NLCA
National Lung Cancer Audit

NATCAN
National Cancer Audit Collaborating Centre

National Lung Cancer Audit
State of the Nation 2026

An audit of care received by people diagnosed with lung cancer between 1 January 2024 to 31 December 2024 in England and Wales.

Published February 2026

NLCA

National Lung Cancer Audit

Citation for this document:

National Lung Cancer Audit. State of the Nation 2026. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2026.

This document was prepared by members of the NLCA project team:

Neal Navani, NLCA Senior Clinical Lead
John Conibear, NLCA Oncology Lead
Doug West, NLCA Thoracic Surgical Lead
Lauren Dixon, NLCA Clinical Fellow
Joanne Boudour, NLCA Senior Project Manager
Faine Chan, NLCA Project Coordinator
Adrian Cook, NLCA Senior Statistician
Sarah Cook, NLCA Methodologist
David Cromwell, NLCA Lead Methodologist

With review and input from:
NLCA Clinical Reference Group
NATCAN Executive team

Royal College of Surgeons of England
ADVANCING SURGICAL CARE

The Royal College of Surgeons of England (RCS) is an independent professional body committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care. As part of this it supports audit and the evaluation of clinical effectiveness for surgery. Registered Charity no: 212808.

HQIP
Healthcare Quality Improvement Partnership

The National Cancer Audit Collaborating Centre (NATCAN) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) and funded by NHS England and the Welsh Government as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national audits in bowel, breast (primary and metastatic), kidney, lung, non-Hodgkin lymphoma, oesophago-gastric, ovarian, pancreatic and prostate cancers.

NDRS
NATIONAL DISEASE REGISTRATION SERVICE

This work uses data that has been provided by patients and collected by the NHS as part of their care and support. For patients diagnosed in England, the data is collated, maintained and quality assured by the National Disease Registration Service (NDRS), which is part of NHS England. Access to the data was facilitated by the NHS England Data Access Request Service.

GIG CYMRU NHS WALES
Rhwydwaith Canser Cymru
Wales Cancer Network

NHS Wales is implementing a new cancer informatics system. As a result, the quality and completeness of data from Wales is likely to have been impacted due to implementation of this new system across multiple NHS organisations (Health Boards), which has resulted in data being supplied by both old and new systems. Additionally, and reflecting the uncertainty of data quality, the data submitted to the audit may not have undergone routine clinical validation prior to submission to the Wales Cancer Network (WCN), Public Health Wales.

Contents

1. Introduction 1
2. Infographic: England 3
2. Infographic: Wales 4
3. Recommendations 5
4. Results for England (2024) 7
   - 4.1 Data completeness 7
   - 4.2 Patient characteristics 8
   - 4.3 Diagnosis, staging and treatment planning 9
   - 4.4 Time to the start of treatment 10
   - 4.5 Curative treatment for non-small cell lung cancer 11
   - 4.6 Systemic anti-cancer therapy rates for people with NSCLC stage 3B-4 with good performance status 12
   - 4.7 Systemic anti-cancer therapy for small cell lung cancer 12
5. Results for Wales (2024) 13
   - 5.1 Source of data and data completeness 13
   - 5.2 NLCA performance indicators 13
6. Survival after cancer diagnosis 14
7. Commentary 16

1. Introduction

The aim of the National Lung Cancer Audit (NLCA) is to evaluate the patterns of care and outcomes for people with lung cancer in England and Wales, and to support NHS services to improve the quality of care for these individuals. The NLCA is one of ten national cancer audits commissioned within the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which is funded by NHS England and the Welsh Government. More information about the national cancer audits for England and Wales can be found at: www.natcan.org.uk. In this State of the Nation report, we present information on the care received by adults diagnosed with lung cancer between 1st January and 31st December 2024 in England and Wales.

The management of people with lung cancer is informed by various national guidelines and the NLCA evaluates current patterns of care against the standards that these set. Specific standards were defined in: Quality Standard QS17 from the National Institute for Health and Care Excellence (NICE), the national commissioning guidance from the Lung Cancer Clinical Expert Group, and the National Optimal Lung Cancer Pathway. The NLCA has developed quality improvement goals and indicators using these standards and after consultations with its clinical reference group and Patient and Public Involvement (PPI) forum. The goals and indicators are described in the NLCA Quality Improvement Plan.

The Audit derives its indicators (Table 1) using information that is routinely collected by the NHS as part of the care and support given to people diagnosed with lung cancer, rather than data collected specifically for the Audit.[1] For people diagnosed or treated in England, the data are collated, maintained and quality assured by NHS England's National Disease Registration Service (NDRS). For people diagnosed or treated in Wales, data are provided by Wales Cancer Network (WCN)[2], using the Cancer Network Information System Cymru (CaNISC) or Cancer Dataset Form (CDF).

For full details of the data and methods used within this report, please see the NLCA Methodology Supplement. Additional materials that accompany this report include:

- A methodology supplement with details about the Audit's data sources and methods
- An online glossary that explains technical terms used in this report
- Information about the outlier process
- Resources to support local monitoring of practice and quality improvement, such as provider-level results on the Data Dashboard and downloadable reports and a local action plan template. Since January 2025, information at organisation level is presented where a patient was first seen rather than the place of diagnosis. We encourage NHS lung cancer services to review the findings of this report and their results on the dashboard, and to explore reasons for unwarranted differences in practice.
- A summary of this report for people living with lung cancer and for the public is available on the Audit's website.

1 The audits in NATCAN do not 'collect' clinical data. The cancer audits utilise the nationally mandated flows of data from hospitals to the National Disease Registration Service (NDRS) in NHSE and the Wales Cancer Network in Public Health Wales, thereby minimising the burden of data collection on provider teams

2 NHS Wales is part way through a cancer informatics implementation programme which is designed to improve the data capture and reporting capabilities of NHS Wales. This ongoing implementation is impacting the data quality within NHS Wales in the short term with multiple systems being used and different implementation dates across cancer sites and organisations resulting in a complex data landscape. NHS Wales has committed to continue to submit audit data annually until data submissions are sourced exclusively from the new cancer informatics solution. This will be from 2027 onwards that NHS Wales will be able to supply quarterly data using this new integrated, and more accessible digital platform

Table 1. Performance Indicators included			
		England^	**Wales#**
P1: Proportion of people with lung cancer who are diagnosed with stage 1-2 disease		Yes (01/24-12/24)	Yes (01/24-12/24)
P2: Proportion of people with lung cancer diagnosed after an emergency admission		Yes (01/24-12/24)	Yes (01/24-12/24)
P3: Proportion of people with lung cancer with a pathological diagnosis (PS 0-1)		Yes (01/24-12/24)	Yes (01/24-12/24)
P4: Proportion of people who had contact with a Lung Cancer Nurse Specialist (LCNS) around the time of diagnosis		Yes (01/24-12/24)	Yes (01/24-12/24)
P5: Proportion of people with NSLC who had curative treatment*		Yes (01/24-12/24)	Yes (01/24-12/24)
P6: Proportion of people with NSCLC who had surgery*		Yes (01/24-12/24)	Yes (01/24-12/24)
P7: Proportion of people with NSCLC (stages 3B-4, PS 0–1) who received systematic anti-cancer therapy*		Yes (01/24-09/24)	Yes (01/24-12/24)
P8: Proportion of people with SCLC who received systemic anti-cancer therapy (SACT)*		Yes (01/24-09/24)	Yes (01/24-12/24)
P9: Waiting times from referral to treatment		Yes (01/24-09/24)	Yes (01/24-12/24)
P10: Survival*†	One year (all people diagnosed with lung cancer)	Yes (01/24-06/24)	Yes (01/24-12/24)
	90 days post surgery	Yes (01/24-12/24)	Yes (01/24-12/24)

*Risk adjusted indicators
^ Data for England: Rapid Cancer Registration Dataset (RCRD)
# Data for Wales: Cancer Network Information System Cymru (CaNISC) or Cancer Dataset Form (CDF)
†Subject to the outlier policy

2. Infographic: England

Summary of results for patients diagnosed in England 2024

NLCA
National Lung Cancer Audit

Key ↑↓ improving from 2023 ↑↓ worsening from 2023 ↔ unchanged from 2023

Diagnosis & staging

39,409
people were diagnosed with lung cancer in 2024
36,557 in 2023 & **36,160** in 2022

♀ **51%** female
♂ **49%** male

74 years
median age at diagnosis

40% ↑ of patients were diagnosed at **stage 1-2**
36% in 2023 & **32%** in 2022

41% ↓ of patients presented with **stage 4 lung cancer**
44% in 2023 & **47%** in 2022

30% ↓ of patients were diagnosed **after emergency admission**
32% in 2023 & **33%** in 2022

Waiting times in Non-small Cell Lung Cancer (NSCLC)

81 days ↓ Median time from referral to **surgery** in NSCLC stage 1-2
83 days in 2023

63 days ↓ Median time from referral to **SACT** in NSCLC stage 3B-4
66 days in 2023

Treatment allocation

Treatment with curative intent for Non-small Cell Lung Cancer (NSCLC)

79% ↓ of patients with NSCLC (stage 1-2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% ✗ Audit standard
80% in 2023
80% in 2022

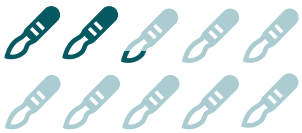
59% ↓ of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A
62% in 2023
61% in 2022

Surgery for Non-small Cell Lung Cancer (NSCLC)

22% ↑ of patients with NSCLC had surgical treatment for their cancer



Absolute number of surgeries in 2024: 7,878

≥17% ✓ Audit standard
20% in 2023
18% in 2022

Systemic Anti-Cancer Therapy (SACT) for Non-small Cell Lung Cancer (NSCLC)

63% ↔ of patients with NSCLC (stage 3B -4, PS 0-1) received SACT

≥70% ✗ Audit standard
63% in 2023
63% in 2022

Systemic Anti-Cancer Therapy (SACT) for Small Cell Lung Cancer (SCLC)

71% ↓ of patients with SCLC received treatment with SACT

Median time from 'decision to treat' to start SACT: 16 days

≥70% ✓ Audit standard
74% in 2023
73% in 2022

Survival outcomes

19,326 patients were diagnosed between 1 January and 30 June 2024. For these patients:

Median survival
372 days ↑
349 days in 2023
281 days in 2022

One year survival
51% ↑
49% in 2023
45% in 2022

Data quality

Completeness of key routine data items

Stage	Performance status	Basis of diagnosis	Morphology	Lung Clinical Nurse Specialist at diagnosis	Smoking status
93%	89%	92%	64%	64%	46%
90% ✓	90% ✗	90% ✓	75% ✗	90% ✗	90% ✗
Audit standard	Audit standard	Audit standard	Audit standard	Audit standard	Audit standard

2. Infographic: Wales

Summary of results for patients diagnosed in Wales 2024

NLCA
National Lung Cancer Audit

Key ↑↓ improving from 2023 ↑↓ worsening from 2023 ↔ unchanged from 2023

Diagnosis & staging

2,135
people were diagnosed with lung cancer in 2024
2,334 in 2023 & **2,211** in 2022

51% female
49% male

73 years
median age at diagnosis

35% ↑ of patients were diagnosed at **stage 1-2**
34% in 2023 & **30%** in 2022

44% ↓ of patients presented with **stage 4 lung cancer**
45% in 2023 & **47%** in 2022

26% ↑ of patients were diagnosed **after emergency admission**
27% in 2023 & **29%** in 2022

Waiting times in Non-small Cell Lung Cancer (NSCLC)

91 days ↓ Median time from referral to **surgery** in NSCLC stage 1-2
97 days in 2023

76 days ↓ Median time from referral to **SACT** in NSCLC stage 3B-4
78 days in 2023

Treatment allocation

Treatment with curative intent for Non-small Cell Lung Cancer (NSCLC)

78% ↓ of patients with NSCLC (stage 1-2, Performance Status (PS) 0-2) received treatment with curative intent*

*surgery or radical radiotherapy

≥80% ✗ Audit standard
77% in 2023
76% in 2022

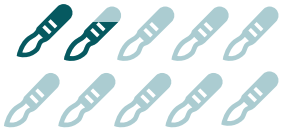
62% ↓ of patients with NSCLC (stage 3A, PS 0-2) received treatment with curative intent**

**surgery, radical radiotherapy or multimodal treatment

N/A
67% in 2023
61% in 2022

Surgery for Non-small Cell Lung Cancer (NSCLC)

17% ↓ of patients with NSCLC had surgical treatment for their cancer



Absolute number of surgeries in 2024: 1,910

≥17% ✓ Audit standard
18% in 2023
14% in 2022

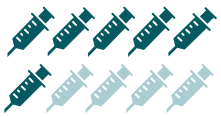
Systemic Anti-Cancer Therapy (SACT) for Non-small Cell Lung Cancer (NSCLC)

62% ↑ of patients with NSCLC (stage 3B -4, PS 0-1) received SACT

≥70% ✗ Audit standard
55% in 2023
60% in 2022

Systemic Anti-Cancer Therapy (SACT) for Small Cell Lung Cancer (SCLC)

60% ↓ of patients with SCLC received treatment with SACT



Median time from 'decision to treat' to start SACT: 16 days

≥70% ✗ Audit standard
65% in 2023
71% in 2022

Survival outcomes

2,135 patients were diagnosed between 1 January and 31 December 2024. For these patients:

Median survival
350 days ↑
301 days in 2023
262 days in 2022

One year survival
49% ↑
46% in 2023
43% in 2022

Data quality

Completeness of key routine data items

Stage	Performance status	Basis of diagnosis	Morphology	Lung Clinical Nurse Specialist at diagnosis	Smoking status
97%	98%	99%	100%	98%	72%
90% ✓	90% ✓	90% ✓	75% ✓	90% ✓	90% ✗
Audit standard	Audit standard	Audit standard	Audit standard	Audit standard	Audit standard

3. Recommendations

Recommendations developed in collaboration with NLCA Clinical Reference Group and based on key findings in this report.

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National Guidance/ Standards/ Resources
1. Audit Multi-Disciplinary Team (MDT) decisions for patients with Non-small Cell Lung Cancer (NSCLC) stage 3A (Performance Status (PS) 0–2) to identify barriers (e.g., comorbidity management) preventing curative intent treatments.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	England: 59% of people with stage 3A NSCLC (PS 0-2) had treatment with curative intent Wales: 62% of people with stage 3A NSCLC (PS 0-2) had treatment with curative intent	Goal 3: Increase the proportion of people receiving SACT and reduce variation in access Goal 5: Improve and reduce variation in lung cancer outcomes	NICE Guideline NG122 https://www.nice.org.uk/guidance/ng122
2. Review the care pathway for opportunities to increase the proportion of patients with advanced Non-Small Cell Lung Cancer (NSCLC) (Performance Status (PS) 0-1) who receive Systemic Anti-Cancer Therapy (SACT). This might include ensuring performance status is accurately recorded at Multi-Disciplinary Team (MDT) meetings.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	England: 63% of people with stage 3B-4 NSCLC (PS 0-1) received SACT Wales: 62% of people with stage 3B-4 NSCLC (PS 0-1) received SACT	Goal 3: Increase the proportion of people receiving SACT and reduce variation in access Goal 5: Improve and reduce variation in lung cancer outcomes	Royal College of Radiology "Policy priorities for clinical oncology 2021-2026" https://www.rcr.ac.uk/media/boql1ppx/policy-priorities-clinical-oncology-2021-2026-1.pdf
3. Ensure providers have sufficient thoracic surgery capacity to accommodate the growth in demand among Non-Small Cell Lung Cancer (NSCLC) patients who are candidates for curative surgery.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	England: 22% of people with NSCLC had surgical treatment for their cancer (20% in 2023). Median waiting time from referral to surgery in people with stage 1 - 2 NSCLC: 81 days (IQR 61 to 106) Wales: 15% of people with NSCLC had surgical treatment for their cancer (17% in 2023). Median waiting time from referral to surgery in people with stage 1 - 2 NSCLC: 91 days (IQR: 67 to 115)	Goal 2: Increase the proportion of patients who have treatment with curative intent	NICE Guideline NG122 https://www.nice.org.uk/guidance/ng122 Commissioning Guidance for the whole lung cancer pathway 2024: https://roycastle.org/for-healthcare-professionals/clinical-expert-group/

Recommendation	Audience	Audit Findings	Quality Improvement Goal	National Guidance/ Standards/ Resources
4. Ensure measures to remove causes of avoidable delay are prioritised for patients to start Systemic Anti-Cancer Therapy (SACT), particularly for people with Small Cell Lung Cancer (SCLC).	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	England: Median waiting time from referral to SACT in people with stage 3B-4 NSCLC: 63 days (IQR: 49 - 84 days) Median waiting time from 'decision to treat' to SACT in people with SCLC: 16 days (IQR: 10 – 25 days) Wales: Median waiting time from referral to SACT in people with stage 3B-4 NSCLC: 75 days (IQR: 58 – 98 days) Median waiting time from 'decision to treat' to SACT in people with SCLC: 21 days (IQR: 15 – 31 days)	Goal 4: Improve the quality of the patient pathway	NHS England. National Optimal Lung Cancer Pathway (NOLCP) https://rmpartners.nhs.uk/wp-content/uploads/2024/09/national-optimal-lung-cancer-pathway_v4_01jan2024.pdf NHS Wales. National optimal pathway for lung cancer: 2nd Edition (2022) Commissioning Guidance for the whole lung cancer pathway 2024: https://roycastle.org/for-healthcare-professionals/clinical-expert-group/
5. Ensure people diagnosed with stage 1 - 3 cancer are recommended regular aerobic and resistance exercise during treatment with curative intent. This includes recommending preoperative exercise for patients having lung cancer surgery.	England: Cancer Alliances working with NHS trusts Wales: Local Health Boards	The proportion of people with stage 1-2 lung cancer having surgery decreased amongst people with poorer fitness England: Performance Status (PS) 0=75.3%; PS 1=52.2%; PS 2=19.2% Wales: PS 0=70.5%; PS 1=54.3%; PS 2=32.9%.	Goal 2: Increase the proportion of patients who have treatment with curative intent Goal 5: Improve and reduce variation in lung cancer outcomes	ASCO Guideline on Exercise, Diet, and Weight Management during Cancer Treatment (2022) https://ascopubs.org/doi/10.1200/JCO.22.00687

4. Results for England (2024)

The results for England NHS services (January-December 2024) were derived using data from the Rapid Cancer Registration Dataset (RCRD) provided by the National Disease Registration Service (NDRS). The RCRD is used because it provides more up-to-date information on people diagnosed with cancer than the National Cancer Registration Data (NCRD), more information can be found on the NATCAN website.

We analysed RCRD data on 39,409 people diagnosed with lung cancer in England during 2024. For earlier years, the dataset contained data on 36,557 people in 2023, 36,160 in 2022, 34,941 in 2021, 32,885 in 2020[3] and 35,384 in 2019. There were 123 English NHS trusts which cared for people with lung cancer in 2024. The RCRD data were linked by NCRAS to other national health care datasets that provide additional information on hospital admissions and cancer treatments (see methodology supplement).

4.1 Data completeness

Key messages:

- NHS trusts should improve the completeness of key data items submitted for the Rapid Cancer Registration Dataset. Completeness was below the target of 90% for both patient smoking status (45.7%) and recording of whether a patient saw a lung cancer nurse specialist (LCNS) at or close to the time of diagnosis (64.2%).
- Completeness of data on tumour morphology, disease stage, and performance status items also needs to be improved at some NHS trusts.

Several data items are essential for analyses designed to assess patterns of care and the audit defines targets for completeness for these data items. The completeness of demographic data items (age, ethnicity, social deprivation) was excellent, being complete for over 95% of records. Completeness on other items was below the target levels (Table 2), in particular, for smoking status and contact with LCNS. There was substantial variation between NHS trusts in the completeness of some items, which can be explored on the NLCA data dashboard. The completeness of tumour morphology data within an organisation is more likely to reflect the proportion of people diagnosed through cytology or histology, rather than missing data from these examinations.

Table 2. Completeness of key data items for people diagnosed in 2024 in England

Data item	Target level	Overall Completeness	No. of NHS trusts above target (n=128)
TNM (Tumour, Nodal, Metastasis) stage	90%	93.4%	105
Performance Status (PS)	90%	89.0%	83
Basis of diagnosis	90%	92.1%	111
Morphology*	75%	63.8%**	29
Contact with lung cancer nurse specialist (LCNS)	90%	64.2%	0
Smoking status	90%	45.7%	0

* Morphology refers to the type of lung cancer
** 95.5% complete for people whose diagnosis included microscopic examination (cytology/histology)

3 These figures differ from the numbers published in previous reports as the RCRD is updated on a regular basis as new information is uploaded by NHS trusts

4.2 Patient characteristics

Key messages:

- The percentage of people with lung cancer who are diagnosed with stage 1-2 disease has continued to increase, from 35.5% in 2023 to 40.2% in 2024.
- Cancer Alliances should promote the uptake of lung cancer screening for people aged 55 to 74 who are at high risk of lung cancer.

Table 3 summarises the characteristics of the 39,409 people diagnosed in 2024. The proportion of lung cancers identified as Small Cell Lung Cancer (SCLC) was 6.6%. The median age at diagnosis was 74.0 years overall (interquartile range (IQR): 66.6 – 80.3; for Non-Small Cell Lung Cancer (NSCLC), the median age was 74.4 years, while for SCLC, it was 71.0 years. For the first time there was a higher percentage of women than men: 49.2% were male and 50.8% female. The median age at diagnosis was 74.1 years among men and 74.0 years among women. Stage 4 disease was reported in 41% (n=15,132) of people with staging data in 2024, compared to 44% (n=14,873) in 2023.

The distribution of disease stage has changed between 2019 and 2024 (Figure 1). The increase in the number of people diagnosed with stage 1-2 disease in recent years reflects the impact of lung cancer screening. The NHS Lung Cancer Screening Programme reported to the NLCA that there were 7,329 people diagnosed with lung cancer among those aged 55-74 years invited for lung cancer screening between April 2019 and March 2025; the majority of these were diagnosed after April 2022 as the programme extended across the country (1355 in 22/23; 1931 in 23/24; 3175 in 24/25 (until March 2025))[4]. Of people staged through screening, approximately three-quarters (76.2%) had stage 1-2 disease overall, with the proportion in each English Cancer Alliance ranging from 63 to 81%.

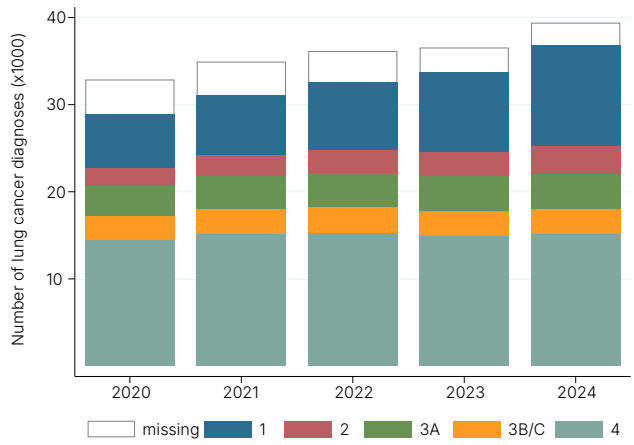
Table 3: Characteristics of people diagnosed with lung cancer in England during 2024

	Overall percentage	Percentage among known		Overall percentage	Percentage among known
Smoking status			**Type of lung cancer***		
Never smoked	4.6	10.0	Non-small Cell (NSCLC)	55.3	
Current / Ex-smoker	41.2	90.0	Small Cell (SCLC)	6.6	
Unknown	54.3		Carcinoid	1.9	
			Type not assessed**	36.2	
Stage at diagnosis			**Performance status**		
Stage 1	29.4	31.5	0	21.9	24.6
Stage 2	8.1	8.6	1	29.9	33.6
Stage 3A	10.3	11.0	2	17.2	19.3
Stage 3B-C	7.2	7.7	3	15.5	17.4
Stage 4	38.4	41.1	4	4.4	5.0
Unknown	6.6		Unknown	11.0	

*Data is complete for 'Type of Lung cancer'; ** analysed together with NSCLC elsewhere

4 We thank Jessica Abell, Charlie Graham, Richard Lee, Arjun Nair, Charlotte Smith, and Haarini Sridhar at the Lung Cancer Screening Programme for providing these figures. See also https://www.england.nhs.uk/2024/11/thousands-of-cancers-caught-early-through-nhs-lung-checks/

Figure 1. Distribution of cancer stage among people diagnosed with lung cancer in England between 2019 and 2024.



4.3 Diagnosis, staging and treatment planning

Key messages:

- The proportion of people with a performance status 0-1 and a pathological diagnosis of lung cancer was 81.7%, which is below the NLCA target of 90%.
- NHS trusts with low rates of pathological diagnosis should explore opportunities to increase it.
- In 2024, 30.2% of people were diagnosed after an emergency admission.
- Among people with data recorded for this item, 93.1% saw a lung cancer nurse specialist (LCNS) around the time of diagnosis in 2024, but actual levels of performance are uncertain due to poor data completeness (see section 4.1).

Rates of diagnosis following an emergency admission were similar in 2024 (30.2%) compared with 2023 (31.9%) but remained high and continue to show substantial regional variation (see NLCA dashboard).

Access to a LCNS around the time of diagnosis is a core expectation (NICE quality statement 3). Among people diagnosed in 2024 who had this data entered, 93% were reported to have had contact with a LCNS (Table 4). This exceeded the 90% target adopted by the NLCA. However, this figure should be treated with caution because data completeness overall was only 64.2% and exceeded 70% for only 56 NHS trusts in England. A Quality Improvement initiative launched by the NLCA in Autumn 2025 is focusing on improving performance on this indicator.

Table 4. Indicators by English NHS trusts for people diagnosed in 2024

	NLCA target	2024*	No. of NHS trusts above target (n=123)
Diagnosis after an emergency admission	N/A	30.2%	No target set
Proportion of people with pathological diagnosis (PS 0-1)	≥90%	81.7%	41
Proportion of people who had contact with a Lung Cancer Nurse Specialist (LCNS) around the time of diagnosis	≥90%	93.1%**	93

* 2024 finding amongst known (missing data excluded)

** Data completeness for data item "contact with LCNS" was 64.2% overall

4.4 Time to the start of treatment

Key messages:

- Among key subgroups, most people were not starting treatment within the recommended timeframes.
- The time from referral to surgery exceeded 49 days for 88 percent of people with NSCLC stage 1-2.
- Among people diagnosed with stage 3B-4 NSCLC in 2024, the median time from referral to systemic anti-cancer therapy (SACT) was 63 days (IQR: 49 – 84), and the times for most people exceeded the National Optimal Lung Cancer Pathway (NOLCP) targets.
- For people diagnosed with SCLC in 2024, the median time from diagnosis to SACT was 16 days (IQR: 9 – 25). NHS trusts should actively monitor these "time to treatment" metrics to improve compliance with the targets.
- Delays risk compromising patient fitness, potentially rendering them ineligible for anti-cancer therapies, particularly for rapidly progressing conditions like SCLC.

The NOLCP for England suggests the time between referral to the start of treatment should be no longer than 49 days. Table 5 shows that the time from referral to surgery exceeds 49 days for 88 percent of people with stage 1-2 NSCLC. This is of concern because of the growing number of these patients (due to screening) and suggests that surgical services are not keeping up with the demand.

Timely diagnosis and treatment for people with SCLC is also crucial as these tumours are highly aggressive, rapidly progressive, and can quickly spread, ultimately leading to fatal outcomes. In 2017, the NLCA set a standard that at least 80% of people with SCLC should receive SACT within 14 days of pathological diagnosis. In 2024, the median time from diagnosis to treatment was 16 days (compared to 15 days in 2023) suggesting chemotherapy services are not keeping up with demand.

Table 5. Times to the start of treatment at English NHS trusts for people diagnosed in 2024

	NOLCP Target	Number of people	Median (Inter Quartile Range)	% people who started treatment within target
Surgery in Non-Small Cell Lung Cancer (NSCLC) Stage 1-2 - from referral to treatment	49 days	4,856	81 days (61 to 106)	12%
Radical radiotherapy NSCLC Stage 1-2 - from referral to treatment	49 days	1,923	98 days (77 to 129)	3.2%
Systemic anti-cancer therapy (SACT) in NSCLC Stage 3B-4 - from referral to treatment	49 days	2,371	63 days (49 to 84)	27%
SACT in people with Small Cell Lung Cancer (SCLC) - from diagnosis to treatment	14 days	1,038	16 days (10 to 25)	44%

NOLCP – National Optimal Lung Cancer Pathway

4.5 Curative treatment for non-small cell lung cancer

Key messages:

- The number of people with NSCLC who had surgery with curative intent was 7,878 in 2024, an increase from 6,547 people in 2023. This corresponds to 21.8% of people with NSCLC diagnosed in 2024 having surgery compared with 19.6% in 2023.
- The rates of surgical resection within Cancer Alliances ranged from 15% to 37% (IQR 19-26%).
- Among people with NSCLC and performance status 0-1, the percentage who had surgery was 36.3%.
- The proportion of people with stage 1-2 disease and a good performance status (PS 0-2) who had curative treatment was 78.9%, falling below the NLCA standard of 80%.
- Cancer Alliances with comparatively low curative intent treatment rates for stage 1–3A patients could benefit from exploring ways to ensure that these individuals are offered the most appropriate curative intent treatments.

People with stage 1-2 lung cancer, and a good performance status (PS 0-2) are candidates for curative intent treatments. The proportion of people treated with curative intent has decreased slightly falling below the 80% NLCA target to 79% although this should be interpreted against a substantial increase in the absolute numbers from 5,561 in 2019 to 8,936 in 2024 (>60% increase in the absolute number of people receiving curative treatment since 2019). The proportion of people with stage 1-2 lung cancer having surgery decreased amongst people with poorer fitness (PS 0=75.3%; PS 1=52.2% ; PS 2=19.2%). There was substantial variation across NHS trusts (Table 6).

People with stage 3A NSCLC and a good performance status (PS 0-2) can also be considered for treatment with curative intent. In 2024, only 59% of these individuals were offered curative intent treatments with the remaining 41% receiving either palliative intent therapies or best supportive care.

Table 6. Performance on curative intent treatment indicators for people diagnosed with Non-Small Cell Lung Cancer (NSCLC) in England in 2024

	NLCA target	2024	No. of NHS trusts above target (n=123)
Proportion of people with NSCLC undergoing resection surgery	≥17%	21.8%	92
Proportion of people with NSCLC who had curative treatment (Stage 1-2, PS 0–2)	≥80%	78.9%	49
Proportion of people with NSCLC who had curative treatment (Stage 3A, PS 0–2)	N/A	59.1%	N/A

4.6 Systemic anti-cancer therapy rates for people with NSCLC stage 3B-4 with good performance status

Key messages:

- The proportion of people with NSCLC (stages 3B-4, PS 0–1) who received systematic anti-cancer therapy has changed little in recent years, with 63.4% of these people having SACT in 2024 (63.1% in 2023 and 62.9% in 2022).
- The NLCA audit standard of 70% for this indicator was met or exceeded by 42 of 123 NHS trusts (34%).
- NHS trusts should monitor their performance against the NLCA standard and ensure there is timely delivery of SACT for people who are sufficiently fit to receive SACT.

Clinical trials have demonstrated that systemic anti-cancer therapy can extend survival, improve cancer related symptoms, and quality of life for people with advanced NSCLC. The proportion of people diagnosed with advanced NSCLC receiving SACT was 63.5% in 2024, compared with 63.1% in 2023 and 62.9% in 2022. There was a wide range in variation between Cancer Alliances ranging from 42 to 84% (see NLCA data dashboard for regional and organisational figures). The proportion of people with advanced NSCLC with fair/good performance status (PS 0-2) that had SACT was 52.8% in 2024. These findings suggest that chemotherapy service capacity is not keeping up with the demand for SACT.

4.7 Systemic anti-cancer therapy for small cell lung cancer

Key messages:

- In 2024, 71.2% of people with SCLC received systemic anti-cancer therapy (SACT), and 59 out of 102 eligible NHS trusts (58%) met or exceeded the NLCA target (=70%).
- NHS trusts should monitor their performance against the NLCA standard and ensure there are necessary resources for timely access to SACT, particularly in relation to diagnostic and molecular pathology capacity.

Small Cell Lung Cancer (SCLC) is a particularly aggressive type of lung cancer and people with SCLC are often diagnosed at an advanced stage. The proportion of patients diagnosed with SCLC is reducing with 6.6% of patients diagnosed with SCLC in 2024 compared to 8.6% in 2019. In 2017, the NLCA set an audit standard that at least 70% of people with SCLC should receive SACT. Overall, 71.2% of people with SCLC had SACT in 2024, which has decreased slightly from the level in 2023 (73.8%). There was some variation in treatment patterns across NHS trusts, with 53 out of 102 eligible NHS trusts (52%) having more than 70% of patients having SACT. These findings suggest that chemotherapy service capacity is not keeping up with the demand for SACT. See NLCA data dashboard for regional and organisational figures.

5. Results for Wales (2024)

5.1 Source of data and data completeness

The Welsh results contained in this report were derived using the standard dataset collected through the Cancer Network Information System Cymru (CaNISC) or the Cancer Dataset Form (CDF). The figures should not be compared to the English data which is derived from the Rapid Cancer Registration Dataset (RCRD).

The analysis included 2,135 people diagnosed with lung cancer in Wales in 2024. The completeness of the key data items in the Welsh data was excellent overall, in particular: 96.6% for disease stage, 98.3% for performance status, 100% for basis of diagnosis and 99% for morphology. Whether a lung cancer nurse specialist was present at diagnosis had been recorded in 97.5% of records. Smoking status was available for the first time, and 71.7% of patients had this recorded. Data was not available on ethnicity.

In 2024, the proportion of lung cancers proven to be Small Cell Lung Cancer (SCLC) was 9.1%. The median age at diagnosis was 73 years overall (IQR: 66 – 79) and was 74 and 69 years for patients with NSCLC and SCLC tumours, respectively. As in England, there were more women (50.7%) than men (49.3%) diagnosed with lung cancer. Among patients with known values, the proportion of patients with stage 4 disease was 43.6% (44.8% in 2023, 47.0% in 2022), while the proportion with stage 1 -2 disease was 34.8% (33.9% in 2023, 30.0% in 2022). The proportion of patients with performance status 0-1 was 45.7% (43.4% in 2023, 41.9% in 2022).

5.2 NLCA performance indicators

Key messages: The analysis of data from 2,135 patients diagnosed with lung cancer in 2024 found:

- The percentage of people with lung cancer who are diagnosed with stage 1-2 disease was 34.8%, and continues the increase observed in recent years (33.9% in 2023, 30.0% in 2022 and 24.0% in 2021). The percentage of people diagnosed with stage 4 disease was 43.6% (44.8% in 2023).
- The proportion of people with lung cancer diagnosed after an emergency admission was 26.4%, compared to 26.6% in 2023.
- The proportion of people with a pathological diagnosis of lung cancer was 88.7%, slightly below the NLCA target of 90%.
- The proportion of patients seen by a LCNS was 94.9% (94.9% in 2023).
- Curative treatment rates of NSCLC patients with stage 1-2 and good performance status (0-2) was 77.8% (76.5% in 2023), below the audit standard of 80%. For NSCLC patients with stage 3A disease, the curative treatment rate was 61.7% (66.7% in 2023).
- The surgical resection rate for people with NSCLC was 17.1%, compared to 17.5% in 2023.
- The proportion of people with stage 1-2 lung cancer having surgery decreased amongst people with poorer fitness (PS 0=70.5%; PS1=54.3%; PS2=32.9%).
- The use of systemic anti-cancer therapy (SACT) for stage 3B-4 NSCLC patients (PS 0–1) was 62.1% in 2024, below the audit standard (70%).
- The proportion of people with SCLC who had SACT in 2024 was 60.3% (64.5% in 2023).
- The median time from diagnosis to SACT for patients with SCLC was 21 days (IQR: 15 - 31).
- The median time from referral to treatment in patients with NSCLC Stage 1-2 for surgery was 91 days (IQR: 67 - 115), and for radical radiotherapy 97 days (IQR: 81 - 131)
- The median time from referral to SACT in patients with NSCLC Stage 3B-4 was 75 days (IQR: 58 - 98).

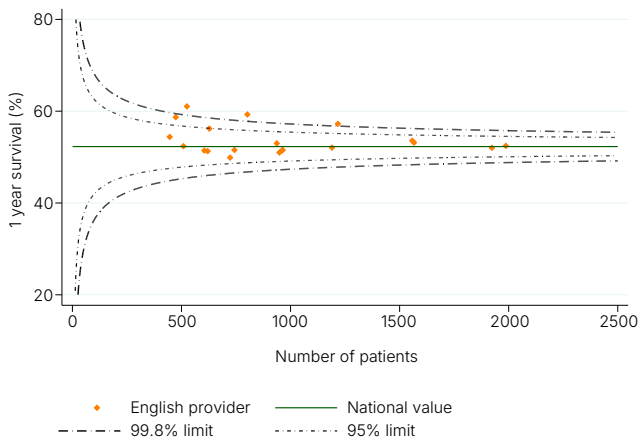
6. Survival after cancer diagnosis

In this report, we describe survival for the 19,326 people diagnosed in England between 1st January and 30th June 2024. Median survival was 372 days (95% CI: 364 to 381). The proportion of people who survived at least one year was 50.7% overall (95% CI: 50.0% to 51.4%). For patients diagnosed with stage 4 lung cancer, the median survival was 95 days (95% CI: 91 to 100). Figure 2A shows the risk-adjusted 1-year mortality rates for the cancer alliances and Figure 2B by Trust. There were no negative outlying cancer alliances. For the first time in 2026 one year survival was included in the outlier process as outlined in the NATCAN outlier policy. There were no Trusts below the 99.8% lower limits for 2024 but there was one Trust who was flagged as an outlier as it was below the 95% lower limit in two consecutive years (2023 and 2024), however, following investigation by the Trust some discrepancies were identified between the Trust's local data and the Rapid Cancer Registration Dataset, suggesting 1-year survival may have been higher. More detail can be found in our Outlier Report.

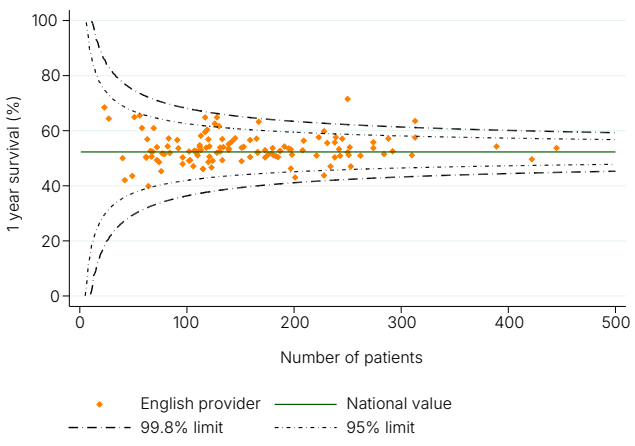
Survival estimates for England should be interpreted cautiously as the most recent rapid cancer registration data may have incomplete mortality data and miss people who do not have hospital-based treatment. Last year we reported median survival of 358 days for people diagnosed in England between January and June 2023; repeating this analysis during the same time period using current data reveals a median survival of 349 days.

Figure 2. Risk-adjusted estimates for 1 year survival for people diagnosed in England (January to June 2024) for English cancer alliances and NHS trusts.

(A) English Cancer Alliances (Jan – Jun 2024)*



(B) English Trusts (Jan-June 2024)*

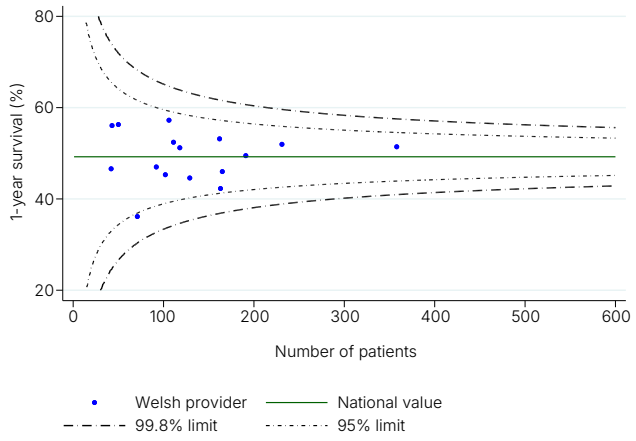


*Survival for England is reported from January-June due to more censoring in data from RCRD in England

For patients diagnosed with lung cancer in Wales during 2024, the median survival was 350 days (95% CI: 308 to undefined) and 1-year survival in this cohort was 49.2%. For patients diagnosed with stage 4 lung cancer, the median survival was 90 days (95% CI: 77 to 99).

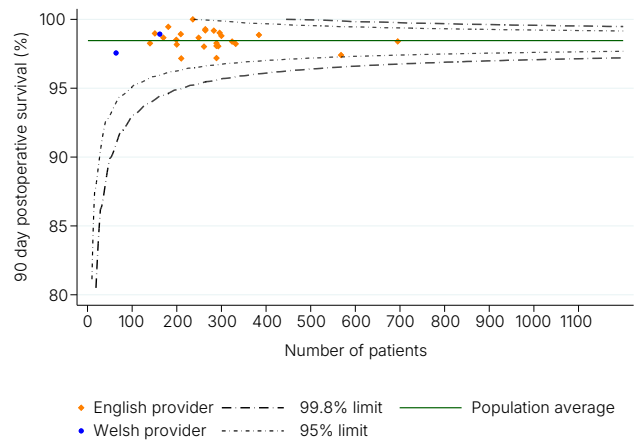
Figure 3 shows risk-adjusted 1-year survival rates for the Welsh hospitals for patients diagnosed in 2024; there were no hospitals in Wales outside the outer 99.8% control limits or outside the 95% in two consecutive years. See NLCA website for more details.

Figure 3. Risk-adjusted estimates for 1 year survival for people diagnosed in Wales (January to December 2024) for Welsh hospitals.



Among people with lung cancer who had surgery post-operative 90-day survival was 98.4% across England and Wales. Figure 4 shows risk-adjusted 90-day survival for the thoracic units in England and Wales.

Figure 4. Risk adjusted 90 day post-operative survival in England and Wales (Jan-Dec 2024) by thoracic units.



7. Commentary

This State of the Nation report describes the patterns of care received by people with lung cancer diagnosed in England and Wales during 2024. People are analysed based on their place first seen, either an English NHS trust or Welsh hospital (see methodology supplement).

The report has focused on the overall national figures. The indicator values for the NHS organisations can be found on the online data dashboard. It is essential that NHS trusts and cancer alliances in England and NHS hospitals and health boards in Wales use the dashboard and additional online materials to review their performance and, where necessary, initiate local quality improvement activities. The online data dashboard also provides quarterly results to support ongoing monitoring and local quality improvement. These resources support delivery of the NLCA Quality Improvement Plan, which provides a framework for coordinated local and national action to address variation and improve outcomes across lung cancer care.

The dashboards should be used to monitor data quality. Particular attention should be given to data completeness of "patient seen by LCNS" in the English Rapid Cancer Registration Dataset. This is a key focus of the NLCA's quality improvement initiative: Improving Access to LCNS Care, which aims to ensure that all people diagnosed with lung cancer are offered access to specialist nursing support.

We have seen a continued increase in the number of stage 1 and 2 tumours among those diagnosed with lung cancer. A corresponding increase in the number of individuals having resection surgery was also observed. The Lung Cancer Screening programme will have been a major reason behind these changes; however, its impact has yet to translate into lower rates of diagnosis after an emergency presentation. The roll-out of lung cancer screening will continue, expanding the current 40% coverage. Nonetheless, the speed of implementation varies across the country, and this could be a source of variation in stage 1 and 2 presentation rates, treatment patterns and subsequently outcomes.

Times to treatment remain an issue, although there was a slight improvement compared with the results in last year's report. The growth in demand for surgery is likely to be contributing to the longer times to surgery for people with NSCLC, and this increase is likely to continue as lung cancer screening expands. Creating plans for thoracic surgery centres to accommodate this demand remains a priority for NHS lung cancer services.

Systemic anti-cancer therapy (SACT) is a cornerstone of management for SCLC and advanced NSCLC. This year's audit results suggest that delivery of SACT across England and Wales remains below the standards set by the NLCA in 2017. For advanced NSCLC, the proportion of English patients with good performance status (PS 0–1) receiving SACT has plateaued at around 60–63%, below the audit target of 70%. For SCLC, the audit standard of 70% receiving SACT was narrowly achieved in England (71.2% in 2024), but this represents a decline from 73.8% in 2023, and there is wide variation across NHS organisations. In Wales, treatment rates were notably lower, with 62.1% of advanced NSCLC (PS 0–1) and 60.3% of SCLC patients receiving SACT in 2024. These patterns may reflect issues with access to systemic therapy and possible differences in local referral pathways. But collectively, these findings suggest the growing demand for systemic treatment is outpacing service provision. Plans to review SACT capacity and to improve the consistency of delivery across regions are another priority area for the NHS in England and Wales to ensure that performance standards reflect both clinical best practice and realistic service provision.

For the first time, NLCA introduced an outlier process for 1-year survival, identifying one NHS Trust below the 95% lower control limit in two consecutive years; however, following investigation by the Trust some discrepancies were identified between the Trust's local data and the Rapid Cancer Registration Dataset, suggesting 1-year survival may have been higher than we estimated.