

**BREAST
CANCER
NOW**

SCOTLAND DEMANDS CHANGE:

Working with the
Scottish Government and
Parliament to change the
future of breast cancer

WE'RE BREAST CANCER NOW

We're the UK's leading breast cancer charity. And we're combining the power of science and support to change breast cancer. Now.

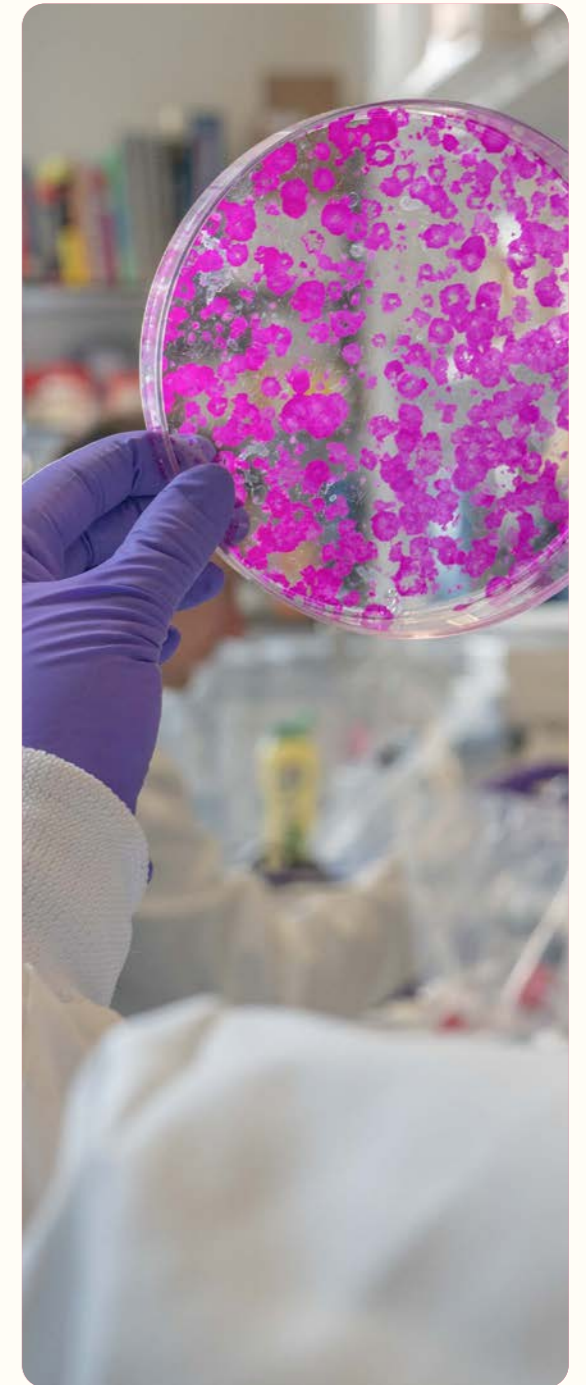
We have a bold vision. That by 2050, everyone with breast cancer will live and live well.

To change the future of breast cancer in Scotland, we have 2 priorities:

1 **Quicker, earlier diagnosis to save and improve lives**

2 **Everyone getting the best care and support**

We can't do it on our own. But working together, with the Scottish Government and Parliament, we can make change happen.



BREAST CANCER IS STILL ONE OF THE BIGGEST HEALTH CHALLENGES IN SCOTLAND

In Scotland, around

5,300 PEOPLE

are diagnosed each year.

More people are being diagnosed with breast cancer than ever before. It's the most common cancer in women in Scotland, making up 30% of all new cases.¹

Around 5,270 women and 40 men are diagnosed each year in Scotland. That's around 102 people every week.²

And at the end of 2023, there were around 4,202 people in Scotland living with metastatic (or secondary) breast cancer. Metastatic breast cancer happens when breast cancer spreads to other parts of the body. It can be treated, but currently it can't be cured.³

This data only counts those who had an initial diagnosis of metastatic breast cancer, not those who have had a recurrence or spread of the disease. So the real number is likely to be much higher.

We've made progress. But too many people are still dying from breast cancer.

In Scotland, breast cancer is still one of the leading causes of death in women under 50.⁴

Just under 1,000 people die each year from breast cancer in Scotland – almost all from metastatic breast cancer.⁵

The challenge is only growing. The mortality and 5-year survival rate in the UK remains worse than in similar countries.⁶ And the number of people living with or beyond breast cancer in Scotland is predicted to rise from 81,000 in 2025 to 118,000 in 2045.⁷

Unless we act now, the number of people diagnosed will continue to rise. And thousands will continue to lose their lives to the disease.

There are real health inequalities in breast cancer

Some people are more likely to get the disease. Others wait longer to get a diagnosis. And others get worse treatment and care. Simply because of who they are or where they live.

Women living in the most deprived areas in Scotland have poorer survival outcomes. 81% of women from the most deprived communities survive their cancer for 5 years, compared with 87% of women from the least deprived communities.⁸

Breast cancer can affect anyone. But it doesn't affect everyone equally. These health inequalities need to change.

1. Public Health Scotland (2025). Cancer incidence in Scotland. 2. Average figures for 2021-2023, Public Health Scotland (2025). Cancer incidence in Scotland. 3. This was from a request we made to Public Health Scotland: Data requested (2025) from Public Health Scotland. 4. National Records of Scotland (2024). Vital Events Reference Tables 2023. 5. Average figures for 2020-2024, Public Health Scotland (2026). Cancer mortality. 6. Cancer Today (2022). Data visualization tools for exploring the global cancer burden in 2022. Available [here](#); Nuffield Trust (2023). How does the NHS compare to the health care systems of other countries? Available [here](#).

The Health Foundation and the Nuffield Trust (2015). International comparisons of healthcare quality. What can the UK learn? Available [here](#). 6. Walters S, Maringe C, Butler J, Rachet B, Barrett-Lee P and others, (2013). 'Breast cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK, 2000-2007: a population-based study'. British Journal of Cancer 108, 1195-208, doi: 10.1038/bjc.2013.6. Available [here](#). 7. Macmillan Cancer Support and Scottish Widows (2026). Living with and beyond cancer in 2045: see the future, support the people. Available [here](#). 8. Public Health Scotland (2021) People diagnosed with cancer between 2013 and 2017 Available [here](#).

PEOPLE LIVING WITH METASTATIC BREAST CANCER HAVE DIFFERENT CHALLENGES

Metastatic breast cancer can be treated, but it can't be cured. Treatment aims to control the cancer, relieve symptoms and give people more time. But eventually the treatments stop working, time runs out.

We know that people with metastatic breast cancer can experience delays in diagnosis. Struggle to access the support of a clinical nurse specialist. And worry about the availability of treatments in future.

Right now, we don't even know how many people are living with metastatic breast cancer in Scotland. Without proper data, we're operating in the dark.

That means the needs of people with the disease can't be properly planned for, they can't be sure they're getting the right support, and there's no guarantee that they'll be able to get the treatment and care they need. Often, they're left feeling like they don't count.



“I was diagnosed with stage 3 breast cancer in 2020, and in 2022 I learned that my cancer had progressed to stage 4 (metastatic). The oncology teams have been fantastic! My concern is that not all stage 4 cancer patients are counted within current statistics. Despite recent and wonderful improvements in treatment, medical staff have a view about how long people with stage 4 breast cancer live, and this influences which treatments they believe are ‘worthwhile’. Within Scotland’s Cancer Action Plan, Action 131 includes a pledge to collect national data on metastatic cancers, including metastatic breast cancer, to drive service improvement. This progress has been delayed, but should be happening now. I hope very much that it is.”

CLAIRE



BREAST CANCER DOESN'T JUST AFFECT OUR LIVES – IT AFFECTS OUR ECONOMY

In 2025, the total cost of breast cancer to the Scottish economy was estimated to be between £279 million and £300 million – according to the ‘Cost of breast cancer’ report we published with Demos.⁹

By 2050, the predicted annual cost of breast cancer to the economy will rise by 19% to between £332 million and £357 million. Most of these costs come from productivity losses from illness and early death, instead of direct costs to the NHS of diagnosing, treating and supporting people with breast cancer.

And the total wellbeing costs associated with breast cancer in Scotland were estimated at £1.7 billion in 2025. These include reduced quality of life from a patients’ illness and early death, and the impact on informal carers, partners and children.

This shows the huge effect the disease has on people’s lives.

As well as the human benefits, there’s a clear financial incentive to prevent cases and deaths from breast cancer and improve the quality of life for people living with or beyond it. By prioritising and investing in prevention, early diagnosis and access to treatment and support, we could not only save and improve lives. We could also reduce costs to NHS Scotland and boost both productivity and the Scottish economy.

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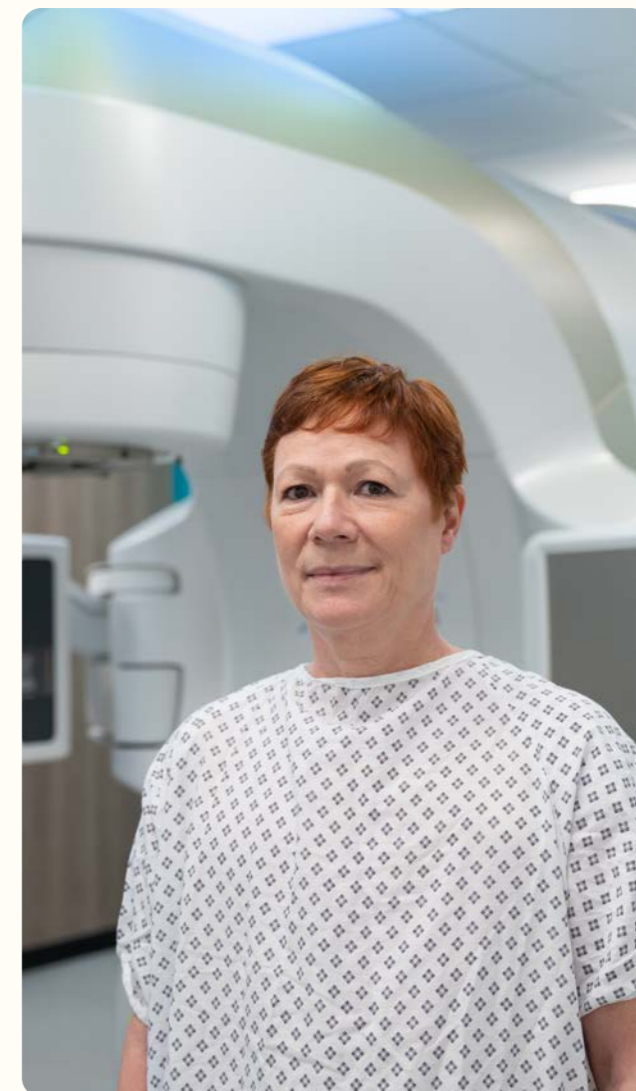
19%

IMPROVING BREAST CANCER SURVIVAL ISN'T INEVITABLE

Breast cancer in Scotland is not a done deal. Outcomes will not get better on their own. And without action, things could get worse.

We know what needs to happen to improve survival. But we’re concerned there’s complacency around breast cancer in Scotland.

- The achievable 80% NHS breast screening uptake target continues to be missed – with certain groups facing barriers to accessing breast screening
- People continue to experience lengthy waits for diagnosis and treatment
- Metastatic breast cancer data collection is still incomplete
- There is an unacceptable postcode lottery for accessing treatments and services



...BUT IT CAN BE DONE

OVER THE NEXT 4 YEARS, THE SCOTTISH GOVERNMENT MUST TAKE ACTION. AND THIS IS HOW:

1. QUICKER, EARLIER DIAGNOSIS TO SAVE AND IMPROVE LIVES

If the 80% target was met in 2025, this would have generated an estimated

£14-£16M

in economic savings in Scotland.

We know that early diagnosis saves lives. So we need to make sure we diagnose breast cancer as early as possible, when it's easier to treat. When breast cancer is picked up at stage 1, almost 100% of people survive.

Screening is the route that's most like to find breast cancer early and save lives. But uptake in Scotland has consistently missed the 80% target for screening attendance.¹⁰

Along with saving lives, there's also economic benefits to increasing screening uptake. If the 80% target was met in 2025, this would have generated an estimated £14-£16 million in economic savings in Scotland.

Only 6 in 10 women from the highest areas of deprivation attended their screening invite, compared to 8 in 10 women for the lowest.¹¹ Uptake of first-time invitations to breast screening in Scotland is declining, especially for women from the most deprived areas.

We know that between 5-10% of breast cancers are caused by an inherited gene alteration. So for women at an increased risk, access to earlier, more frequent screening as well as risk-reducing treatments is vital to saving more lives.

And the quicker breast cancer is diagnosed, the sooner people can start treatment and receive the care and support they need. This in turn improves people's quality of life and reduces the anxiety of waiting.

The current target wait time standard from urgent referral to treatment is 62 days. But large numbers of people are still waiting longer than this, with variation across the health boards. The 95% target hasn't been met for breast cancer since 2020, primarily due to delays in people getting diagnosed.



“At the age of 40, I noticed that one of my breasts seemed larger than the other. I put off going to the GP for a couple of months, but at my appointment my GP urgently referred me to the breast clinic so I'd be seen within 2 weeks. After 3 weeks had passed, I decided to get in touch with my GP again and was informed that the hospital had downgraded it from urgent, due to my age and the backlog caused by Covid. So I had to wait a few more weeks instead. I was then diagnosed with breast cancer and had to have chemotherapy, a mastectomy, and radiotherapy. There are more and more women being diagnosed daily in Scotland, of all ages, and something needs to be done to make sure these delays stop and everyone gets diagnosed and treated in time.”

LORNA

10. Public Health Scotland (2024) Scottish Breast Screening Programme Statistics 2022/23. Available [here](#).

11. Scottish Government (2022) Scottish Breast Screening Programme: major review. Available [here](#).

SO WHAT NEEDS TO HAPPEN?

- Everyone in Scotland at increased risk of breast cancer due to family history or genetics should be aware of their risk, and should be able to access additional screening and risk-reducing treatments. To achieve this, all screening for those at increased risk needs to be delivered through the national screening programme. Pathways for prescribing and supporting use of risk-reducing medications must also be established.
- People in Scotland should be aware of the signs and symptoms of primary and metastatic breast cancer, along with being given information on signs and symptoms of recurrence as part of their follow up, to help them get diagnosed quickly and get access to the treatment and support they need.
- Healthcare professionals should refer people for tests and treatment quickly.

They should learn about the signs and symptoms of primary and metastatic breast cancer through Gateway C and utilising newly updated Scottish Referral Guidelines for Suspected Cancer.

- Scotland's breast screening programme needs to address inequalities in uptake by removing barriers to attendance and making screening convenient to everyone eligible, to achieve the 80% uptake target.
- The breast screening programme needs to be modernised to prepare for possible changes to the screening offer, like expanding the screening age range, introducing new diagnostic tools or personalising the screening offered based on women's level of risk. The Breast Screening Modernisation Programme Board's recommendations need to be fully adopted and the Equity in Screening Strategy needs to be updated and its commitments delivered.
- Scotland's 31 and 62-day waiting time targets should be met for breast cancer. The Cancer Action Plan commitment to review cancer waiting times should also be delivered, making sure there are specific, ambitious targets for breast cancer that reflect the way it is diagnosed and treated.



“At the age of 27, I was diagnosed with grade 3 breast cancer after discovering a lump on the surface of my right breast. I underwent genetic testing to understand why I had developed breast cancer so early, which later confirmed that I carry a mutation in the BRCA1 gene. Having this knowledge allowed me to make informed, life-changing decisions about the treatments and surgeries that were best for me. I also had to go through the process of egg retrieval and freezing, as chemotherapy can impact a woman's fertility and future ability to have children. These were significant and emotional decisions to navigate while also processing a cancer diagnosis. My experience highlights how vital early diagnosis is, particularly for younger patients, as there are often several urgent steps that must take place before treatment can even begin.”

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2. EVERYONE GETTING THE BEST CARE AND SUPPORT

Across Scotland, there are inconsistencies in what people with breast cancer are told about and what they can access – like limited breast reconstruction options. People also need support to decide what treatment or services are right for them.

There are also exciting new developments on the horizon that could improve diagnosis and treatment of breast cancer. We need to make sure that new treatments reach people without delay, with everyone having equal access across Scotland and the UK.

We also need to address the gaps in genomic testing in Scotland, which limit access to certain new targeted treatments.

And people living with metastatic breast cancer also need access to the treatments, care and support that can help them live well for as long as possible.



Accurate data is key to all elements of someone's diagnosis, treatment and care. Without data, it's almost impossible for services and support to be tailored to people's needs. Despite its inclusion in the Cancer Action Plan 2023 to 2026, Scotland is still not collecting or reporting data for people with metastatic breast cancer.

SO WHAT NEEDS TO HAPPEN?

- There should be no delays in getting drugs approved for use on the Scottish NHS – so people can get access to new, personalised and effective treatments as soon as possible.
 - Appropriate genomic testing should be available throughout Scotland. This testing must be included within the Scottish Genomic Test Directories and long-term funding provided for it.
 - Every person with breast cancer should be able to access the different types of treatment and services available.
- This means reducing variation in treatments available across Scotland, and unnecessary delays to accessing them.
- The NHS in Scotland must routinely capture data on all metastatic and primary breast

cancer patients' experiences – including on their diagnosis, treatment and support – and use it to improve services and outcomes. The next iteration of the Cancer Action Plan should fully fund and resource the best method of metastatic breast cancer data collection.

JOIN US

We can save more lives from breast cancer. But it will take prioritisation. Investment. And renewed political ambition.

We stand ready to work with the Scottish Government and Members of the Scottish Parliament to deliver for people affected by breast cancer.

We're asking you to **act now** to change the future of breast cancer in Scotland.

Find out how you can be involved by emailing us at publicaffairs@breastcancernow.org

Breast Cancer Now is a charity registered in England and Wales (1160558),
Scotland (SC045584) and the Isle of Man (1200).

