWARENESS AND SCREENING

3.1 SELF-CHECKING

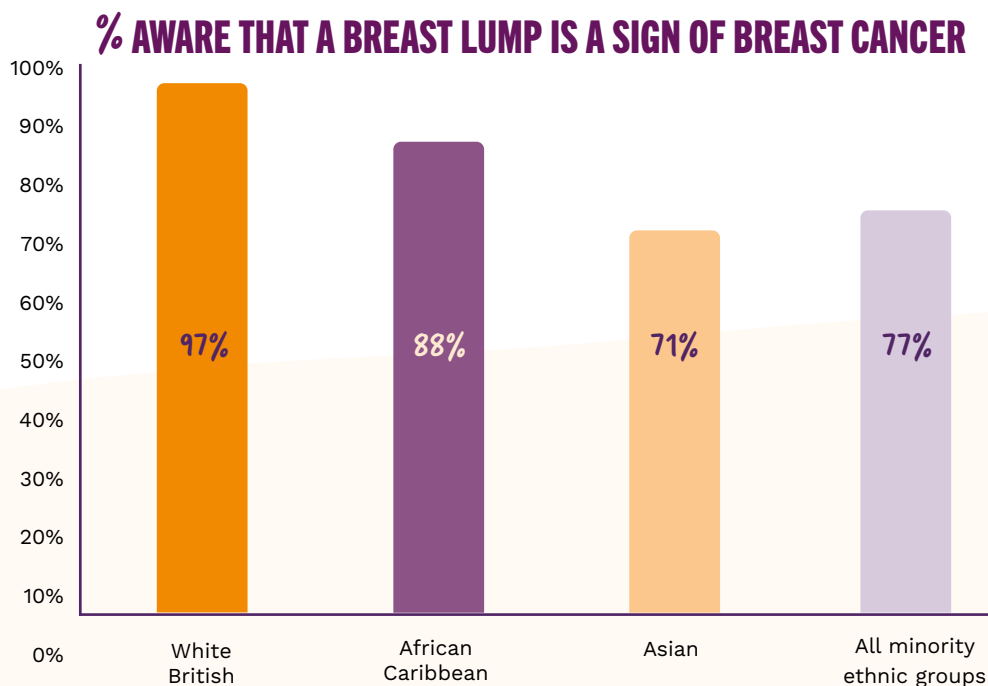
Around 60% of breast cancer cases in England are diagnosed because women identify unusual changes in their breast and report these to their GP.⁹¹

AWARENESS OF SIGNS AND SYMPTOMS

Over 90% of a survey of 2,190 women from Great Britain (England, Scotland and Wales) could recognise at least 3 signs and symptoms of breast cancer.⁹²

53% of a survey of 1,080 women from Great Britain said they'd report any new or unusual breast changes to their GP.⁹³

However, awareness can vary across groups. Women from certain ethnic groups are less aware of breast cancer symptoms than white women.⁹⁴ And women aged 35 or over are significantly more likely to know at least 3 symptoms than women aged 18-34.⁹⁵



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 2022.⁹⁶

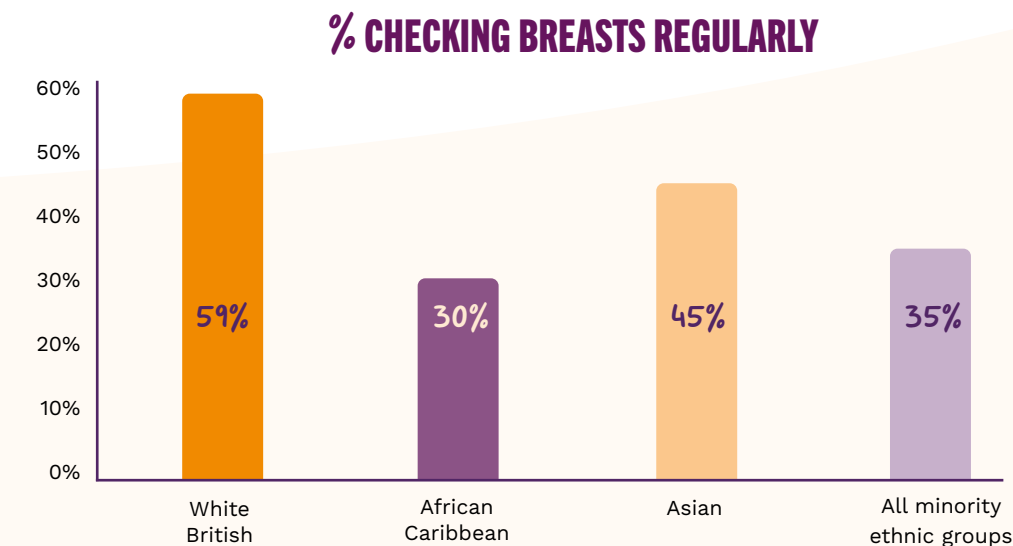
45%

of women checked their breasts regularly in 2024.⁹⁷

11%

of women in 2024 reported never having checked their breasts.⁹⁸

A survey of 561 women showed that women from minority ethnic groups are less likely to check their breasts regularly.⁹⁹ And a survey of 2,190 women in January 2024 found that those of Asian ethnicity were significantly more likely than those from white backgrounds to report never having checked their breasts (30% and 10% respectively).¹⁰⁰ The same survey found that women aged 18-34 were significantly more likely to say they had never checked their breasts than those aged over 35.¹⁰¹



3.2 ROUTINE SCREENING MAMMOGRAMS

Women can be diagnosed with breast cancer after a routine screening mammogram, before any visible signs or symptoms develop.¹⁰²



In England, **one-third of female breast cancers are diagnosed via screening**,¹⁰³ most at an early stage.¹⁰⁴

It's estimated that **routine screening prevents** around **1,300 DEATHS** from breast cancer each year in the UK.¹⁰⁵

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.¹⁰⁶ This may not happen the year someone turns 50, but it will happen by the time they are 53.

SCREENING UPTAKE

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, 65% of women took up their screening invitation from April 2022 to March 2023:¹⁰⁷

- If the 70% target had been met, **159,841 more women** would have been screened and an estimated **1,311 more breast cancers** would have been found.¹⁰⁸
- This varied across regions, from **55% to 68%**.¹⁰⁹
- Only **54% of women** who had been invited for the first time took up their invite.¹¹⁰

In Scotland, 76% of women took up their screening invitation from 2022 to 2023:¹¹¹

- This varied across regions, from **73% to 86%** from 2020 to 2023.¹¹²
- **6 in 10 women** from the areas of highest deprivation attended, compared to **8 in 10 for the lowest**.¹¹³

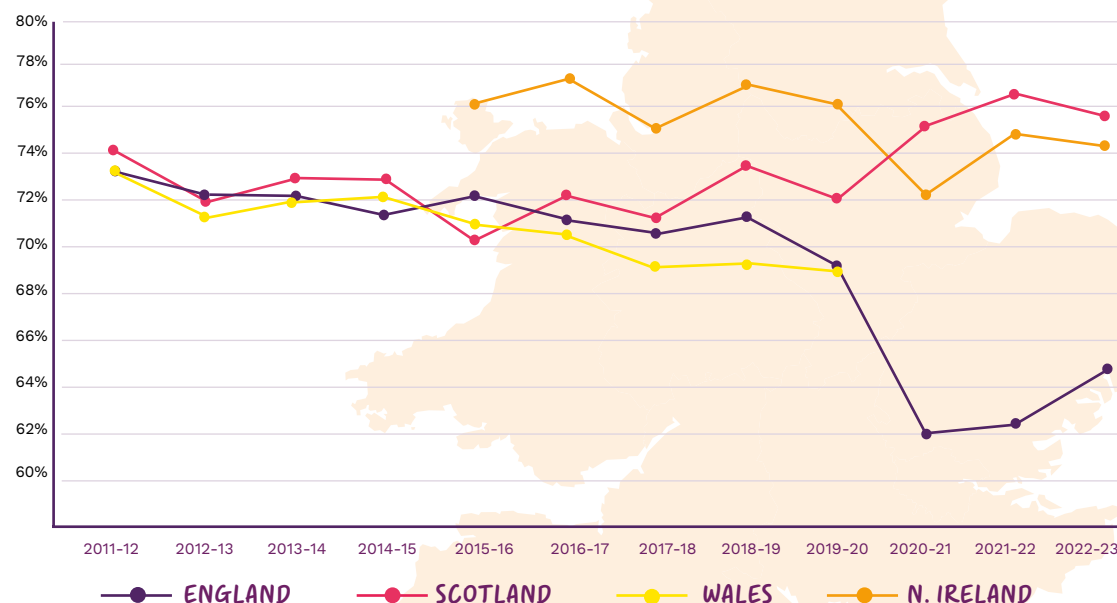
In Wales, 69% of women took up their screening invitation in 2019/20:¹¹⁴

- **61% of women** who had been invited for the first time attended.¹¹⁵
- This figure is **19% points lower** in areas of higher deprivation compared to lower.¹¹⁶

In Northern Ireland, 74% of women took up their screening invitation in 2022/23:¹¹⁷

- This varied across regions, from **72% to 78%**.¹¹⁸

SCREENING UPTAKE BY UK NATION



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.**¹¹⁹ This is particularly true for South Asian women.¹²⁰

The uptake of routine screening is also consistently lower amongst people being invited into breast screening for the first time.¹²¹ People who do not attend their first appointment are significantly less likely to take up their follow-up appointments.¹²²

SCREENING UPTAKE DURING AND AFTER THE PANDEMIC

Almost a million fewer women underwent routine screening in England in the two years after the pandemic (2020/21 and 2021/22), compared to the two years immediately before (2018/19 and 2019/20).¹²³

The percentage of breast cancers diagnosed dropped in England (17%), Scotland (12%), Wales (17%) and Northern Ireland (7%) between 2019 and 2020.¹²⁴



3.3 RECURRENCE AND SECONDARY 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 secondary 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 secondary breast cancer is diagnosed straight away, without a diagnosis of primary breast cancer. De novo cases make up **5% of secondary breast cancer cases in the UK.**¹²⁵

KNOWLEDGE AND AWARENESS OF SECONDARY BREAST CANCER

Many symptoms of secondary breast cancer are very similar to those of other conditions. A lack of awareness of symptoms can cause delays to diagnosing secondary 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.¹²⁶

37% & 24%
OF NURSES & OF GPs

felt that the late identification of signs and symptoms creates challenges in identifying people with potential secondary breast cancer.¹²⁷
(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 secondary breast cancer to look out for.¹²⁸
(In the UK)

41% of people who sought help from a healthcare professional due to their concerns felt their symptoms weren't taken seriously.¹²⁹
(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).

Around **95% of people who are referred to a breast clinic don't have cancer**, but they may have a benign breast condition.¹³⁰ In around one-third of cases, breast cancer is picked up as part of a routine screening mammogram.¹³¹ The small number of remaining 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.¹³²

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 biopsy¹³³. They also might need to have other tests, such as an MRI, to check for signs of their cancer spreading¹³⁴ 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.'

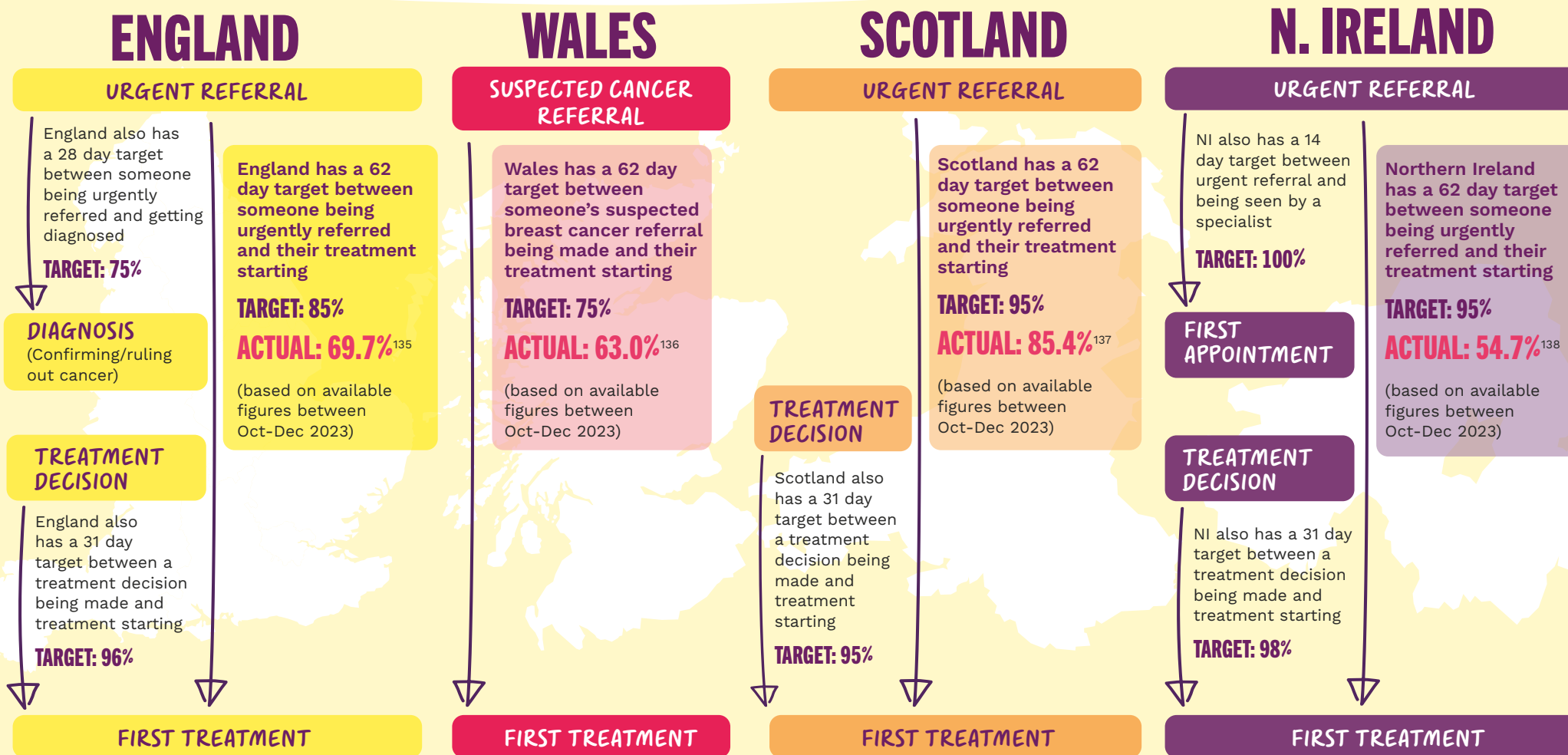
”

4.2 WAITING TIMES

Breast cancer waiting times are measured in different ways across the UK nations, but there are two 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 four 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).





“ 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

”

THE IMPACT OF COVID-19 ON BREAST RECONSTRUCTION WAITING TIMES

It's estimated that between March and July 2020, around **1,500 women missed out on a reconstruction**,¹³⁹ creating a backlog that has resulted in long waiting times.¹⁴⁰

A survey of over **2,500 people** found that

40% OF WOMEN

on the list for a reconstruction during the pandemic **waited more than 2 years**.¹⁴¹

And data from 2021/22 showed a

34% DROP

in **breast reconstruction activity** in England compared to 2018/19.¹⁴²

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**.¹⁴³



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.

Secondary breast cancer cannot be cured. For people with secondary 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)¹⁴⁴
- **For secondary breast cancer**, treatments can include therapy directed to the part of the body the cancer has spread to.¹⁴⁵ The main treatments used are hormone therapy, chemotherapy and targeted therapy.¹⁴⁶



OF BREAST CANCER PATIENTS IN ENGLAND IN 2021:

81% received a tumour resection.

61% received radiotherapy.

34% received chemotherapy.¹⁴⁷

SURGERY AND RECONSTRUCTION

Around **30% of women diagnosed with breast cancer have a mastectomy**.¹⁴⁸ 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.¹⁴⁹ 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 three stone in six 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

”

PRE-1800s: Ancient Greek and Egyptians medical records show a long history of surgical tumour removal.

1899: First use of radiotherapy to cure a patient of cancer.

1970s-80s: Scientists begin exploring whether chemotherapy before or after surgery could improve outcomes.

1986: Carboplatin chemotherapy is licensed for use in the UK for various cancers.

1882: Advent of the radical mastectomy – the removal of the full breast.

1950s-60s: Chemotherapy is born. This includes combination chemotherapy, where combinations of drugs are used to kill cancer cells.

1972: Tamoxifen, a hormone therapy drug, is first made available on the NHS for treatment of secondary breast cancer.

1995: The aromatase inhibitor anastrozole is launched in the UK for advanced breast cancer in postmenopausal women.

THE HISTORY OF BREAST CANCER TREATMENTS

2000: The targeted drug trastuzumab is first made available on the NHS.

2019: Atezolizumab is the first immune checkpoint inhibitor approved for treatment of some triple negative breast cancers, in combination with nab-paclitaxel.

2023-2024: The PARP inhibitors olaparib and talazoparib are approved for NHS use for people with some BRCA-associated breast cancers.

MID-1990s TO 2000s: Scientists discover the two BRCA gene variations which increase a person's risk of breast cancer, opening up future possibilities for genetic testing and targeted preventative treatment for people found to have a harmful altered gene.

2010s: The CDK4/6 inhibitors palbociclib, ribociclib and abemaciclib are made available on the NHS for treatment of secondary breast cancer (in combination with an aromatase inhibitor).

2020s: New immunotherapy drug pembrolizumab and targeted therapy drug sacituzumab govitecan are approved for use on the NHS.

PROGRESS OVER THE LAST 30 YEARS

Thanks to improvements in the diagnosis and treatment of breast cancer over the last 30 years there's been a dramatic improvement in the number of people surviving the disease. In the 1990s, more than **1 in 7** people diagnosed died from breast cancer. Today, it's **1 in 20**.¹⁵⁰

4.4 PEOPLE'S EXPERIENCE OF THEIR CARE

These statistics are from England and Wales, where patient experience data is routinely collected and conducted. Scotland will be doing a cancer patient experience survey in 2024, with Northern Ireland last doing one in 2018.

DIAGNOSIS

In England and Wales:¹⁵¹

81% of people in England and Wales felt that diagnostic tests were explained in a way they could understand.

78% OF PEOPLE IN ENGLAND & **88%** OF PEOPLE IN WALES felt they were told they had a 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.¹⁵²
- 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.¹⁵³

CARE AND TREATMENT

Overall, people with breast cancer in England rated their overall NHS care as 8.9 and in Wales at 8.7 (where 0 is very poor and 10 is very good).

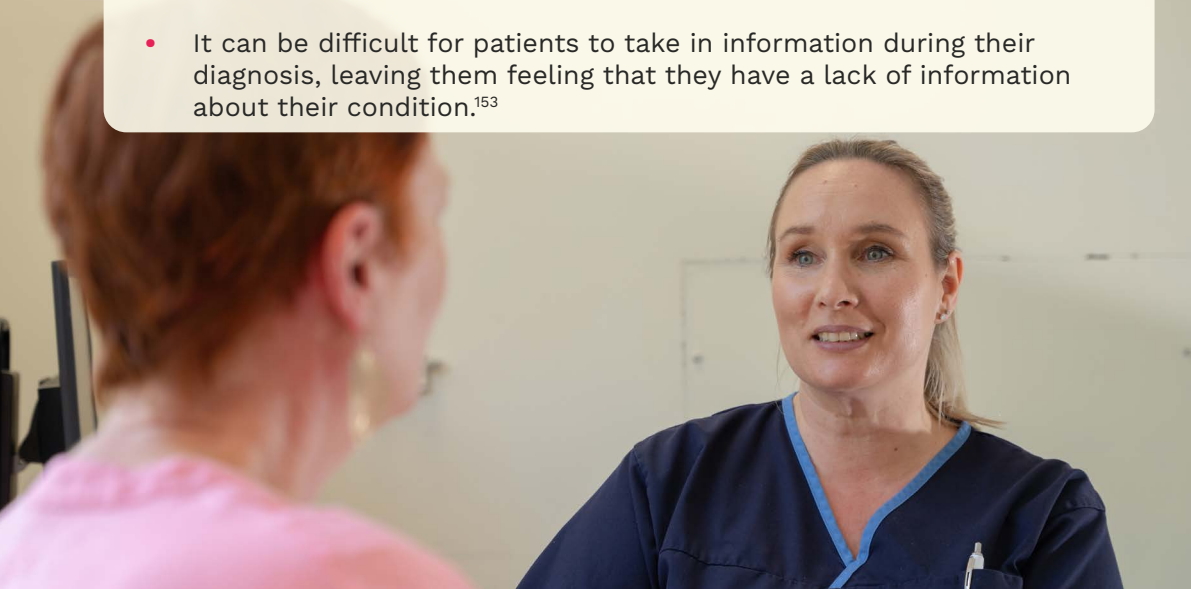
In the National Cancer Patient Experience surveys in England and Wales:¹⁵⁴

79% OF PEOPLE IN ENGLAND & **77%** OF PEOPLE IN WALES felt definitely involved as much as they wanted to be in decisions about their treatment.

73% OF PEOPLE IN ENGLAND & **68%** OF PEOPLE IN WALES said that possible side effects of treatment were definitely explained in a way they could understand.

62% OF PEOPLE IN ENGLAND & **66%** OF PEOPLE IN WALES felt they were always able to discuss worries and fears with hospital staff.

The 2019 National Cancer Patient Experience Survey also showed that women from Asian, black and mixed minority ethnic backgrounds rated their overall care lower than white women.¹⁵⁵ People living with breast cancer in the most deprived areas in Wales also rated their overall care lower than those from the least deprived.¹⁵⁶



SECONDARY BREAST CANCER

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

Our Service Pledge¹⁵⁷ patient experience surveys for secondary breast cancer patients – which were completed between 2023 and 2024 from 13 hospitals across the UK – show that on average:

33%

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

18%

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

14%

felt their diagnosis was not given sensitively.

14%

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

A survey we conducted found that **27%** of people with secondary breast cancer were made aware of palliative care services and only **36%** were made aware of counselling or psychotherapy (England, Wales, Scotland).¹⁵⁸ These figures show that people with secondary breast cancer are more dissatisfied with their diagnosis than primary breast cancer patients.





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.¹⁵⁹

56%

of people in the England 2023 Cancer Quality of Life survey said they had difficulties with anxiety or depression.¹⁶⁰

51%

of people in a UK-wide survey of 385 breast cancer patients said they wanted help with anxiety and worries about their condition or prognosis, making it the top concern.¹⁶¹

Younger women with breast cancer may be more likely to have symptoms of anxiety and depression than older age groups.¹⁶² And some evidence suggests that women with breast cancer from South Asian backgrounds report higher levels of depression and anxiety compared to white women.¹⁶³

Breast cancer's effects don't always end when treatment finishes. A qualitative study highlighted how people can feel lost after treatment as the time-consuming appointments end and they have less regular contact with healthcare professionals.¹⁶⁴



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.¹⁶⁵

Fear of recurrence can have a detrimental impact on people's mental wellbeing, as well as that of their family.¹⁶⁶

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

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.¹⁶⁷

83%
OF PRIMARY PATIENTS & **88%**
OF SECONDARY PATIENTS

reported tiredness.¹⁶⁸

61%
OF PRIMARY PATIENTS & **70%**
OF SECONDARY PATIENTS

reported memory problems.¹⁶⁹

75%
OF PRIMARY PATIENTS & **78%**
OF SECONDARY PATIENTS

reported menopausal symptoms.¹⁷¹

72%

of people reported pain and discomfort.¹⁷⁰

60% of primary and secondary patients reported concerns over body image.¹⁷²

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

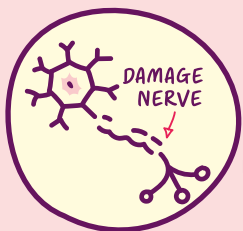
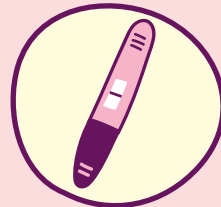
CHANGE TO TASTE AND SMELL

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 numbness¹⁷³



ISSUES WITH SEX AND INTIMACY

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.¹⁷⁴ 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.¹⁷⁵

And evidence suggests that women from South Asian backgrounds report poorer quality of life measures compared to white women.¹⁷⁶ South Asian and black women also report a higher level of concern about body image and stronger fatalistic beliefs.¹⁷⁷

5.3 BODY IMAGE

RECONSTRUCTION OPTIONS

For the people who choose to have it, breast reconstruction can be a vital part of treatment and recovery.¹⁷⁸ 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.¹⁷⁹

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.¹⁸⁰

In some places, the NHS limits access to reconstructions, by limiting the time frame in which breast reconstruction must be complete, or limiting the number of operations.¹⁸¹

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.**¹⁸²

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.¹⁸³

A person's relationships, sex life and intimacy can also be affected.¹⁸⁴

ONE SURVEY FOUND THAT SEXUAL ISSUES WERE REPORTED BY:

62%
OF PRIMARY PATIENTS

&

68%
OF SECONDARY PATIENTS¹⁸⁵

A systematic review found that women with a breast cancer recurrence reported lower rates of sexual intercourse than disease-free women.¹⁸⁶ Treatment side effects can also affect intimacy, such as menopausal symptoms causing reduced libido and vaginal dryness.¹⁸⁷

There are many reasons why people can feel particularly isolated through their experience.

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.¹⁸⁸

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.



“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 SECONDARY BREAST CANCER

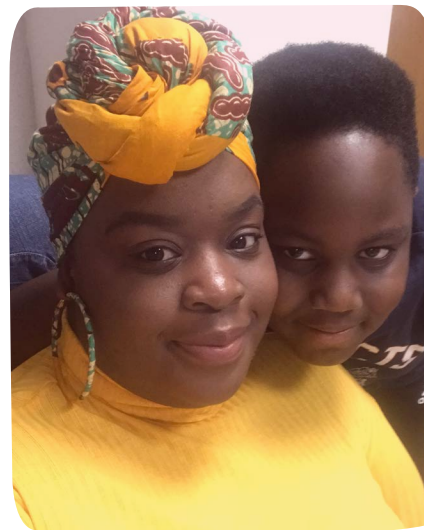
Women living with secondary breast cancer face a number of issues, including poor physical wellbeing (such as greater pain, fatigue and sexual issues) and emotional wellbeing.¹⁸⁹

Newly diagnosed women have lower quality of life, experiencing things such as traumatic stress symptoms and hopelessness, although this often improves over time.¹⁹⁰ Having hope was found to be important in maintaining a good life, and was associated with continuation of treatment.¹⁹¹

In particular, women with secondary breast cancer can experience worse social wellbeing, feeling isolated and excluded, and like an “outsider”.¹⁹²

Younger women with secondary breast cancer may also be at greater risk of worse emotional and social wellbeing than older women.¹⁹³

Some women who have lived with secondary 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.¹⁹⁴



“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:¹⁹⁵

77%

of people with early breast cancer were employed at the time of diagnosis, dropping to 61% at the time of survey completion. 25% reported a drop in income.

79%

of people with secondary 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 secondary reported difficulties in covering the cost of travel for treatment.



SECTION 6 ECONOMIC IMPACT

6.1 ECONOMIC COSTS AND BREAKDOWN¹⁹⁶

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 2024, the total cost of breast cancer to the UK economy is estimated to be £2.6 to 2.8bn – around 0.1% of UK gross output.

In 2024, breast cancer will cost the UK economy

£2.6 BILLION

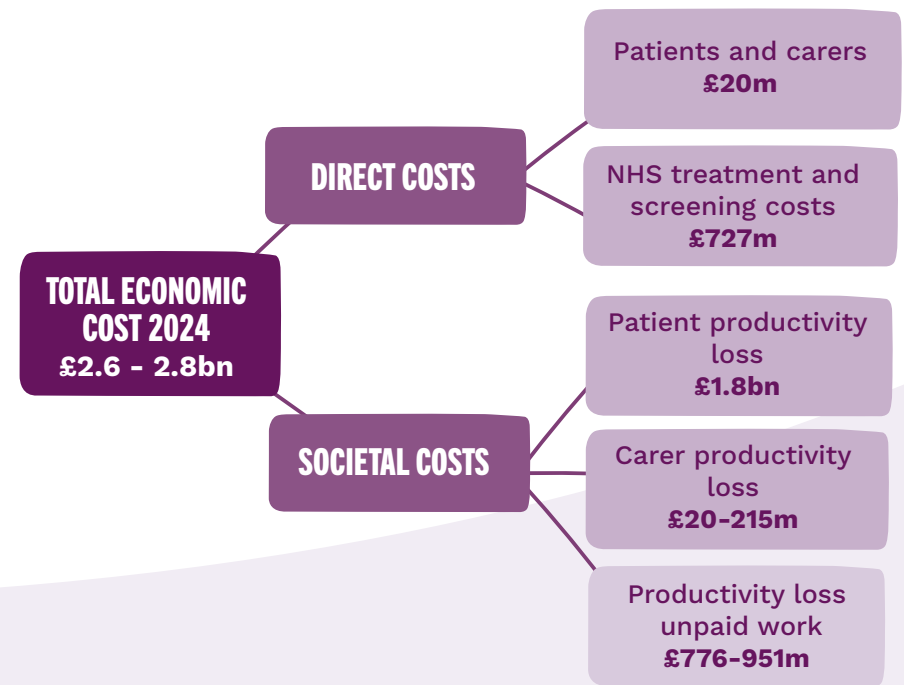
If nothing changes in the next decade, by 2034 this could rise to

£3.6 BILLION

These figures are calculated using a ‘cost of incidence’ approach. Therefore, the costs presented for 2024 are the lifetime costs associated with those breast cancer patients diagnosed in 2024. They are actual amounts of money that may be spent, saved, gained or lost.

Breakdown of costings across UK nations:

	ECONOMIC COST 2024 (£M)	WELLBEING COST 2024 (£M)	ECONOMIC COST 2034 (£M)	WELLBEING COST 2034 (£M)
UK	2,600-2,800	17,520	3,380-3,630	27,650
ENGLAND	2,220-2,490	15,000	2,880-3,100	23,680
WALES	130-140	890	170-180	1,400
SCOTLAND	190-200	1,210	240-260	1,930
N. IRELAND	60-70	410	80-90	640



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 (£1.8bn in 2024). 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 (£727m in 2024) 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.

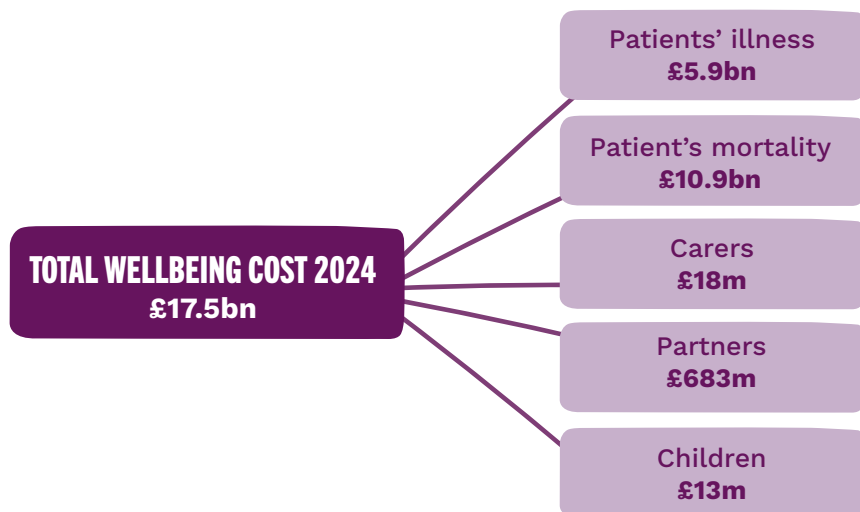
6.2 WELLBEING COSTS AND BREAKDOWN¹⁹⁷

The total wellbeing costs associated with breast cancer are estimated at £17.5bn in 2024. This is around six times higher than the estimated economic cost. This shows the scale of impact that the disease has on the UK population.

This is not an actual amount of money that's spent, but a way of capturing of the loss of wellbeing experienced by breast cancer patients and those close to them. We've used an established way to understand and value non-market impacts on people's lives, which is with the costs to the economy estimated above. The wellbeing costs of people's illness and early mortality has been estimated at £16.8bn in 2024.

£10.9bn of this is the wellbeing cost of people dying from breast cancer.

The other £5.9bn 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 secondary 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 secondary (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.

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 secondary

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

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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