

Cancer in the UK

Wales overview 2026

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About this report

Reference

This report should be referred to as follows:

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About Cancer Research UK

We're the world's leading cancer charity, dedicated to saving and improving lives with our research, influence and information. Over the past 50 years, our pioneering work has helped double cancer survival in the UK. And today it's continuing to save lives, here and around the world.

Our vision is a world where everybody lives longer, better lives, free from the fear of cancer. And step by step, day by day, our researchers are making this vision a reality thanks to our dedicated community of supporters, partners, donors, fundraisers, volunteers and staff.

Together we are beating cancer.



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Introduction

This summary provides an overview of key data across the cancer pathway in Wales, as part of the **Cancer in the UK: Overview 2026** report, which provides the full UK picture. It looks at where progress is being made and what challenges remain in Wales. Policy recommendations are set out in relevant sections to support action and drive further improvement.

We've made good progress on cancer in the last 50 years. Since the 1970s, cancer death rates have fallen by around 16% in Wales [1], thanks to improvements in the prevention, detection, diagnosis and treatment of the disease.

Despite this progress, cancer remains the defining health issue of our time, and the challenge is growing. By 2038–2040, the number of new cancer cases in Wales is projected to increase by more than a tenth from today, reaching around 24,800 new cases each year [2] – that means someone will be diagnosed with cancer approximately every 21 minutes.

And behind each of these numbers is a person, a friend, a family member – where the impact can be devastating.

The challenge ahead is significant – but so too is the opportunity.

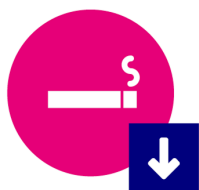
Cancer Research UK recently published **Longer, better lives: A manifesto for cancer research and care in Wales (English/Cymraeg)**, which sets out our key recommendations for preventing more cancers, reducing cancer deaths, tackling inequality and improving the lives of people living with cancer. We want every political party in the Senedd, and the future Welsh Government, to commit to making cancer a top priority and to support and implement our evidence-based recommendations.

Central to achieving this will be delivering a new, comprehensive and long-term cancer strategy for Wales. Currently, Wales is the only UK nation without a long-term strategy or plan for cancer, and international evidence shows that countries with consistent and sufficiently supported cancer plans in place see greater improvements in cancer survival over time [3]. This is pressing in Wales, as while important progress has been made in recent decades, Welsh cancer survival is falling behind comparable countries [4].

To prevent more cancers, reduce cancer deaths, increase survival and improve the lives of those living with cancer requires strong leadership and collaboration, achieved through a new cancer strategy for Wales. By investing in beating cancer and working together with the NHS, charities, universities, industry and patients, the next Welsh Government can create a healthier future for people in Wales.

Key statistics across the cancer pathway in Wales

Over the last 10 years...



Proportion of adults who smoke has **decreased**

19% to 10% [1]^



Incidence rates have **remained stable**

625 to 618 per 100k [5]*



Proportion of adults who are living with obesity has **increased**

23% to 25% [2]*^



5-year survival has **increased**

56% to 60% [6]



Proportion participating in bowel screening has **increased**

53% to 66% [3]



Mortality rates have **decreased**

289 to 264 per 100k [7]



Proportion diagnosed at an early stage has **shown little change**

52% to 53% [4]*†

Geography and time periods:

1. 2016 to 2024/25
2. 2016 to 2024/25
3. 2013/14 to 2023/24
4. 2012 to 2022
5. 2010-12 to 2019, 21, 22
6. 2008-12 to 2018-22
7. 2012-14 to 2022-24

Figures are for all cancers combined.

Changes over time are statistically significant.

* Among cancer cases where stage is known.

^ The national health survey changed from 2016, so a longer time comparison is not available

† Among cancer cases where stage is known.

For further details about terminology used here, please see: [Cancer Statistics terminology explained](#), Cancer Research UK.

More people than ever are being diagnosed with cancer each year

There are around 20,500 new cases of cancer every year in Wales – that's around 56 new cases per day [5]. Breast, prostate, bowel and lung cancers account for more than half (54%) of new cancer cases in Wales.

Cancer incidence rates in Wales have increased by 5% since the early 1990s [5]. Rates in females have increased by 9%, while rates in males have decreased by 6%. This sex difference is mainly driven by smoking-related cancer types, where incidence rates have been falling for some time in men but not yet in women, because smoking prevalence started falling earlier in men than in women.

Cancer mortality rates have decreased over the past 50 years, but the number of deaths per year has risen

Cancer mortality rates in Wales are currently at their lowest recorded level, having fallen by 16% since the early 1970s [1]. However, because of a growing and ageing population, more people in Wales are dying from cancer than ever before, with around 9,200 deaths every year, resulting in around 129,000 years of life lost due to cancer each year [6].

Cancer is the leading cause of death in Wales, causing 26% of all deaths – more than circulatory system diseases like heart disease (24%) or mental and behavioural disorders including dementia (8%) [7].



Survival is improving but the rate of improvement has slowed

In Wales, 6 in 10 (60%) people survive their cancer for at least five years, up from around 52% for people diagnosed in 2002–2006 [8]. But the rate of improvement has slowed over time, and is not keeping pace with comparable nations [9]. There is also variation in five-year survival by site. For example, almost 9 in 10 (88%) women in Wales survive their breast cancer for at least five years, and more than 9 in 10 (92%) men survive their prostate cancer [8]. But for lung cancer, only around 2 in 10 (19%) people survive their disease for five years or more.

It's vitally important that a long-term cancer strategy is developed, funded and implemented to improve cancer outcomes in Wales, in collaboration with clinical leadership, patients and the third sector.

This should be underpinned by effective governance, implementation plans and adequate funding, include ambitious targets to diagnose cancers earlier, reduce cancer deaths, tackle health inequalities and commit to ensuring cancer waiting times are met by the end of the Senedd term in 2030.



Smoking still causes thousands of cancer cases every year

Smoking causes around 3,100 cases of cancer every year in Wales, accounting for around 15% of all new cases, and is a risk factor for at least 16 types of cancer [10]. It is estimated that 21% of all cancer deaths each year in Wales are caused by tobacco [11]. Smoking levels are at their lowest recorded point, but 1 in 10 (10%) adults in Wales – around 263,000 people – still smoke [12].

More than 6 in 10 (63%) lung cancer cases are caused by smoking [10], with lung cancer remaining the biggest cause of cancer death in Wales [13].

To address the significant impact of tobacco, it's important that the Tobacco and Vapes Bill is implemented in Wales, particularly its measure to raise the legal age of sale of tobacco. This should be implemented in an evidence-based way and effectively enforced. Stop smoking services (Help Me Quit) should be sufficiently and consistently funded in Wales, with equitable access, and national stop smoking health campaigns should be well-resourced and sustained to increase the uptake of these services.

Obesity prevalence continues to rise

Overweight and obesity is a risk factor for 13 different cancer types [14]. Around 8% of all cancer deaths in Wales are attributable to overweight and obesity [11].

More than 6 in 10 (62%) adults in Wales have overweight or obesity (BMI 25+) [12]. Obesity (BMI 30+) is at its highest recorded level (25%). Around a quarter (26%) of children aged 4 to 5 in Wales have overweight or obesity [15].

Wales has recently passed legislation to help rebalance the food environment. The new laws address how products high in fat, salt and sugar (HFSS) are disproportionately promoted to consumers in comparison to healthier items and will help make it easier for more people choose healthier food and drink options across Wales. We welcome this work and would welcome further exploration on how the legislation can be built upon through additional measures on HFSS temporary price promotions and mandatory health reporting for large food businesses.

HPV vaccination coverage is low and has decreased

In Wales, 78% of girls and 72% of boys are fully vaccinated against human papillomavirus (HPV) by the end of year 10 (the academic year in which they turn 15) [16]. Coverage with a single dose is lower now than when the HPV vaccine programme started.

We urge all the key stakeholders to work together to increase HPV vaccination uptake. Focus is needed on areas and groups with lower uptake to strengthen programme delivery, increase uptake rates and reduce inequalities. To facilitate this, Public Health Wales should ensure that data on uptake by deprivation quintile and wherever possible, ethnicity, is collected and reported on.

We also recommend that a national target and plan are developed to reach cervical cancer elimination as a public health problem.



Screening programme participation

There are currently three national screening programmes in Wales, for breast, cervical and bowel cancer.

Uptake of breast cancer screening is around 69% [17] and coverage of cervical screening is around 69% [18]. Bowel cancer screening previously had uptake rates below 60%, but rates have increased since 2018/19, likely driven by the introduction of the faecal immunochemical test (FIT) in September 2019 that is easier for people to complete at home. Following the introduction of FIT, uptake rates are currently around 66% [19].

In 2024, intention to 'definitely' or 'probably' attend the next breast or cervical screening appointments were self-reported at 66% and 55%, respectively [20]. Intention to complete the bowel cancer screening test kit the next time it is sent was 81%.

In 2022, the UK National Screening Committee recommended UK-wide targeted lung screening for people aged 55 to 74 with a history of smoking, as they are at an increased risk of lung cancer. Recently, the Welsh Government announced the launch of a national lung screening programme; when fully implemented across the nation, Cancer Research UK estimates that around 410 extra patients each year across Wales could be diagnosed at an early stage rather than a late stage [21], and that around 100 lung cancer deaths could be avoided each year through the programme [22].

It is vitally important that a national lung screening programme is rolled out, with a phased approach. We call for this programme to be fully rolled out across Wales in or before 2033. As recommended by the UK National Screening Committee, the provision of smoking cessation services should be included within the programme.



Earlier diagnosis saves lives

More than half (53%) of all cancers combined in Wales are diagnosed at an early stage (stages 1 and 2) in Wales [5]. There is variation between cancer sites in the proportion diagnosed at an early stage. Around 30% of lung cancer cases, 45% of bowel cancer cases, 53% of prostate cancer cases and 83% of breast cancer cases are diagnosed at an early stage.

Concerted efforts must be made to reduce the proportion of people diagnosed with cancer at a late stage (stages 3 and 4), alongside increasing the proportion of diagnoses at an early stage (stages 1 and 2). This should be underpinned by a specific target to reduce late-stage diagnosis of cancer in a future national cancer strategy.

Making progress on earlier diagnosis will require action on a range of fronts, including:

- Rolling out and optimising evidence-based cancer screening programmes recommended by the UK National Screening Committee
- Activity to support increased cancer awareness, timely public presentation and informed screening uptake – including targeted activity to address inequalities
- Supporting health professionals to optimally use cancer referral guidelines and ensuring improved access to tests and test reports and pathways that suit the range of patients they see
- Supporting innovations in cancer screening and diagnostic pathways through horizon scanning, and where supported with robust evidence and evaluation, ensuring they can be quickly implemented including through sufficient resourcing across the pathway and improved data collection and IT infrastructure



People recognise many common cancer symptoms, but too many face barriers to seeking help

Cancer Research UK data from 2024 shows that in Wales, people recognise on average 14 out of 18 common cancer symptoms [20]. The most commonly recognised symptoms were change in the appearance of a mole and an unexplained lump/swelling.

While 45% of people had experienced a potential symptom of cancer in the last twelve months, around a third (34%) of those had not contacted their GP surgery/practice within six months [20]. The biggest barriers to seeing a health professional included thinking it would be or finding it difficult to get an appointment (including with a particular healthcare professional), deciding to manage the symptom(s) themselves and thinking the symptom was unlikely to be anything serious.

Too many people with cancer are diagnosed through emergency routes

In Wales, for eight major cancer types, over a third (37%) of patients are diagnosed after an emergency hospital admission [23]. This is concerning, as people diagnosed through an emergency presentation compared to those diagnosed through more managed routes are more likely to be diagnosed at a late stage and have poorer survival, even accounting for stage at diagnosis [24].

Routinely published data on which setting or pathway patients are diagnosed in is vital to informing evidence led improvements to support earlier, timely diagnosis on managed pathways. The relevant NHS bodies should routinely publish Routes to Diagnosis data.



Cancer services are struggling to keep up with demand

At the end of January 2026, the number of people waiting for a diagnostic test that can be used to diagnose cancer is amongst the highest on record since October 2009, with more than 108,000 people waiting for a test [25]. Of those people, around 38% had waited more than eight weeks – that's around 40,700 people – a symptom of the huge pressure that diagnostic services are currently facing.

NHS Wales uses the Suspected Cancer Pathway to monitor performance of cancer services, aiming to begin treatment for 75% of patients within 62 days from the point of suspicion. This target was introduced in 2019 and has never been met. In January 2026, only 57% of eligible patients started treatment within 62 days [26]. In January 2026, around 16,500 people were referred for suspected cancer in Wales [27]. The average number of people referred each month has increased by around 14% between 2022 and 2025.

A long-term workforce plan should be developed, aligned with a 10-year cancer strategy for Wales, to ensure the system has the skills and capacity it needs to meet rising demand. Significant improvements to NHS Wales workforce data collection and reporting are needed to support workforce planning.

Alongside this, predictable and sufficient capital investment is needed to maintain and expand the equipment required to diagnose and treat cancer. This investment should be supported by transparent and regular national reporting on diagnostic and treatment equipment needs across Wales, with a clear and robust decision-making process to prioritise funding where it will have the greatest impact.



Wales is not meeting treatment targets for lung cancer

Across multiple cancer sites, national audit data shows that treatment standards are not being met or treatment received varies by multidisciplinary team (MDT). Data from the National Lung Cancer Audit shows that around 77% of early-stage lung cancer patients in Wales received treatment with curative intent in 2023, below the standard of 80% [28]. Only 55% of patients with late-stage lung cancer were treated with systemic anti-cancer therapy, below the standard of 70%. However, around 18% of lung cancer patients in Wales received surgery in 2023, exceeding the 17% standard. For patients with stage 3 colon cancer in Wales, 64% of people received chemotherapy alongside surgical resection, exceeding the 55% standard; however, there was variation in adjuvant chemotherapy uptake between MDTs [29].

The drivers of this are likely to be complex and include health system, health professional and patient factors. As efforts to reduce late-stage diagnoses result in increased demand for surgery (e.g., following rollout of targeted lung screening), services must be equipped to deliver the required increase in surgical activity.

Local health systems will require additional resources to support efforts to improve data, implement best practice and reduce inequalities in the care patients receive.

Patients feel positive about the care they receive, but people are concerned about the NHS's resources

In 2021 people in Wales scored their overall care experience positively, with an overall rating of 8.7 out of 10 [30], but more recent data is lacking. Patients felt respected by staff and believed their choice of treatment was explained well. Improvements could be made in the primary care support offered after their treatment and more detail could have been given around the potential impact cancer could have on their day-to-day activities.

Concerningly, in 2024 in Wales, 84% of people don't think the health service has enough staff or equipment to see all the people with cancer that need to be diagnosed, while 81% don't think the health service has enough staff or equipment to treat all the people with cancer that need to be treated [20].

Action is required to identify and address unwarranted variation in access to optimal treatment by age, ethnicity, geography and other key factors. This should be underpinned by routine strategic clinical audits and quality improvement, building on successful initiatives such as the national cancer audits and work by Improvement Cymru. Improvement of datasets to capture core patient outcomes is a key enabler for this.

Together we are beating cancer

Wales has made progress in cancer prevention, diagnosis, treatment and research. But cancer remains one of the biggest health challenges facing the nation. Sustained, evidence-based action is essential to ensure progress continues and that everyone affected by cancer receives the best possible care.

This report highlights where improvements are being made and where further action is needed across the cancer pathway, drawing on the latest evidence to support long-term progress.

Deliver a long-term cancer strategy for Wales

Wales is currently the only UK nation without a long-term cancer strategy. A clear, long-term approach would provide the framework needed to address current pressures while planning effectively for the future. International evidence shows that successful cancer strategies are underpinned by long-term ambition, strong leadership and governance, clear implementation plans, robust monitoring and evaluation and the funding and capacity to deliver change over time [3].

Tackle inequalities across the cancer pathway

Cancer inequalities persist at every stage of the pathway – from exposure to risk factors through to survival outcomes [31]. People living in more deprived communities in Wales experience worse outcomes and lower screening uptake. While recent plans recognise the importance of tackling these inequalities, sustained progress will require a long-term approach, with reducing inequalities embedded throughout strategy design, delivery and accountability.

Support the NHS to deliver high-quality cancer services

Access to timely, high-quality cancer care depends on a resilient and well-supported NHS. Strengthening primary care, addressing workforce pressures, investing in equipment and technology and improving the quality and use of data are all essential to meeting patient need both now and in the future. Long-term workforce planning will be central to delivering sustainable cancer services.

Prevent more cancers and detect them earlier

Reducing tobacco use and diagnosing cancer earlier are among the most effective ways to save lives. Lung cancer remains the biggest cancer killer in Wales [13], making prevention and early detection a priority. Screening programmes offer an opportunity to reduce deaths and address inequalities when delivered equitably, alongside accessible smoking cessation support and wider prevention measures.

Strengthen research and innovation

Research and innovation are fundamental to improving cancer outcomes. Continued investment in research enables new discoveries to be translated into better prevention, diagnosis and treatment for people affected by cancer. Sustained support for universities, the NHS and clinical research infrastructure is vital to attracting talent, maintaining capacity and ensuring new tests and treatments reach patients as quickly as possible.

By acting on the evidence and maintaining a long-term focus across prevention, services, inequalities and research, Wales has the opportunity to continue improving cancer outcomes and move closer to a future free from the fear of cancer.

Together we are beating cancer.

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- 21 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Estimates are looking at people aged 55–74 who were not part of the TLHC pilot in England and the proportion that would be diagnosed early if they were part of the pilot vs if they were diagnosed as part of standard care. Invitation eligibility and invitation uptake rate were assumed at 50%.
- 22 Calculated by the Cancer Intelligence team at Cancer Research UK (2025). Assuming 1) 50% of lung cancer deaths in 55–74-year-olds are in people who would have been eligible for targeted lung health checks (based on [Gracie et al 2019, Eur Respir J](#)), using incidence as proxy for mortality; 2) 50% of those eligible will take part in a targeted lung health check; 3) targeted lung health checks will reduce lung cancer deaths by 24% in males and 33% in females (based on [de Koning et al, N Engl J Med](#)).
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Our ability to understand and tackle cancer is heavily dependent on the quality of data we have. Much of the evidence presented here uses data that has been provided by patients and collected by the health service as part of their care and support. The data is collated, maintained and quality assured by different organisations, including the Welsh Cancer Intelligence and Surveillance Unit (WCISU), which is maintained by Public Health Wales.