

Cancer registration statistics, first release, England, 2014

Coverage: **England**

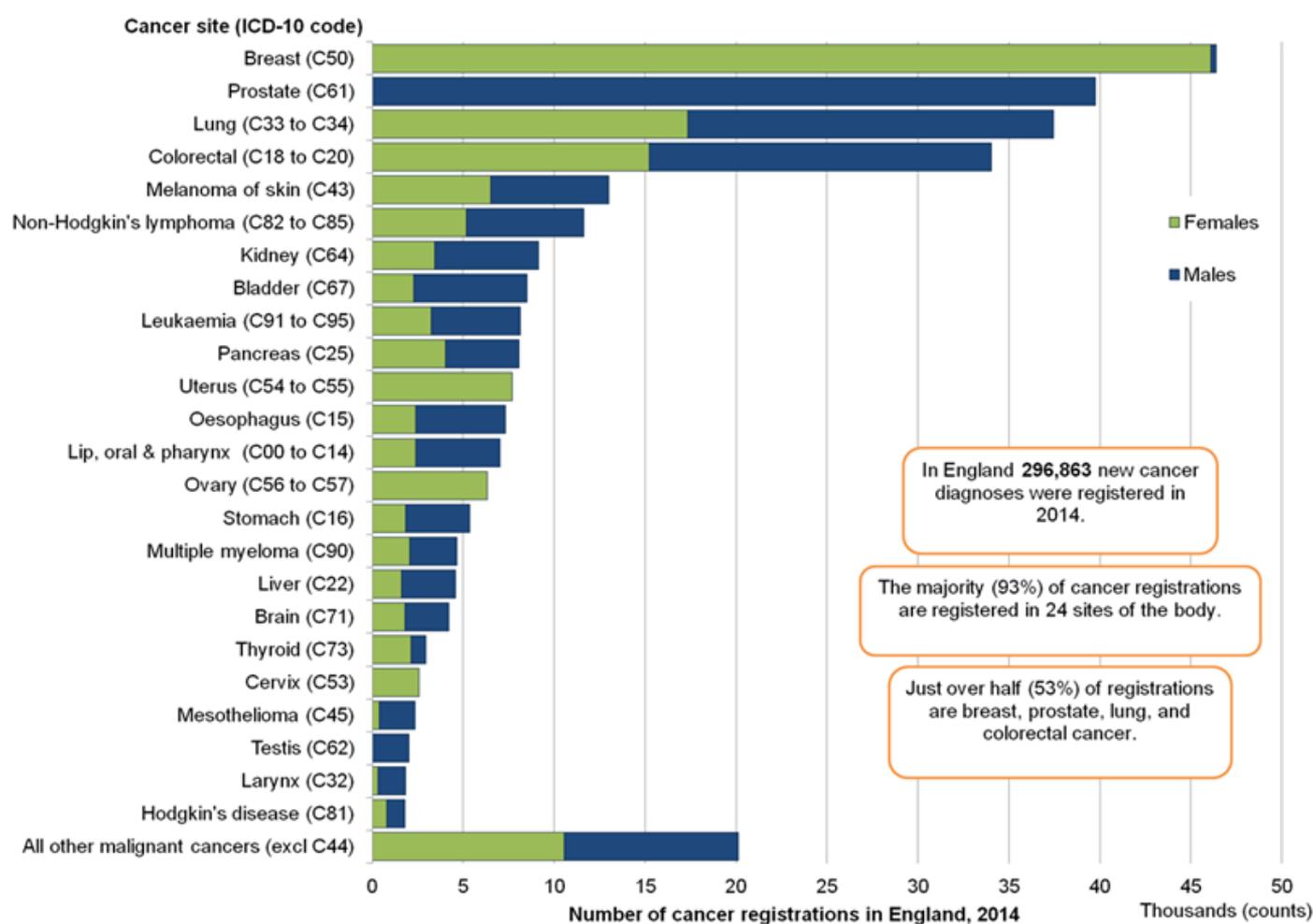
Date: **23 February 2016**

Geographical Area: **Country**

Theme: **Health and Social Care**

Main findings

- The number of new cases of cancer in England continues to rise and in 2014 there were 296,863 cancers registered, an equivalent to 813 per day.
- More cancers were registered in males (150,832) than females (146,031). Across the majority of cancer sites more males are diagnosed with cancer than females. This is a persistent feature of the data, reported in [previous registration years](#).
- The age-standardised incidence rates for newly diagnosed cancers were 670.8 per 100,000 people for males and 546.1 per 100,000 people for females. The rate takes into account the different age structures between males and females.
- Breast (15.6%), prostate (13.4%), lung (12.6%) and colorectal (11.5%) cancer continue to account for over half of the malignant cancer registrations in England for all ages combined.

Figure 1: The number of cancer registrations by the 24 major sites, England, 2014

Source: Office for National Statistics

Notes:

1. The International Classification of Diseases Tenth Revision (ICD-10) was used to classify cancer sites. Non-melanoma skin cancers (ICD-10 C44) were excluded.
2. All ages combined.
3. Please click the image for a larger version.

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(408 Kb)

In this release

This is the first release of 2014 cancer registration data, publishing Table 1 and Table 2 of the statistical bulletin titled "[Cancer Registration Statistics, England \(Series MB1\)](#)", which will be published in full later this year (May 2016). This release contains cancer registration counts (Table 1)

and incidence rates (Table 2) for males and females in England, broken down by 5-year age groups and by cancer type (site).

In order to further increase the timeliness of cancer registration statistics, the first release of 2014 data has been introduced following customer and stakeholder feedback. There has been no compromise in statistical accuracy, as all cancer registrations have been confirmed and verified by the National Cancer Registration and Analysis Service in Public Health England. The production of the first release of cancer registration statistics followed the validation and processing steps used to quality assure the "[Cancer Registration Statistics, England \(Series MB1\)](#)" bulletin. These steps are outlined in [Cancer Registration Statistics Quality and Methodology Information paper \(191.5 Kb Pdf\)](#)³.

Policy context

Cancer incidence (number of cancer cases registered) data allow policy makers to measure the extent of cancer within the population in England. Cancer incidence data is used alongside cancer prevalence, mortality and survival to allow policy makers to determine the burden of cancer in England.

Cancer incidence data directly helps to form policy on the prevention of cancer. It is also important in calculating cancer survival (in conjunction with mortality data) which is then used to determine a number of policy streams within government and also monitor a number of performance indicators for the English health care system. The indicators set for the [NHS Outcomes Framework](#)⁴ include 1- and 5-year cancer survival indicators for all cancers combined and for colorectal, breast and lung cancers combined. These survival estimates are calculated from the cancer incidence data.

Background notes

1. Cancers sites (types) were defined according to the International Classification of Diseases 10th Revision (ICD-10). When referring to an all cancer figure, we refer to all invasive malignant neoplasms (ICD-10 C00 to C97), excluding non-melanoma skin cancer (ICD-10 C44). Although non-melanoma skin cancer (NMSC) is very common, the available figures are known to be under-estimates and unreliable for comparison purposes. This is because the policies and practices for the recording of NMSC have varied among the cancer registries.
2. The age-standardised rates in this release are expressed per 100,000 population and are standardised to the European Standard Population 2013 (ESP 2013). They are standardised to allow for more robust comparisons between males and females, years and geographical areas. Cancer incidence rates are based on the latest [mid-year population estimates](#) for the reference year at the time of publication.
3. Cancer registrations in England are submitted to us by the National Cancer Registration and Analysis Service (NCRAS) in Public Health England. Data are submitted to the NCRAS from a range of health care providers and other services (for example, pathology laboratories). The NCRAS carefully collate and validate all the data for each patient, before sending a subset of

the data, defined as the cancer registration minimum dataset, to our National Cancer Registry for further validation and processing.

4. Although every measure has been taken to ensure the data quality of the first release, it may be subject to change when more extensive analysis is undertaken in the production of the full bulletin. Any change is likely to be small.
5. Further information about cancer registration statistics, can be found in the [quality and methodology information report for ONS cancer registration statistics](#). Quality and methodology information reports are overview notes which pull together important qualitative information on the various dimensions of statistical quality as well as providing a summary of the methods used to compile the particular output.
6. In common with cancer registries in other countries, cancer registrations in England can take up to 5 years after the end of a given calendar year to reach 100% completeness, due to the continuing accrual of late registrations. The figure of 99% is an estimate of completeness based on the figures published for 3 previous years' data (2010 to 2012), compared with the number of late registrations subsequently received for these years and published in 2013. It is therefore the difference between which figures have been published in all of our cancer incidence publications within a given reporting year, versus late registrations received after the publication date cut-off and updated in a subsequent year. It is not an estimate of how many cancers never get recorded.
7. A list of the names of those given pre-publication access to the statistics and written commentary is available in [Pre-release Access List: Cancer Registration Statistics, England, 2014](#). The rules and principles that govern pre-release access are featured within the [Pre-release Access to Official Statistics Order 2008](#).
8. Further 2014 cancer statistics will be published later in 2016. The [GOV.UK release calendar](#) contains more detail on releases.
9. Special extracts and tabulations of cancer data for England are available to order (subject to legal frameworks, disclosure control, resources and agreement of costs, where appropriate). Such enquiries should be made to:

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Our charging policy is available on our website.

As a valued user of our statistics, we would welcome feedback on this release. In particular, the content, format and structure. Please send feedback to the postal or email address above.

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Next publication date: May or June 2016.

10. Details of the policy governing the release of new data are available by visiting www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html or from the Media Relations Office email: media.relations@ons.gsi.gov.uk

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods; and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

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

Appendices

Acknowledgements

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