
National Cancer Audit Collaborating Centre

Changes over time – October 2026





NATCAN

National Cancer Audit
Collaborating Centre

Citation for this document:

Longitudinal results from State of the Nation Reports published in September and October 2026. London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2026.

Summary of the longitudinal results for key performance indicators from the NATCAN audits published in September and October 2026. More information and the full Reports can be found here:

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

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

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

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

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

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

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

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



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

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 \(HQIP\)](#) 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.

© 2026 Healthcare Quality Improvement Partnership (HQIP)

Copyright. All rights reserved. No part of this publication may be reproduced in any form (including photocopying or storing it in any medium by electronic means and whether or not transiently or incidentally to some other use of this publication) without the written permission of the copyright owner. Applications for the copyright owner's written permission to reproduce any part of this publication should be addressed to the publisher.

Contents

NBOCA	5
NAoMe	6
NAoPri	7
NKCA	8
NNHLA	9
NOGCA	10
NPaCA	11
NPCA	12

Introduction

The figures show national changes over time in selected performance indicators for each NATCAN audit. Changes in variation between providers may also have occurred over the same time-period.

Results may be affected by changes in data completeness, characteristics of the patient population, and random variation.

Results from 2020-21 were impacted by the COVID-19 pandemic and so will be atypical to some degree.

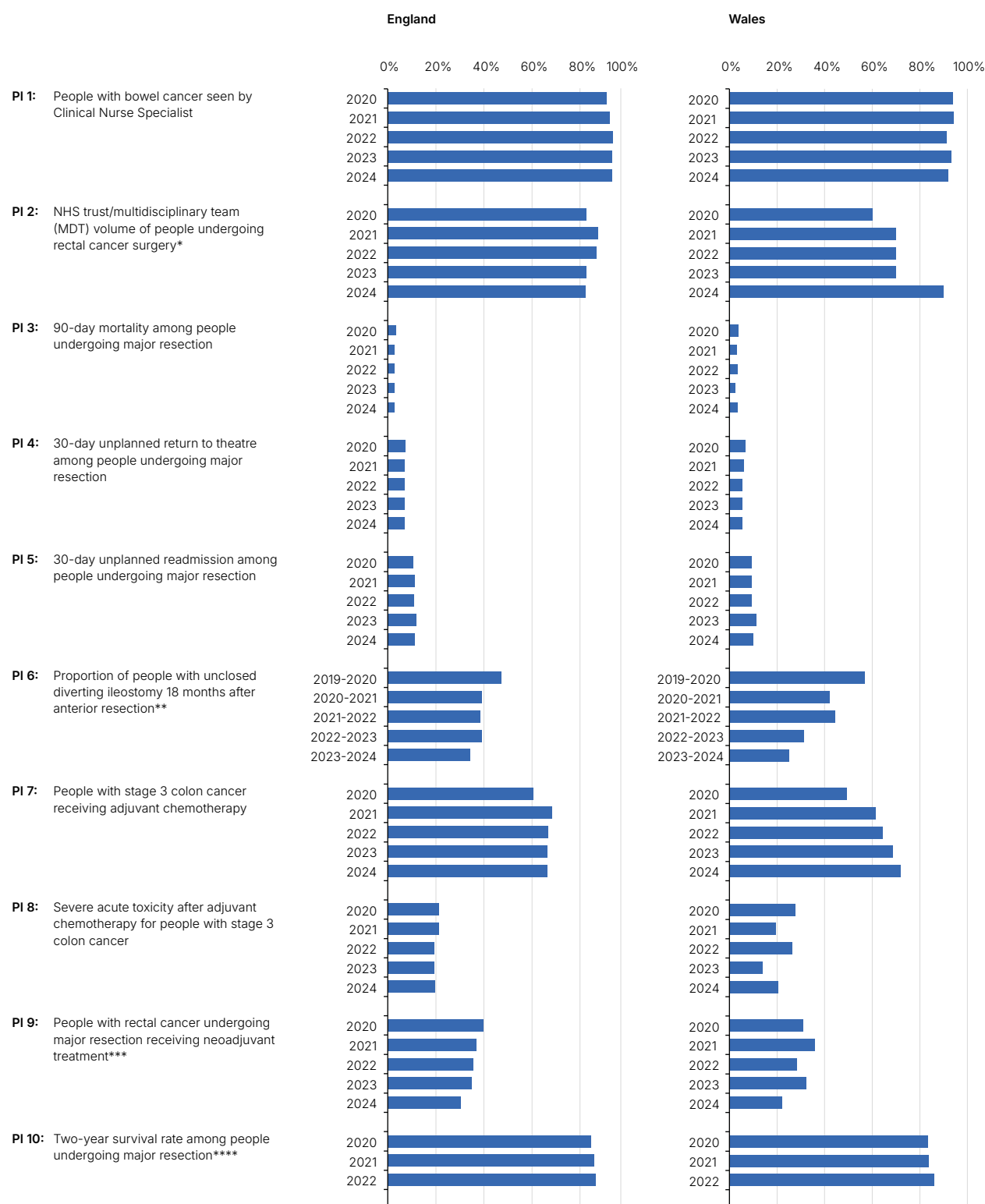
Long-term indicators, such as survival, cannot always be reported as recently as short-term indicators, because sufficient follow-up information is required.

NHS Wales is transitioning its cancer informatics system from Cancer Information System for Wales (CaNISC) to the new Clinical Dataset Form (CDF). This ongoing implementation is impacting the data quality within NHS Wales in the short term. The transition is being introduced at different times across cancer sites, which may affect the comparability of Welsh results over time. In addition, there are currently gaps in the reporting of some indicators in Wales.

Due to the time required for data collection and processing, many indicators are based on diagnostic or treatment cohorts that predate the first year of an audit's reporting, particularly for NATCAN audits that only began reporting in 2023 (NAoPri, NAoMe, NNHLA, NKCA, NOCA and NPaCA).

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Bowel Cancer Audit (NBOCA), for selected indicators



* Trust/MDT volume for rectal cancer surgery ≥ 20 per year is shown as the proportion of Trusts/MDTs meeting that criteria.

** 18-month unclosed ileostomy after anterior resection is presented in the format 202x-202y to match data presented in the State of the Nation report (April-March).

*** Proportion of rectal cancer patients receiving neo-adjuvant therapy prior to major surgery may be under-reporting 2024 due to timing of data. Welsh data has changed in format and source over time.

**** 2-year survival is presented only for major resection up to the end of 2022, to allow for complete two year follow-up. The indicator published in the State of the Nation report is calculated as a rate, but shown here as a proportion.

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

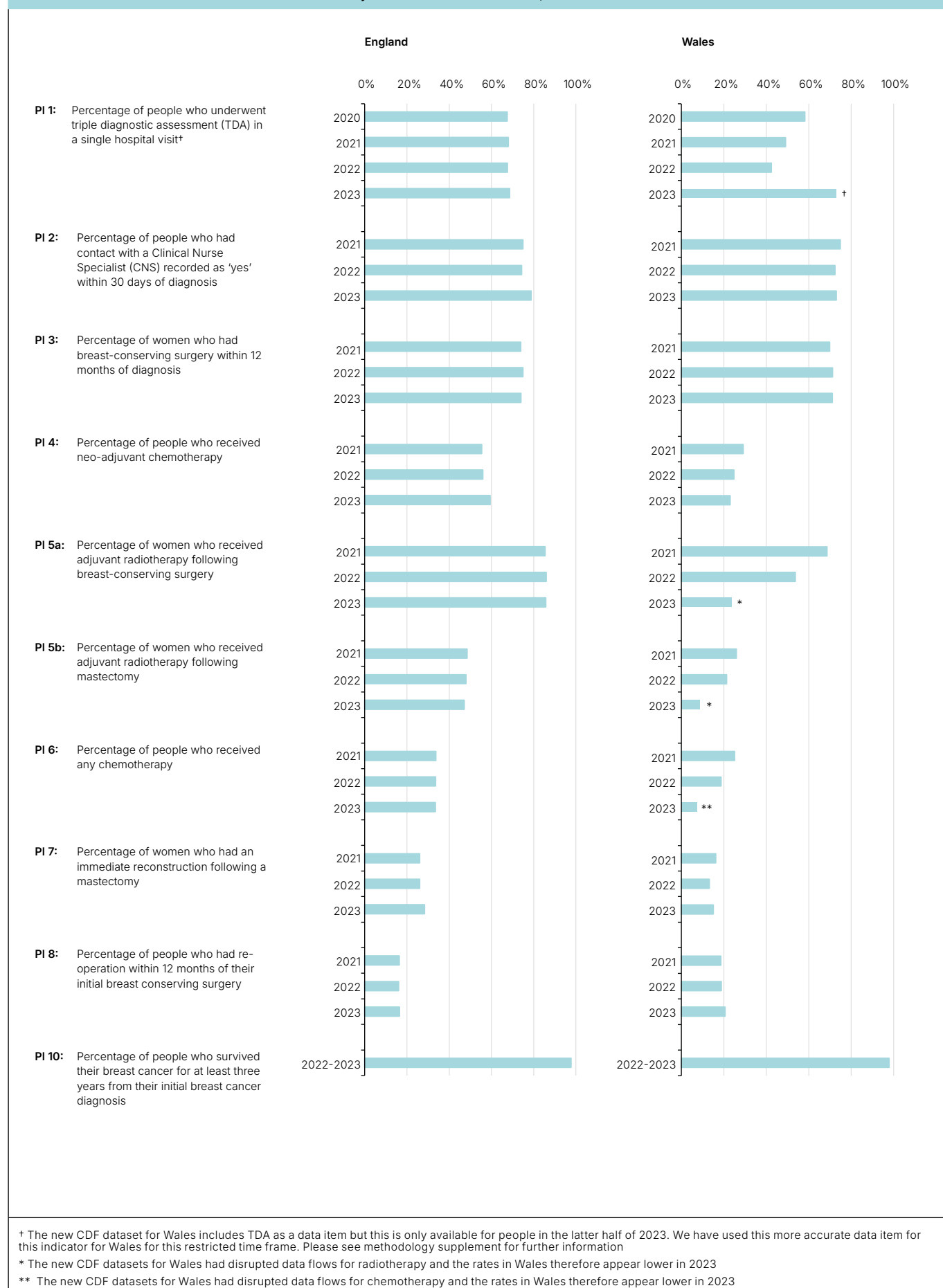
Annual results from the National Audit of Metastatic Breast Cancer (NAoMe), for selected indicators



* The new CDF datasets for Wales had disrupted data flows for chemotherapy and the rates in Wales therefore appear lower in 2023

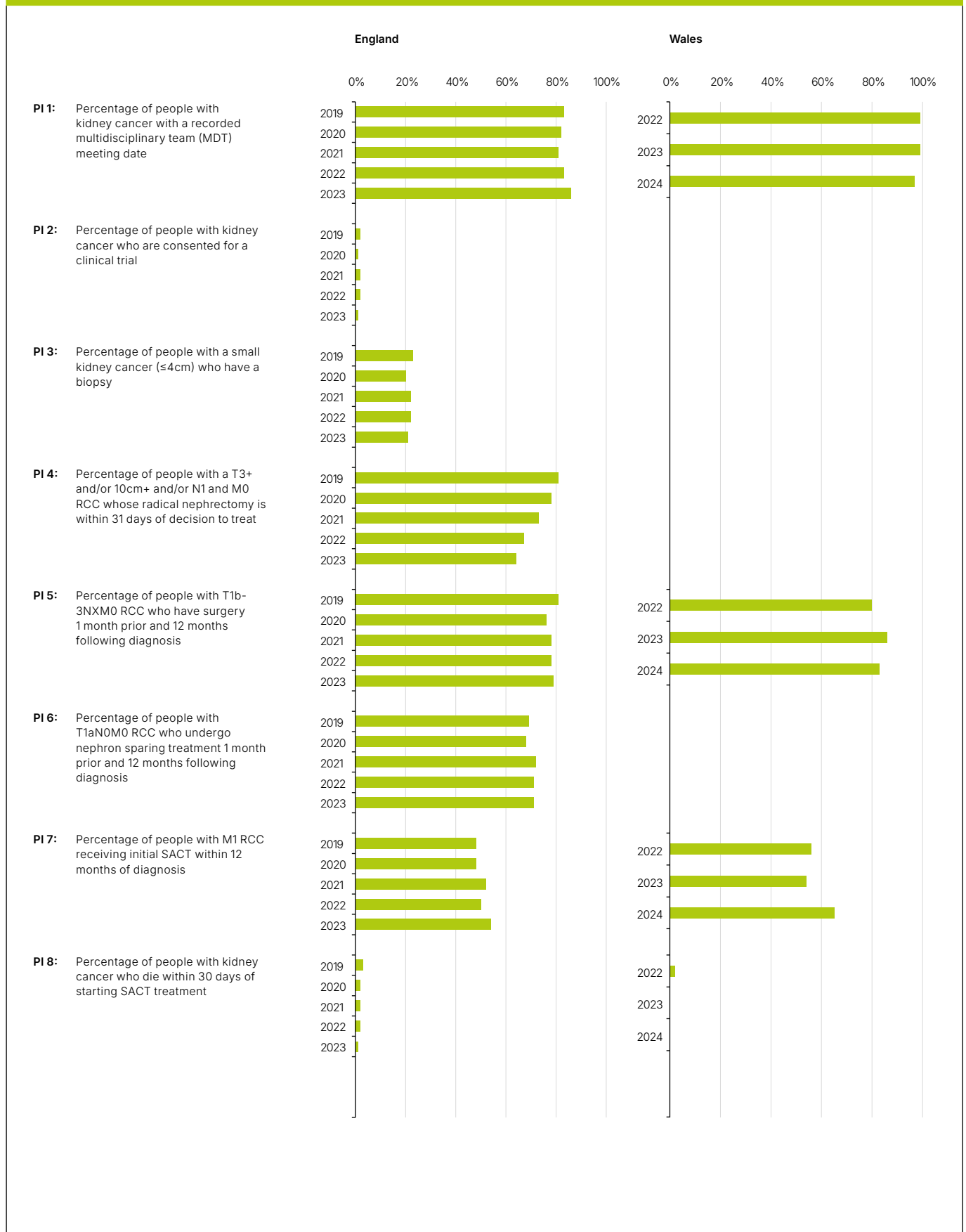
The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#)

Annual results from the National Audit of Primary Breast Cancer (NAoPri), for selected indicators



The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Kidney Cancer Audit (NKCA), for selected indicators



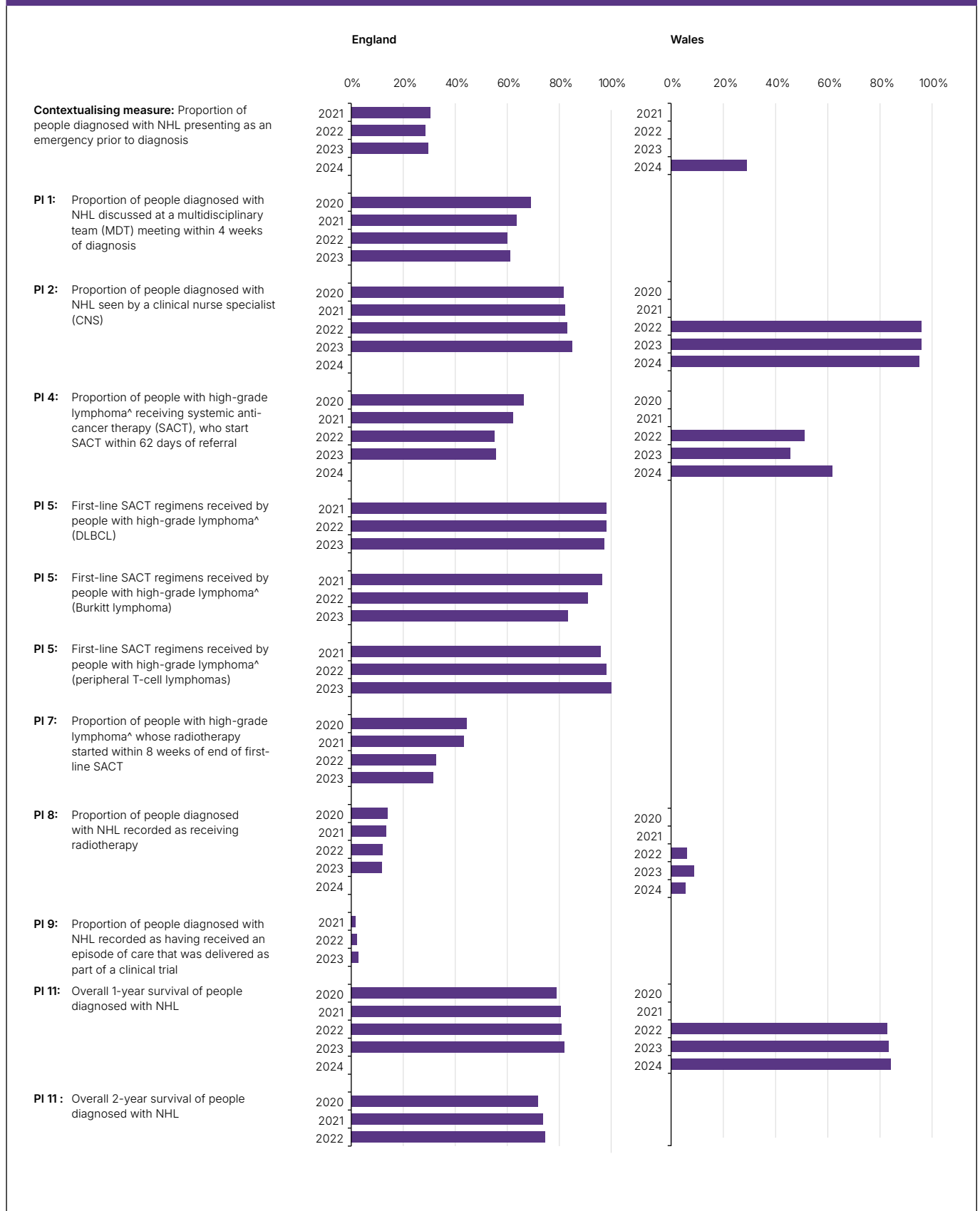
We recommend using this figure to compare audit results over time rather than referring to earlier publications. All indicators have been re-calculated for each year using the most recent data and methods. In particular, please refer to the methodology supplement for details about changes to the construction of PI 8.

Due to data availability, the English and Welsh PI reporting periods are 2019–2023 and 2022–2024 respectively.

Welsh data are limited or unavailable for PIs 2, 3, 4 and 6. Please refer to the State of the Nation report and accompanying methodology supplement for details.

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Non-Hodgkin Lymphoma Audit (NNHLA), for selected indicators



The latest available year of data is 2023 for England and 2024 for Wales. Results for earlier years are taken from the relevant NNHLA State of the Nation reports and reflect the methodologies used at the time.

Updates have been made this year to the construction of performance indicators PI 5 and PI 9. Please refer to our methodology supplement for details.

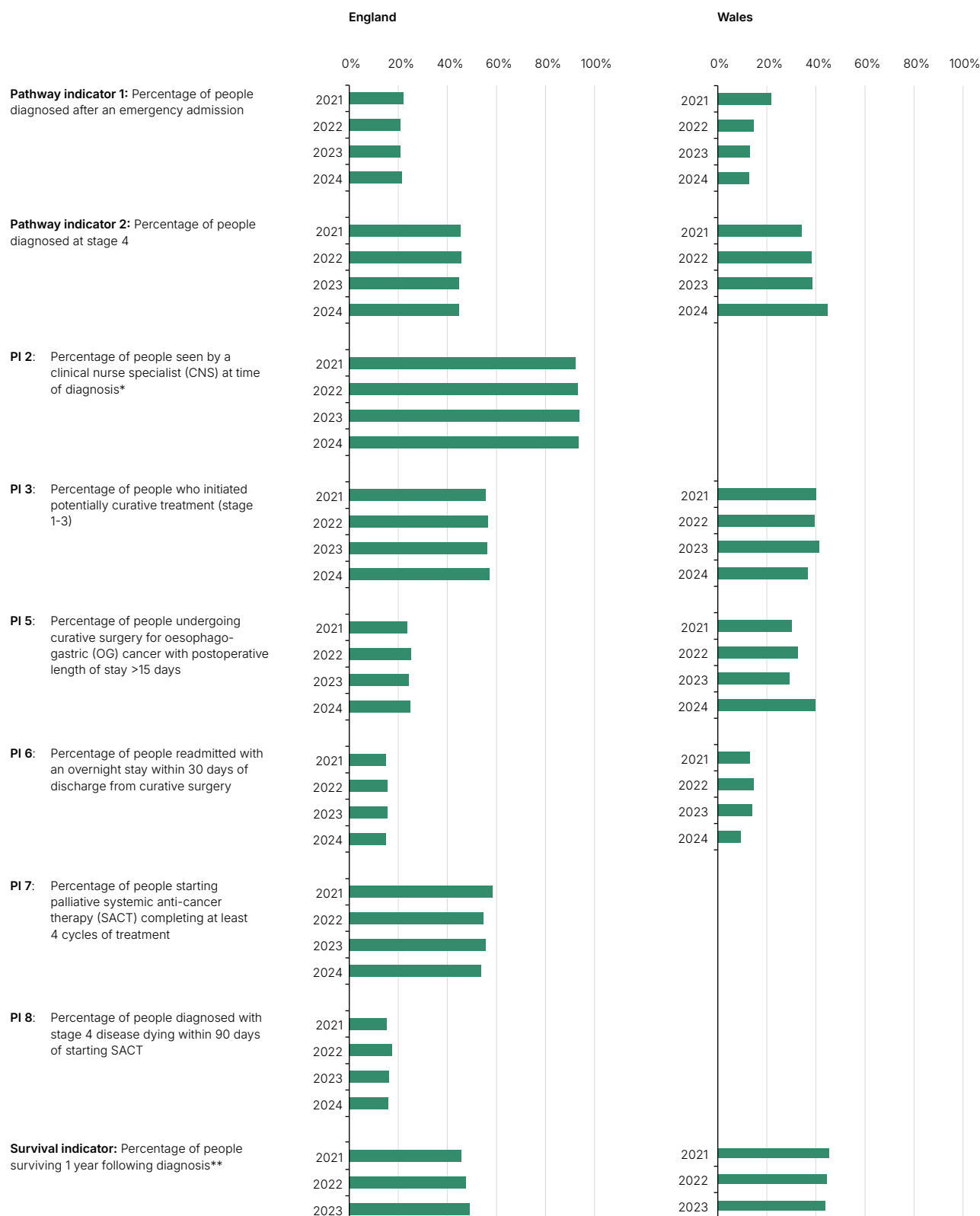
For some performance indicators, results for Wales are not presented due to the data being either unavailable (PI 1, PI 9) or incomplete (PI 5, PI 7).

Further details about the performance indicators can be found in the methodology supplement.

^ indicates high-grade lymphoma (Burkitt lymphoma (BL), diffuse large B-cell lymphoma (DLBCL) or high-grade T-cell lymphoma).

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Oesophago-Gastric Cancer Audit (NOGCA), for selected indicators



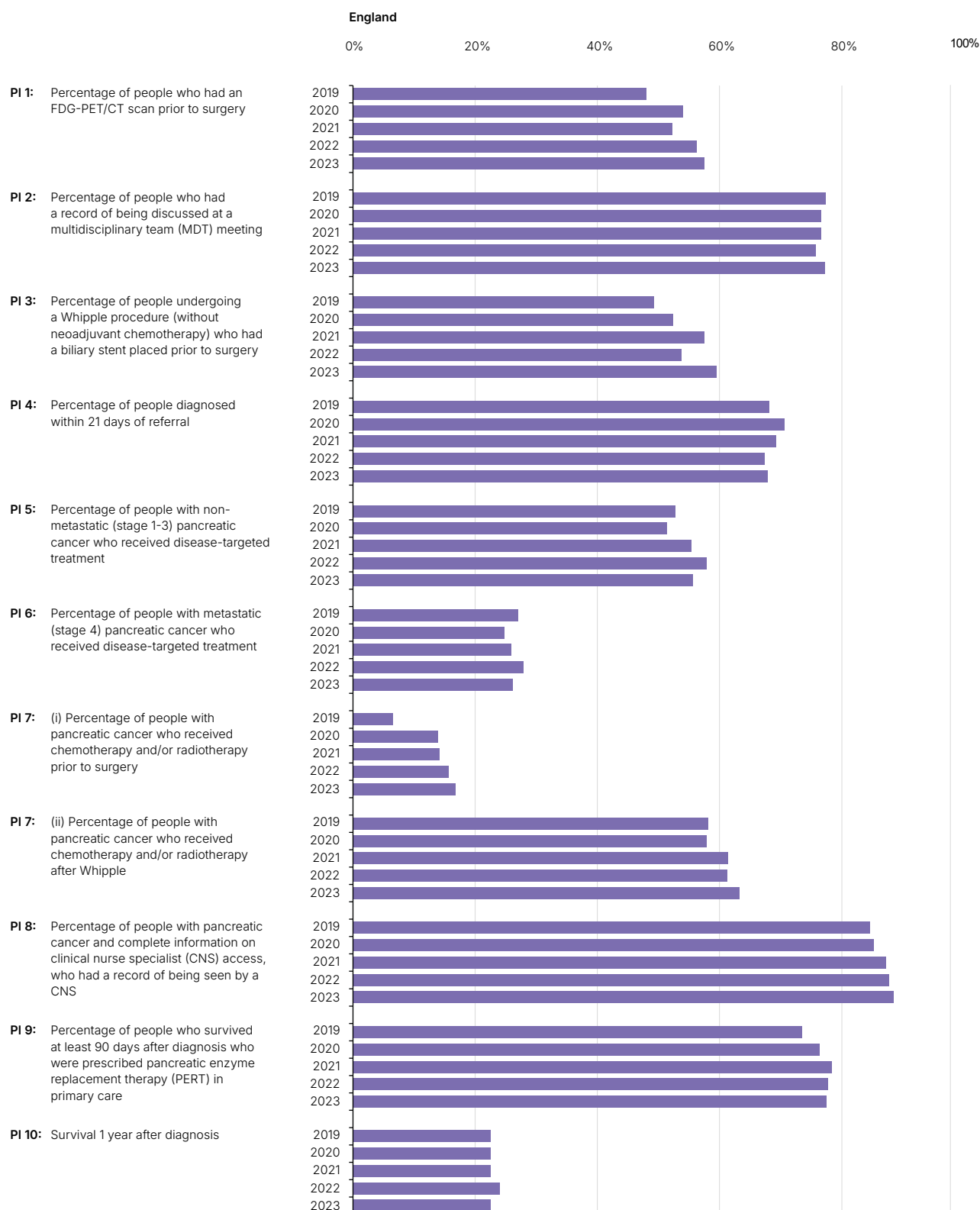
*CNS results are not presented for Wales because the CNS data item is only available in CDF and comparable data are not available for earlier years.

PI 7 and PI 8 are not presented for Wales because current data are affected by incomplete SACT case ascertainment resulting in small annual case numbers that are not sufficiently robust for year-on-year trend analysis.

**Survival is presented for diagnoses up to the end of 2023 only, to allow for complete one-year survival estimation.

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Pancreatic Cancer Audit (NPaCA), for selected indicators



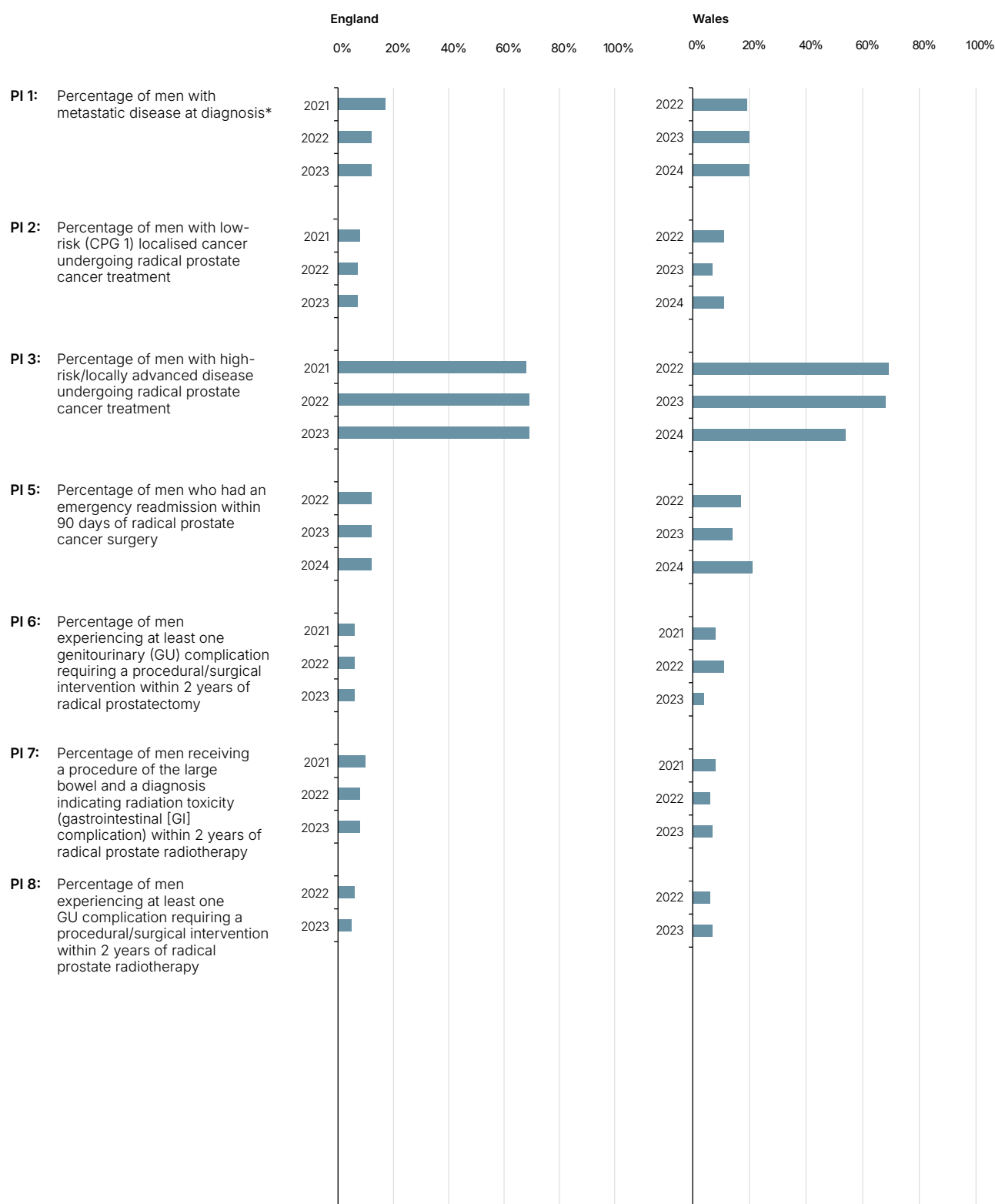
Figures by year of diagnosis are not presented for Wales due to data being available for only three years (2022-2024) and small patient numbers on an annual basis for several indicators.

The construction of some indicators (PIs 1, 3, 4, 7 and 9) has changed this year. Please refer to our methodology supplement for details.

We recommend using this figure to compare audit results over time rather than referring to earlier publications. This figure uses the most recent data and methods. All indicators have been re-calculated for each year using the most recent methods.

The SotN Report can be found [here](#). A Methodology Supplement providing details regarding the construction of the performance indicators is available [here](#).

Annual results from the National Prostate Cancer Audit (NPCA), for selected indicators



Indicators such as treatment complications require 2 years follow-up and can therefore only be calculated for patients diagnosed in earlier years.

* The percentage of men with metastatic disease at diagnosis is influenced by changes in the total number of diagnoses, particularly since the overall increase is largely driven by early-stage diagnoses.

For several indicators different time periods are presented for England and Wales due to differences in data availability.

Indicators for Wales are more susceptible than England to random fluctuation over time due to smaller patient numbers.