



NATCAN

National Cancer Audit
Collaborating Centre

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Summary of State of the Nation Report Infographics – January 2025





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State of the Nation (SotN) Report infographics 2025

National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2025.

Prepared by Verity Walker, Centre Project Manager.

A document containing the SotN report infographics, published January 2025.

The full SotN reports for each audit can be found below.

Published January 2025:

[National Bowel Cancer Audit \(NBOCA\)](#)

[National Oesophago-gastric Cancer Audit \(NOGCA\)](#)

[National Prostate Cancer Audit \(NPCA\)](#)

Published September 2024:

[National Kidney Cancer Audit \(NKCA\)](#)

[National Audit of Metastatic Breast Cancer \(NAoMe\)](#)

[National Non-Hodgkin Lymphoma Audit \(NNHLA\)](#)

[National Ovarian Cancer Audit \(NOCA\)](#)

[National Pancreatic Cancer Audit \(NPaCA\)](#)

[National Audit of Primary Breast Cancer \(NAoPri\)](#)

Published May 2024:

[National Lung Cancer Audit \(NLCA\)](#)



Royal College
of Surgeons
of England

The Royal College of Surgeons of England 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) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NATCAN delivers national cancer audits in non-Hodgkin lymphoma, bowel, breast (primary and metastatic), oesophago-gastric, ovarian, kidney, lung, pancreatic and prostate cancers. HQIP is led by a consortium of the Academy of Medical Royal Colleges and the Royal College of Nursing. Its aim is to promote quality improvement in patient outcomes, and in particular, to increase the impact that clinical audit, outcome review programmes and registries have on healthcare quality in England and Wales. HQIP holds the contract to commission, manage and develop the National Clinical Audit and Patient Outcomes Programme (NCAPOP), comprising around 40 projects covering care provided to people with a wide range of medical, surgical, and mental health conditions. The programme is funded by NHS England, the Welsh Government and, with some individual projects, other devolved administrations and crown dependencies. <https://www.hqip.org.uk/national-programmes>.

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Care pathways

38,604 people

were diagnosed with bowel cancer in England and Wales between 1 April 2022 and 31 March 2023.

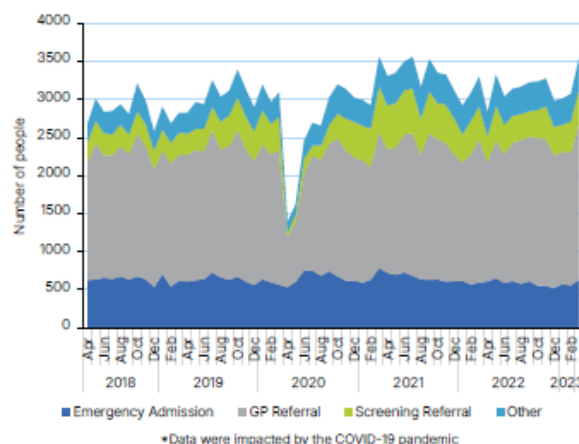
Proportion of people who presented with stage 1 or stage 2 cancer



Proportion of people recorded as being seen by a clinical nurse specialist (CNS)



Number of patients who presented with colorectal cancer by route of diagnosis*



Proportion of people in England with mismatch repair (MMR) immunohistochemistry test



Peri-operative care



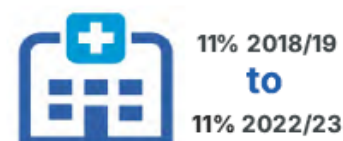
% of people who died within 90 days of surgery



% of people with an unplanned 30-day return to theatre after surgery



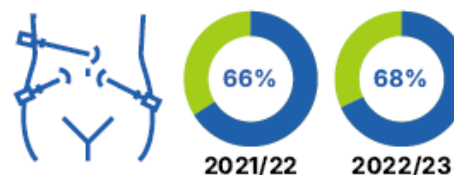
% of people with an unclosed diverting ileostomy 18-months after anterior resection (major rectal cancer operation, year of surgery)



% of people with an unplanned 30-day readmission after surgery



% of trusts/MDTs that performed ≥ 20 major rectal cancer operations per year (year of surgery)



% of people who underwent major colorectal cancer surgery with a minimally invasive approach

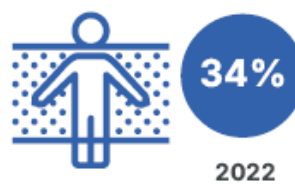
Oncological management



% of people who received adjuvant chemotherapy for stage 3 colon cancer (year of surgery)



% of people who experienced severe acute toxicity after adjuvant chemotherapy (year of surgery)



% of people with rectal cancer who received neo-adjuvant radiotherapy treatment (year of diagnosis)



% of people alive 2-years after major colorectal cancer surgery (year of surgery)

Diagnosis & staging

28,229

people were
diagnosed with kidney
cancer in 2019 - 2021

69
years

age at diagnosis
(median)
Interquartile range
59 - 77 years

58%

of people with kidney cancer
were diagnosed at stage T1
and any N/M category

21%

of people had metastases

64%

of people were male

82%

of people with kidney
cancer had a **multi-
disciplinary team meeting**
recorded*



2%

of people with kidney
cancer had **consented for a
clinical trial**

*Data completeness measure

Treatment Allocation

20%

of people with a small renal
mass had a biopsy



69%

of people with a T3+ or 10cm+ or N1 and
M0 Renal Cell Carcinoma (RCC) had
**radical nephrectomy within 31 days of
decision to treat.**



Surgery

76%

of people with T1b-3NxM0 RCC
underwent surgery



67%

of people with T1aN0M0 underwent
nephron sparing treatment



Systemic Anti-Cancer Therapy (SACT)

48%

of people with metastatic RCC received initial
SACT within 12 months of diagnosis



3%

of people with kidney cancer
died within 30 days of SACT
treatment



T3+ and/or 10cm+ and/or N1 and M0 RCC - Tumour extends into major veins or perinephric tissues or invades beyond Gerota fascia and/or tumour more than 10cm in size and/or metastasis in regional lymph node(s)

T1b-3NxM0 RCC - Tumour is more than 4cm in size or tumour extends into major veins or perinephric tissues with no distant metastasis

T1aN0M0 RCC - Tumour is less than or equal to 4cm in size with no regional lymph node metastasis and no distant metastasis

Diagnosis & staging

490

people were
diagnosed with kidney
cancer in 2022

46%

of people with kidney cancer
were diagnosed at stage T1
and any N/M category

21%

of people had metastases

70
years

age at diagnosis
(median)
Interquartile range
60 - 78 years

65%

of people were male

99%

of people with kidney
cancer had a **multi-
disciplinary team
meeting recorded***

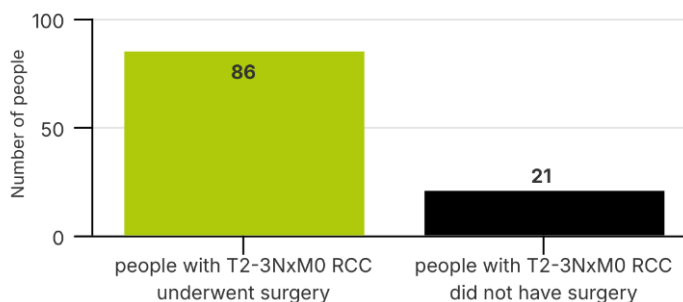


*Data completeness measure

Treatment Allocation

80%

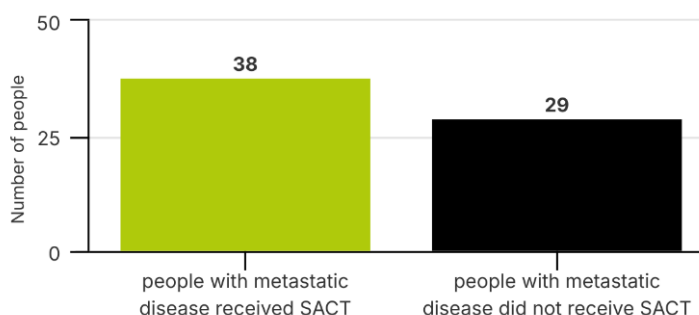
of people with T2-3NxM0
Renal Cell Carcinoma (RCC)
underwent surgery



Systemic Anti-Cancer Therapy (SACT)

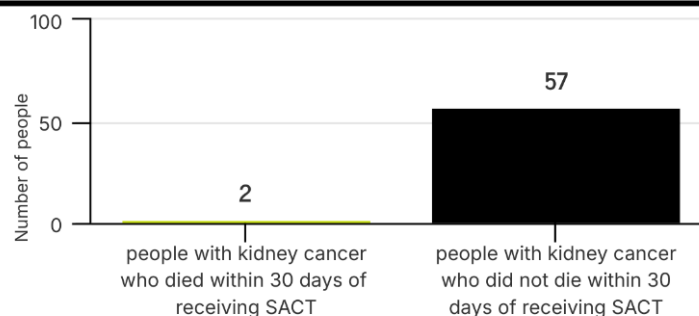
57%

of people with metastatic RCC
received initial SACT within 12
months of diagnosis



3%

of people with kidney cancer
died within 30 days of SACT
treatment

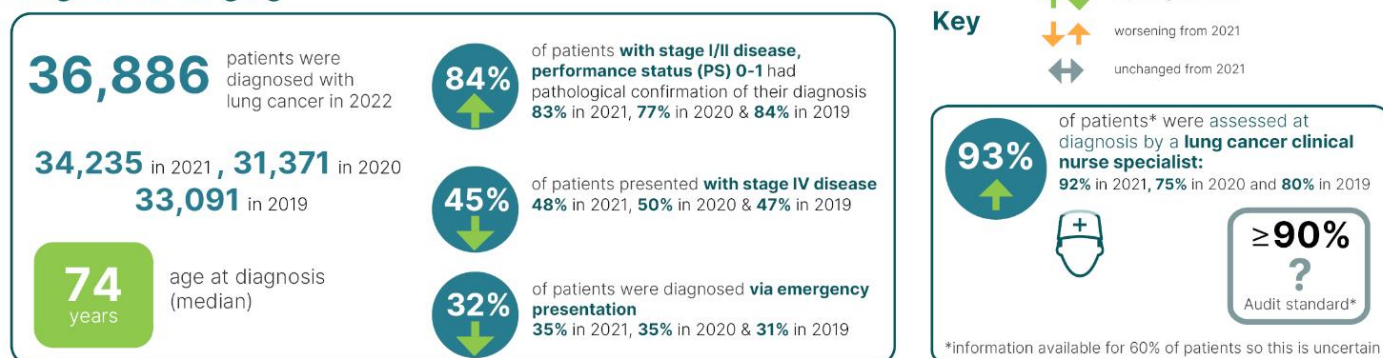


T3+ and/or 10cm+ and/or N1 and M0 RCC - Tumour extends into major veins or perinephric tissues or invades beyond Gerota fascia and/or tumour more than 10cm in size and/or metastasis in regional lymph node(s)

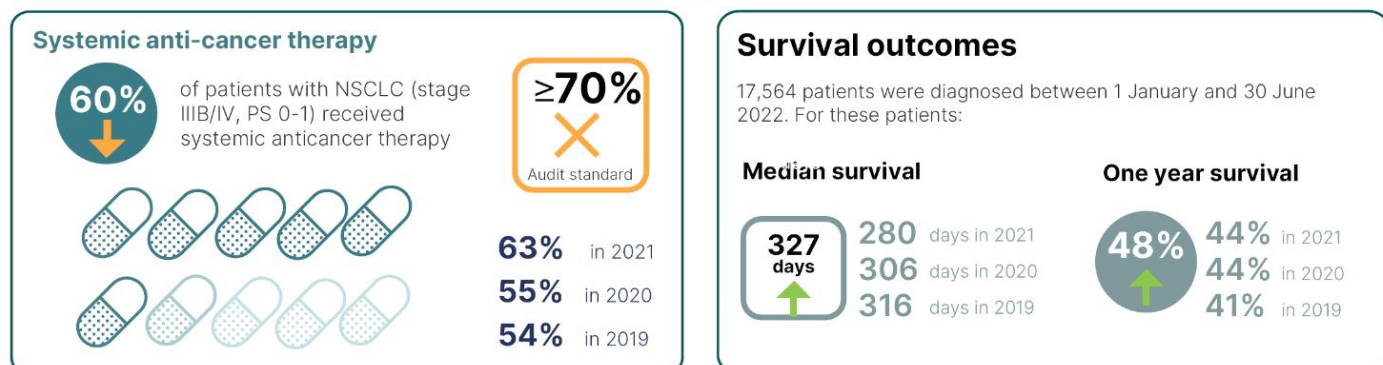
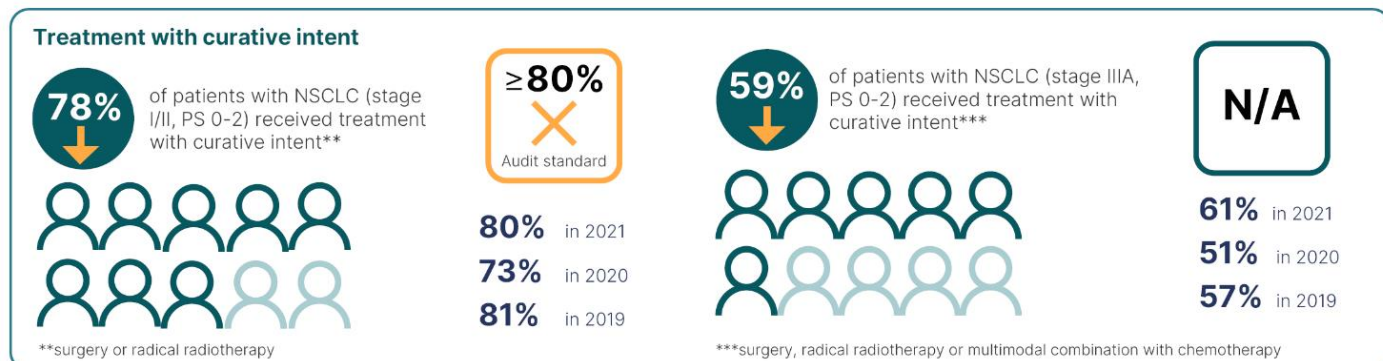
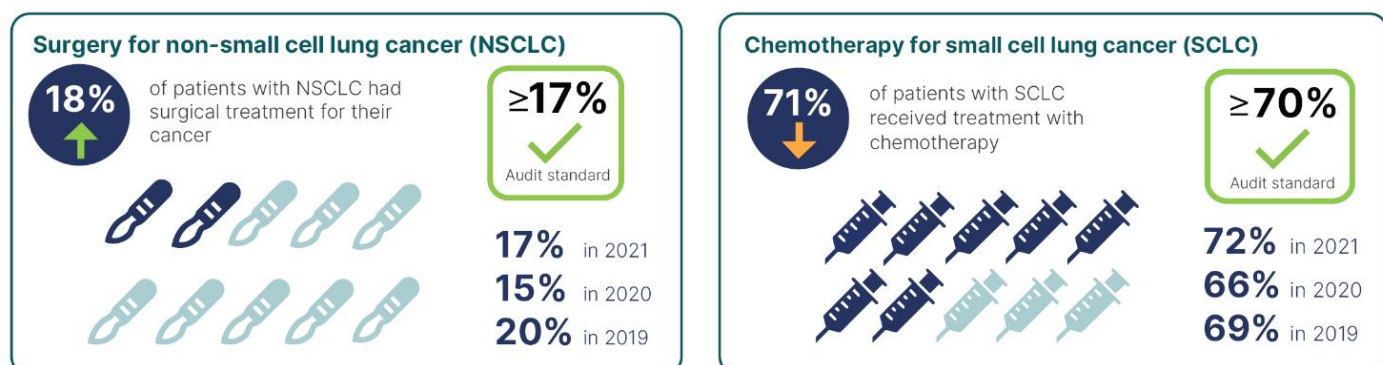
T2-3NxM0 RCC - Tumour is more than 7cm in size or tumour extends into major veins or perinephric tissues with no distant metastasis

T1aN0M0 RCC - Tumour is less than or equal to 4cm in size with no regional lymph node metastasis and no distant metastasis

Diagnosis & staging



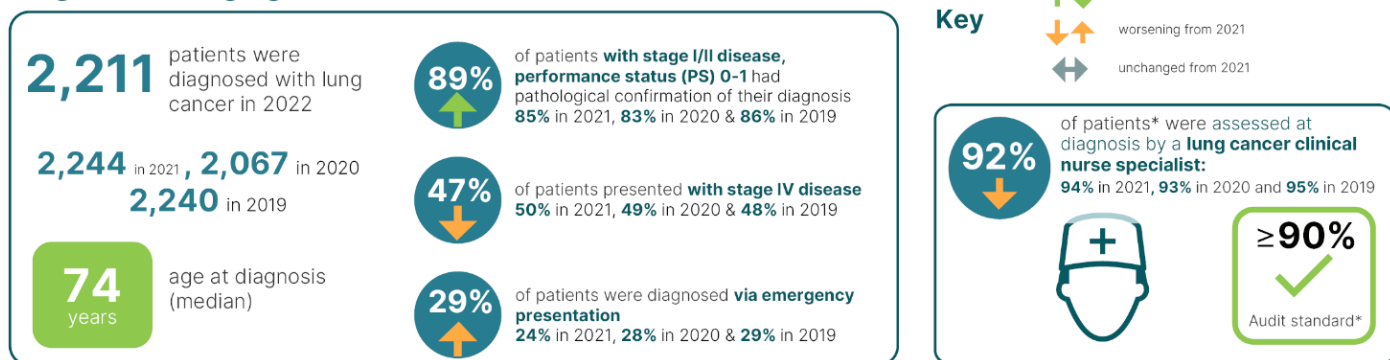
Treatment allocation



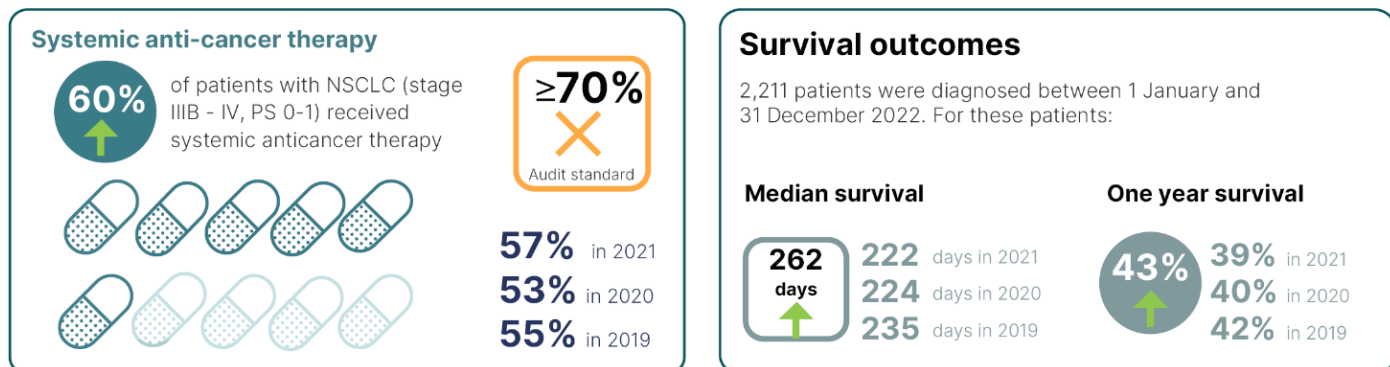
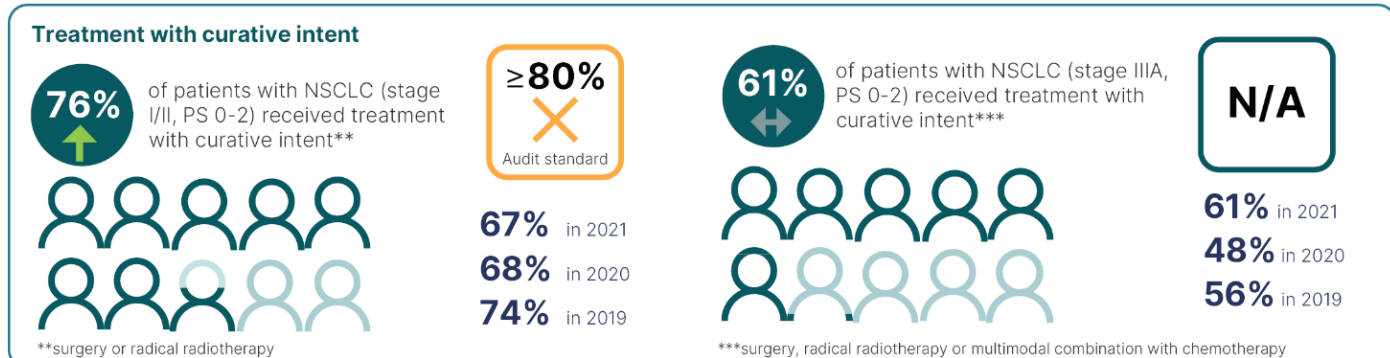
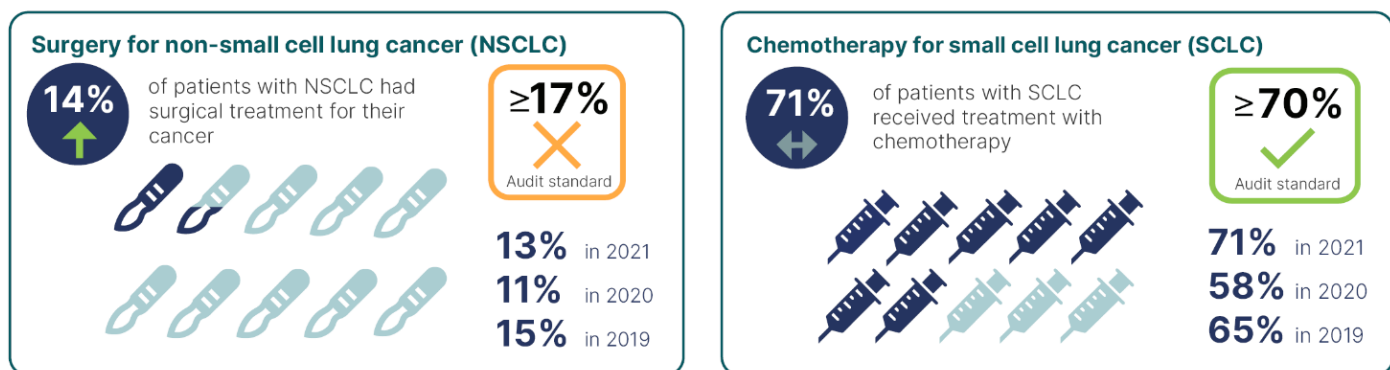
Data quality



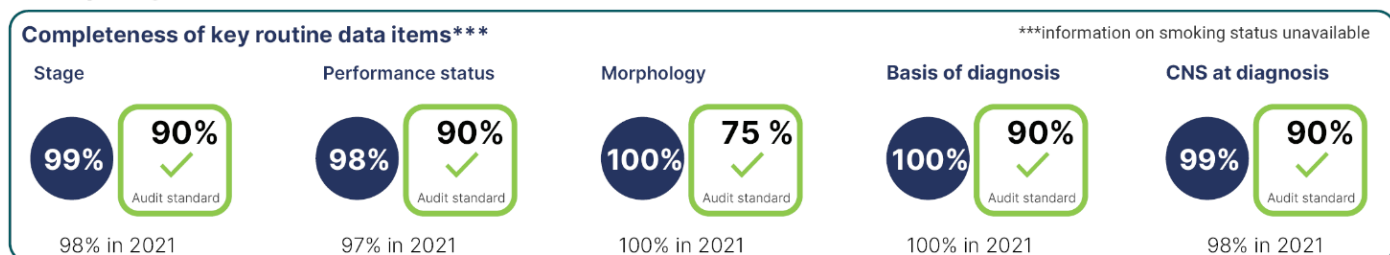
Diagnosis & staging



Treatment allocation



Data quality

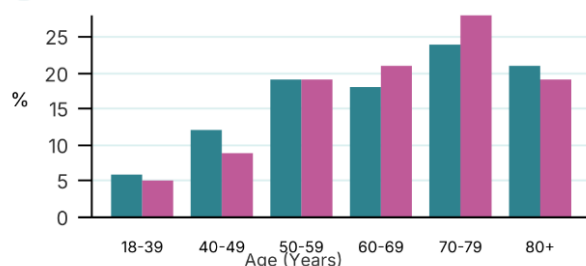


The NAOme reports on all people (women and men) diagnosed with metastatic breast cancer (MBC) in NHS hospitals in England and Wales (also known as secondary, advanced, or stage 4 breast cancer). It includes those with MBC diagnosed at presentation (de-novo disease), as well as those with recurrent metastatic disease.

People diagnosed 2019-2021 with metastatic breast cancer

De-novo disease: 11,132
(11,025 women and 107 men)

E England: 10,661 **W** Wales: 471



Recurrent disease*: 5,923
(5,878 women and 45 men)

E England: 5,654

W Wales: 269

*People with recurrent disease are not accurately recorded in the data available for this report. Information presented here uses methodology to detect people with recurrent MBC as best as we are currently able. There will be ongoing methodological work to improve and refine these methods.

Multidisciplinary Discussion

In England 61% of women with de-novo MBC had a record of multidisciplinary team discussion of their care. In Wales this was only 6% (low data completeness).



Biopsy

34% of people in England with recurrent MBC had a record of biopsy of a metastatic lesion. This information could not be derived for Wales.



CNS Contact

Data completeness for England was low at 67% compared to 88% for Wales. Where completed, 97% of people with de-novo MBC in England and 96% in Wales had a record of Clinical Nurse Specialist (CNS) contact at diagnosis.



Chemotherapy for recurrent disease

In England 40.4% of people with recurrent MBC received chemotherapy. Use of chemotherapy was greater among younger women with triple negative breast cancer.



Systemic Therapy for de-novo disease

43% of people in England and 53% in Wales received chemotherapy for de-novo disease at some stage. Further chemotherapy details were not available for Wales.



In England, 35% of women with de-novo ER positive/HER2 negative disease received CDK 4/6 inhibitors at some stage.

In England, 75% of women with de-novo HER2 positive disease received anti-HER2 therapy at some stage.

Death after chemotherapy

In England,

8%

of women with de-novo MBC and

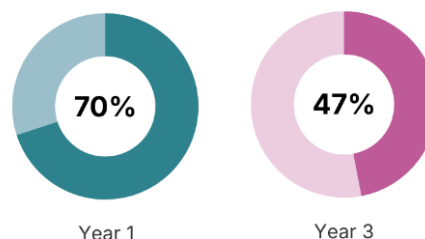
21%

with recurrent MBC died within 30 days of chemotherapy.

This information was not available for Wales.

Survival for de-novo disease

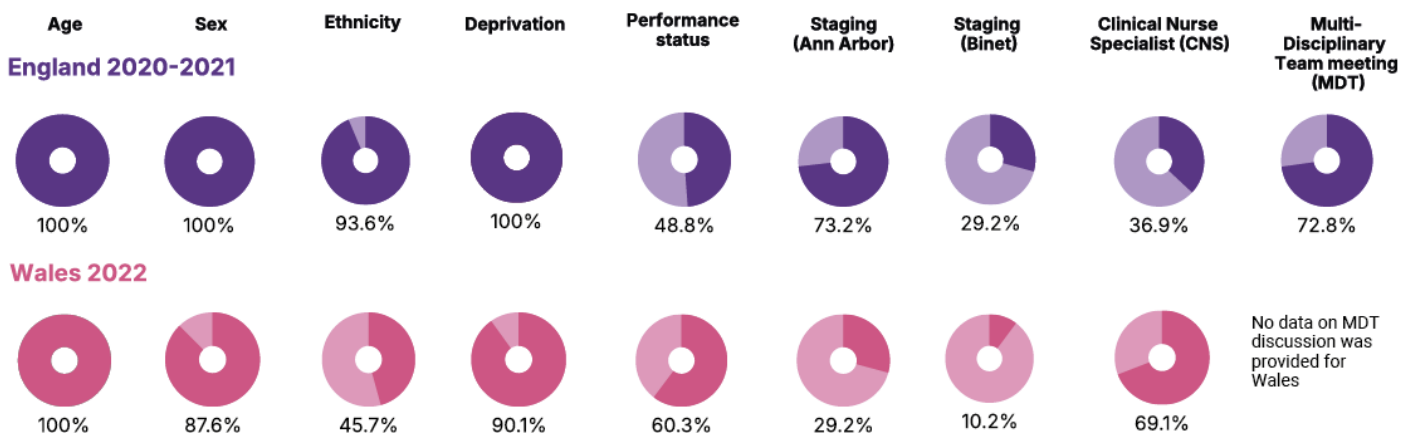
Percent of people who survived for 1 or 3 years after diagnosis in England and Wales (combined).



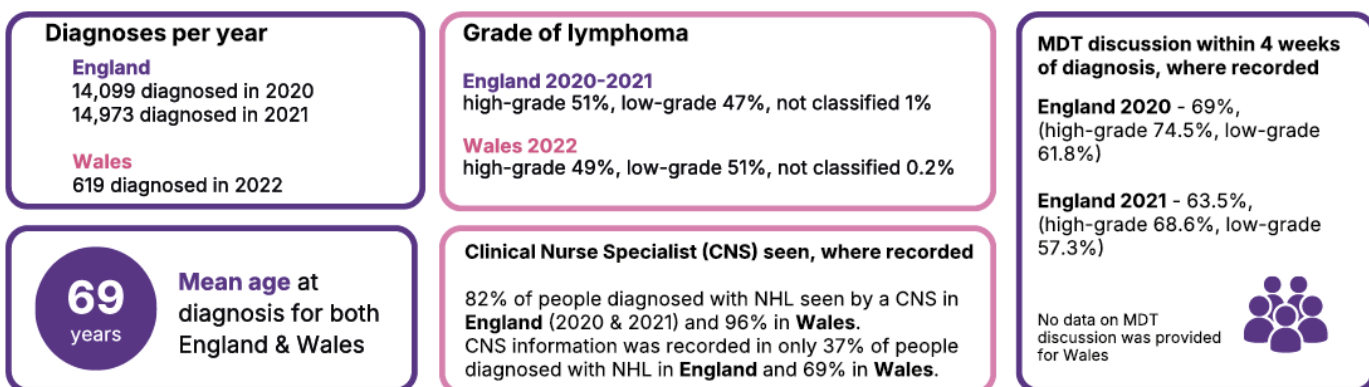


Summary of results for people diagnosed with Non-Hodgkin Lymphoma (NHL) in England (2020-2021) and Wales (2022).

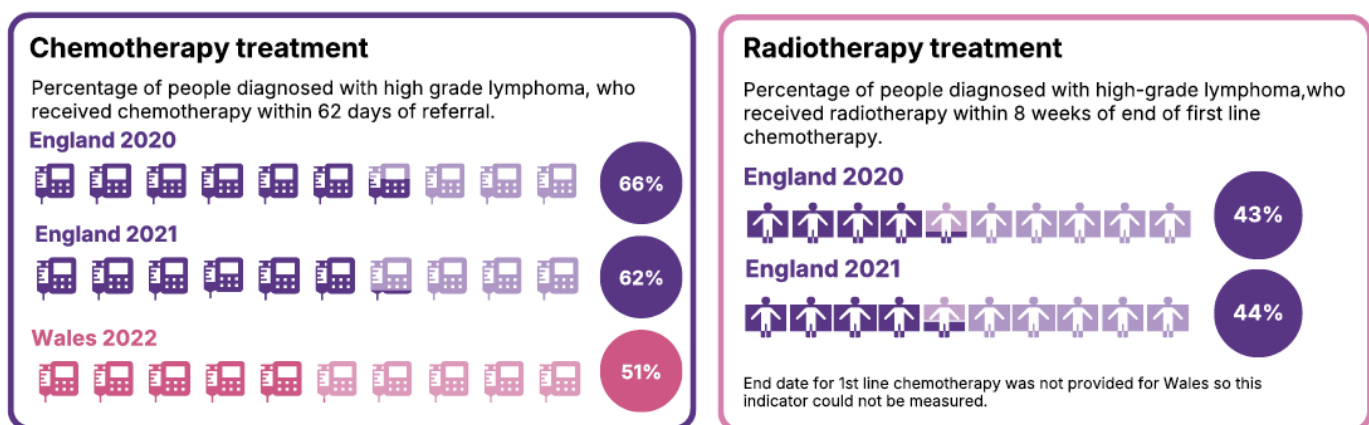
Data completeness



Diagnosis and staging

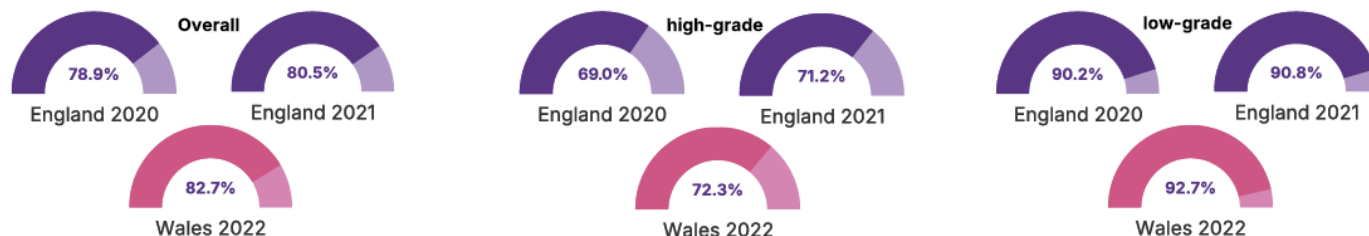


Treatment



Survival

One-year survival outcomes

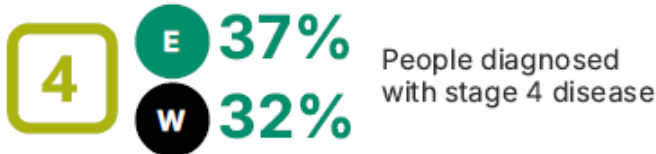




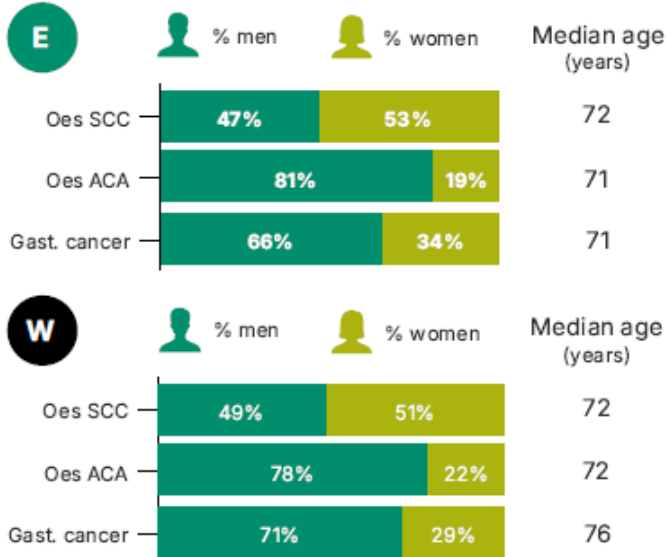
20,834 people diagnosed with OG cancer
in England and Wales between
1 Apr 2021 - 31 Mar 2023

E England: 19,512 **W** Wales: 1,322

Emergency & stage 4 diagnoses

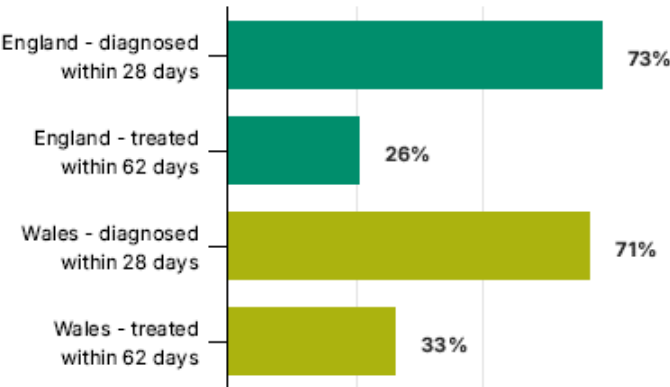


Patient profile at diagnosis



Waiting times

% of people diagnosed and treated within
28 and 62 days, respectively*



Curative treatment & outcomes

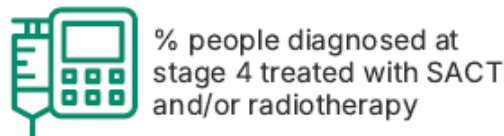
% people diagnosed at
stage 1-3 treated with
curative intent

E **49%**
W **31%**

Survival following surgical resection**

	Oesophagectomy		Gastrectomy	
	90-day	1-year	90-day	1-year
E	96.2%	83.1%	96.9%	82.8%
W	95.1%	88.2%	98.6%	85.1%

Non-curative treatment & outcomes



E **55%**
W **40%**

4.6%

of stage 4 diagnoses died
within 30 days of starting
SACT in England***

CNS: Clinical Nurse Specialist
Gast. cancer: Gastric (stomach) cancer
OG: Oesophago-Gastric
Oes SCC: Oesophageal squamous cell carcinoma
Oes ACA: Oesophageal adenocarcinoma
SACT: Systemic Anti-Cancer Therapy

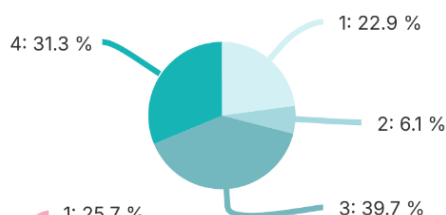
* Waiting times measured from date of urgent GP referral (England) or date of suspicion (Wales) to date of diagnosis and date of first disease-targeted treatment of surgery, radiotherapy, or SACT.
** 3 years' of data (1 Apr 2020 - 31 Mar 2023) used for surgical outcomes to ensure enough procedures to produce robust statistics; results are the % for people undergoing surgery
*** Outcomes of palliative chemotherapy are not reported for Wales due to known issues with oncology data

Diagnosis & staging

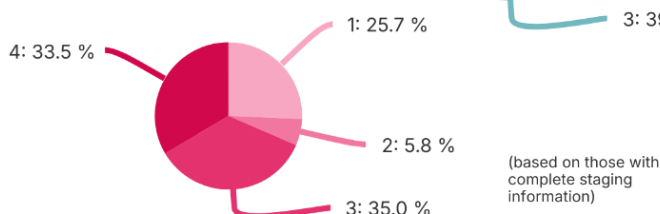
5,735 diagnoses of ovarian cancer in England in 2021

293 diagnoses of ovarian cancer in Wales in 2022
(excluding borderline ovarian tumours)

Stage in England in 2021



Stage in Wales in 2022



Mean age at diagnosis

England in 2021

66.6
years

Wales in 2022

65.8
years

Emergency admissions



Approximately four out of ten women diagnosed with ovarian cancer in England in 2021 and in Wales in 2022 had an emergency admission 28 days prior to diagnosis.

Receipt of any treatment (surgery and/or chemotherapy)

Approximately one out of four women diagnosed with stage 2 to 4 or unstaged ovarian cancer in England in 2021 and in Wales in 2022 did not have any treatment recorded.



Platinum-based chemotherapy

Approximately one out of three women diagnosed in England in 2021 with stage 2 to 4 or unstaged epithelial ovarian cancer did not have any platinum-based chemotherapy recorded.



One-year survival

England in 2021



Approximately seven out of ten women diagnosed with ovarian cancer survived at least one year after diagnosis.

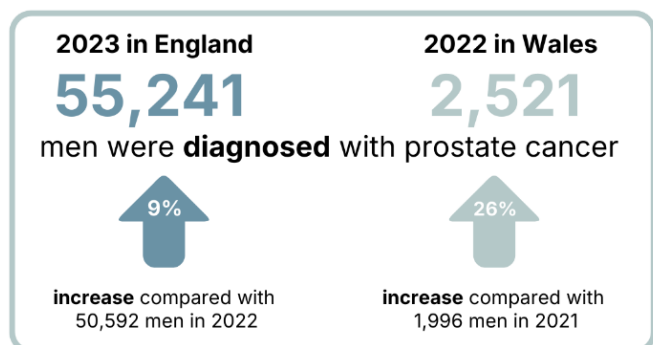
Wales in 2022



Approximately three out of four women diagnosed with ovarian cancer survived at least one year after diagnosis.

(based on crude estimates and it does not account for differences in case-mix)

Diagnosis & staging



Disease presentation

For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

17%^E of men presented with **metastatic** disease in England (E) and Wales (W)
19%^W

Treatment allocation

For men diagnosed between January - December 2021 in England and between April 2022 - March 2023 in Wales

Low-risk*, localised disease

High-risk/locally advanced disease



of men had radical treatments in England (E) and Wales (W)

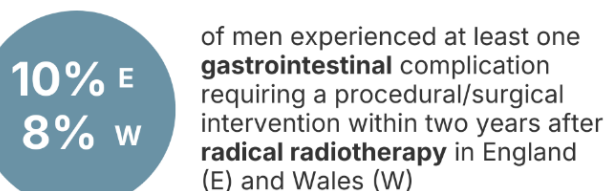
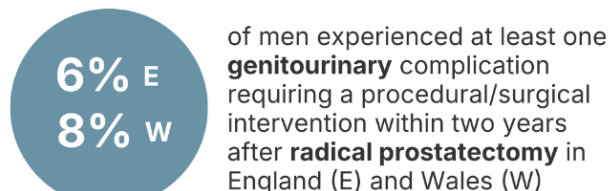
*Low-risk: T stage 1/2, Gleason ≤6, M/N 0 or missing = CPG1

Treatment outcomes

For men undergoing surgery between April 2022 - March 2023 in England and Wales



For men undergoing radical treatment between September 2020 - August 2021 in England and Wales



Diagnosis and treatment by age-ethnicity-deprivation

For men diagnosed between January 2021 - December 2023 in England



Across all age groups **over 50 years**, **black populations** had **more diagnoses** per 1000 men **than other ethnicities**



White men **≥85 years** were more often diagnosed with **stage 4 cancer** than younger groups

Men living in **more deprived areas** and **black men** were **less likely to receive radical treatment** for high-risk/locally advanced disease

NPACA reports on all adults with a new diagnosis of pancreatic cancer in NHS hospitals in England (2020-2021) and Wales (2022)

Diagnosis and staging

19,308

diagnoses of pancreatic cancer in England in 2020-21

480

diagnoses of pancreatic cancer in Wales in 2022

England:
51% Men
49% Women

Wales:
50% Men
50% Women

74 years median age at diagnosis

Work up and waiting times

76%

of people had a record of an Multi-Disciplinary Team discussion in England



Percentage of people diagnosed within 28 days of referral:**

England: 67%
Wales: 70%

Median time (IQR*) from referral to first treatment:**

England: 75.5 (57-99) days
Wales: 82 (63 - 125) days

Supportive care

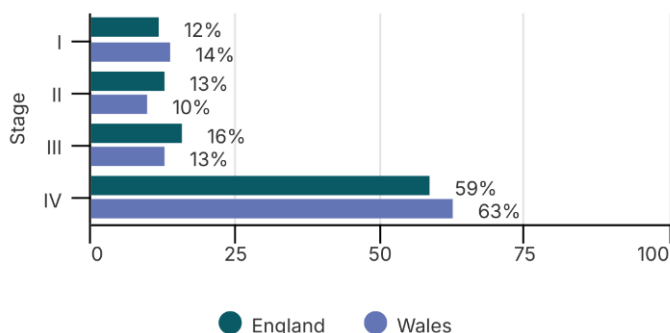
51%

of people diagnosed during 2020-21 were prescribed PERT.

86%

of people with new diagnoses of pancreatic cancer were seen by a Clinical Nurse Specialist in England****

Stage at diagnosis*



Treatment

Percentage of people receiving any form of disease-modifying treatment

Stage I - III: All treatments: England 55%; Wales 41%

Treatment	England	Wales
Surgery	28%	19%
Chemotherapy	47%	29%
Radiotherapy	10%	10%

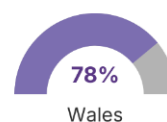
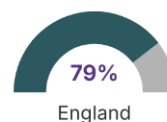
Stage IV: All treatments: England 25%; Wales 16%

Treatment	England	Wales
Chemotherapy	24%	14%
Radiotherapy	3%	3%

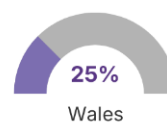
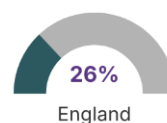
Survival

Percentage of people who survived for 30 days or 1 year after diagnosis in England and Wales

30 days



1 year



* Based on people with complete staging information available

** For England, the figure is based on people diagnosed after GP referral. For Wales, we include all routes to diagnosis

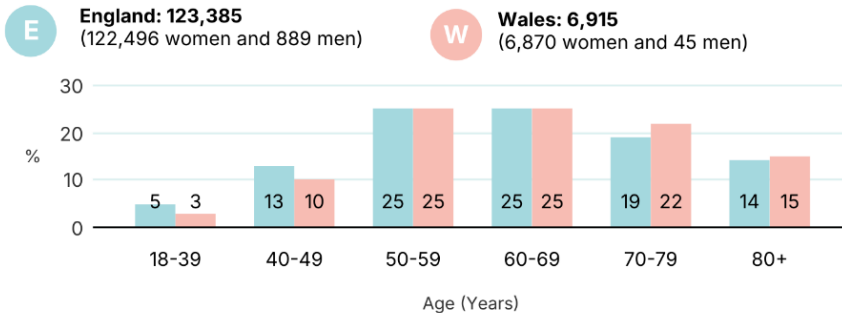
*** Interquartile range

**** Information available for only 46% of people



The NAOpri reports on all people (women and men) aged 18 and over newly diagnosed with primary breast cancer (stages 0 to 3) in NHS hospitals in England and Wales.

Total: 130,300 women and men diagnosed 2019-2021



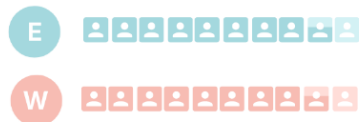
Triple Diagnostic Assessment

55% of people in England and 57% in Wales were reported to have Triple Diagnostic Assessment in a single hospital visit.



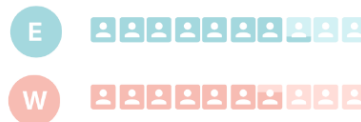
Surgery

86% of people in England and 86% in Wales received surgery within 12 months of diagnosis (stage 0 to stage 3A).



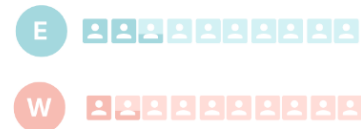
Breast Conserving Surgery (BCS)

72% of women in England and 68% in Wales had BCS. Mastectomy rates were higher with increased tumour size and older age.



Breast Reconstruction

24% of women in England and 14% in Wales had an immediate breast reconstruction following a mastectomy.



Chemotherapy

13% of people in England and 9% in Wales received neo-adjuvant chemotherapy (chemotherapy before surgery).



Among those with Early Invasive Breast Cancer (EIBC) having surgery, 33% of people in England and 29% in Wales received chemotherapy either before or after surgery.



Radiotherapy after BCS

85% of women in England with EIBC and 70% in Wales received adjuvant radiotherapy following BCS.



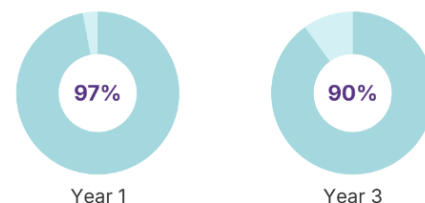
CNS Contact

For those with data available 98% of people in England and 99% in Wales had contact with a Clinical Nurse Specialist (CNS) after diagnosis. However, data completeness for England was 76%.



Survival

Percent of people who survived for 1 or 3 years after diagnosis in England and Wales (combined).



Note 1: Where we limited this information to women, this is because the number of men were too small to produce reliable statistics.

Note 2: Surgical and oncological treatment options are similar for men and women with the same tumour characteristics. We have limited the information about surgery and radiotherapy to women in this infographic because reliable statistics on the treatments received by men could not be produced using the limited data available in this report