


THIS IS ABOUT SAVING AND IMPROVING LIVES

**BREAST
CANCER
NOW** The research &
support charity

We're here

**Creating a better future for
everyone affected by breast cancer:
Our priorities for the UK government**



**OUR VISION IS THAT BY 2050,
EVERYONE DIAGNOSED WITH
BREAST CANCER LIVES,
AND IS SUPPORTED TO
LIVE WELL**

**It's a bold vision.
And we need your help to achieve it.**

With ambition, prioritisation and investment, together we can save more lives from breast cancer. And we can make sure people diagnosed not only live but live well.

TO ACHIEVE THIS, WE MUST:


1 Reduce the risk of people developing breast cancer

2 Diagnose breast cancer early and fast

3 Develop and deliver new and effective treatments

4 Improve care and support for people living with secondary breast cancer

BREAST CANCER IS STILL ONE OF THE UK'S MOST SIGNIFICANT HEALTH CHALLENGES



More people are
being diagnosed
than ever before

Progress is
slowing down



More people are being diagnosed with breast cancer than ever before. It's the most common cancer in the UK, making up 15% of all new casesⁱ. And 1 in 7 women in the UK will develop it in their lifetimeⁱⁱ.

Right now, a woman is diagnosed with breast cancer every 10 minutes and a man every day. That's around 55,000 women and 400 men each year.

A further 7,000 people are diagnosed with DCIS (an early, non-invasive form of the disease) each yearⁱⁱⁱ. And it's estimated that there are around 61,000 people living with incurable secondary breast cancer in the UK, which happens when breast cancer spreads to other parts of the body.^{iv}

We've made progress. But we've still got a long way to go.

There has been huge progress in diagnosing and treating breast cancer over the last few decades. In the 1990s, 3 in 20 women diagnosed with early invasive breast cancer would die from the disease within 5 years. Today it's 1 in 20^v. But breast cancer is still the second biggest cause of death from cancer in women in the UK^{vi}.

Overall, 11,500 women and 90 men still die each year from breast cancer in the UK – almost all from secondary breast cancer.

And for women under 50, it's one of the leading causes of death, with survival rates for women aged under 45 lower than for those aged 45-74^{viii,ix,x}.

And the challenge is only growing.

Survival rates for breast cancer have improved dramatically, doubling over the last 50 years^{xi}. But progress is slowing down. The mortality and 5-year survival rate in the UK remains worse than in similar countries^{xii}. And hard-won improvements in early diagnosis are at risk of being further undermined by declining breast screening attendance in England.

By 2038-2040, the number of women who will hear the words "you have breast cancer" is predicted to rise by another 15,000 a year, bringing the annual total to nearly 70,000^{xiii}.

Unless we act decisively, the number of people diagnosed will continue to rise and many thousands will continue to lose their lives to the disease.



BREAST CANCER IS STILL THE MOST COMMON CANCER IN THE UK

BREAST CANCER HAS A DEVASTATING IMPACT ON PEOPLE'S LIVES

31

Breast cancer
leads to nearly
31 deaths a day



Even though 9 in 10 women survive breast cancer for 5 or more years, too many lives are still being lost to the disease. Breast cancer leads to nearly 1,000 deaths each month, 31 each day or 1 every 45 minutes^{xiv}.

And having breast cancer can be a life changing experience for people, physically and emotionally, during and beyond their diagnosis and treatment.



Everyone will be affected differently. But many people may have to cope with ongoing things like lymphoedema, body image and fertility issues. And research shows that people with breast cancer have a lower-than-average score on some quality-of-life measures compared to people with other types of cancers^{xv}. In fact, over half of breast cancer respondents reported difficulties with anxiety or depression, particularly younger women^{xvi}.

TOO MANY LIVES ARE STILL BEING LOST

This burden isn't shared evenly.

Breast cancer incidence rates in the UK are lower for women from some minority ethnic backgrounds (such as south Asian, black and Chinese) compared to white women. But women from some ethnic backgrounds (such as black African and black Caribbean) are more likely to be diagnosed at a more advanced stage^{xvii}. And many of these same women have lower survival rates when compared to white women.

Women living in the most deprived areas, and women from south Asian and black backgrounds, also report poorer quality of life and rated their overall care lower than white women and women from the least deprived areas^{xviii}.

We also know that different groups face different challenges when going through breast cancer. For example, we know that men diagnosed with breast cancer may be at particular risk of isolation, because they're less likely to know other people who are going through the same thing.

And secondary breast cancer presents a unique set of challenges.

Secondary breast cancer can be treated, but it can't be cured. Treatment aims to control the cancer, relieve symptoms and give people a good quality of life for as long as possible. But we know that people with secondary breast cancer can experience delays in diagnosis,



MANY SERVICES AREN'T DESIGNED FOR PEOPLE WITH SECONDARY BREAST CANCER

struggle to access the support of a clinical nurse specialist and worry about the availability of treatments in future.

Many patients report having to visit their GP 2 or 3 times before being referred and diagnosed, and not feeling like they were being taken seriously. People also often express how alone and forgotten they feel – and how little their experiences are understood.

This is compounded by historically poor data collection on secondary breast cancer, impacting service planning and improvement^{xix}. And the fact that many breast cancer services are designed for people with primary breast cancer, despite the fact that people with secondary breast cancer often have very different emotional and physical needs.



BREAST CANCER DOESN'T JUST AFFECT OUR LIVES, IT AFFECTS OUR ECONOMY

£2.8bn

In 2024, the total cost of breast cancer to the UK economy is estimated to be £2.6 to 2.8bn

£17.5bn

And the total wellbeing costs associated with breast cancer are estimated at £17.5bn



In 2024, the total cost of breast cancer to the UK economy is estimated to be £2.6 to 2.8bn – around 0.1% of UK gross output – according to the ‘Cost of Breast Cancer’ report we published with Demos^{xx}. The majority of these costs come from productivity losses from illness and early death (1.8bn in 2024)^{xxi}, instead of direct costs to the NHS of diagnosing, treating and supporting patients.

And the total wellbeing costs associated with breast cancer are estimated at £17.5bn in 2024^{xxii}. This is around six times higher than the economic cost, demonstrating the significant – and often unrecognised – impact that the disease has on those affected. Of this, £5.9bn is the cost based solely on the percentage reduction in a person’s quality of life from their diagnosis to either the end of their treatment or the end of their life^{xxiii}.

**WE COULD
REDUCE COSTS
TO THE NHS AND
BOOST BOTH
PRODUCTIVITY
AND THE UK
ECONOMY**

And we’ll pay a greater price in the next decade if nothing changes. By 2038-2040, with the estimated rise in cases to nearly 70,000, the predicted annual cost of breast cancer to the economy will rise by almost 40% to £3.6 billion^{xxiv}.

Over and above the human benefits, there’s a clear financial incentive to prevent cases and deaths from breast cancer, and improve the quality of life of people affected by it.

By prioritising and investing in prevention, early and fast diagnosis, and access to treatment and support, we could not only save and improve the lives of people affected by breast cancer. We could also reduce costs to the NHS and boost both productivity and the UK economy.



**WE’LL PAY A
GREATER PRICE
IN THE NEXT
DECADE IF
NOTHING
CHANGES**

IMPROVING BREAST CANCER SURVIVAL ISN'T INEVITABLE

Breast cancer is not a done deal. Outcomes will not get better on their own. And without action, things could get worse.

We know what needs to happen to improve them. But we're concerned there's complacency around breast cancer.

- X** The NHS breast screening uptake target has been missed in England for the past 4 years
- X** People continue to experience lengthy waits for diagnosis and treatment
- X** Secondary breast cancer data collection is still incomplete
- X** There is an unacceptable postcode lottery when it comes to people being able to access treatments and services



**BUT IT CAN
BE DONE**

At Breast Cancer Now, we have a bold vision – that by 2050 everyone diagnosed with breast cancer will live and be supported to live well.

But this won't happen on its own. We need to work towards that target every minute, every day.

And we need your support to deliver it.

**20
29**

**OVER THE
NEXT 5
YEARS,
THE UK
GOVERNMENT
MUST TAKE
ACTION...**

**AND THIS
IS HOW**



**DIAGNOSE EARLY
DIAGNOSE FAST
NEW TREATMENTS
IMPROVE CARE
IMPROVE SUPPORT
DIAGNOSE EARLY
DIAGNOSE FAST
NEW TREATMENTS
IMPROVE CARE
IMPROVE SUPPORT
DIAGNOSE EARLY
DIAGNOSE FAST
NEW TREATMENTS
IMPROVE CARE
IMPROVE SUPPORT
DIAGNOSE EARLY
DIAGNOSE FAST
NEW TREATMENTS
IMPROVE CARE
DIAGNOSE EARLY**



1 Reduce the risk of people developing breast cancer

We know that some breast cancers are preventable – around 23% of breast cancers in the UK could be prevented through lifestyle changes, including drinking less alcohol, maintaining a healthy weight, being active and not smoking^{xxv}. And we know that between 5-10% of breast cancers are caused by an inherited gene alteration^{xxvi}, and that access to risk reducing treatment can lower this risk by 30-90%^{xxvii,xxviii}.

WHAT NEEDS TO HAPPEN



- **People are supported to live healthier lives to reduce their risk of developing breast cancer.**

This means drinking less alcohol, maintaining a healthy weight and being regularly active. We need action on prevention that matches the rhetoric.

- **Every woman at increased risk of breast cancer due to family history is aware of their risk, and can access additional screening and risk-reducing treatments.**

Breast cancer in younger women is often more aggressive, and people who get breast cancer young are at a higher risk of developing secondary breast cancer in future. That's why reducing their risk of getting breast cancer, or getting it diagnosed early, must be an immediate priority.

2 Diagnose breast cancer early and fast

We need to make sure we diagnose breast cancer as early as possible, as the earlier it is diagnosed the better. When it's picked up at stage 1, almost 100% of people survive^{xxix}. And the quicker it's diagnosed, the sooner people can start treatment and receive the care and support they need.

WHAT NEEDS TO HAPPEN

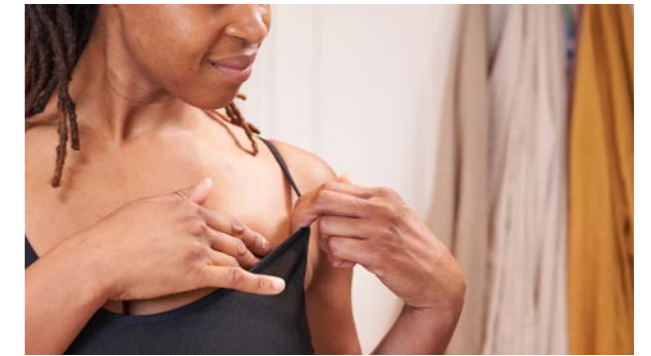


- **People are aware of the signs and symptoms of primary and secondary breast cancer, so they can seek help quickly. And healthcare professionals are aware of them, so people are taken seriously at their first visit and referred for tests and treatment quickly.**

The faster people are diagnosed, the faster they can access treatment, tailored support and information. This can have a dramatic impact on peoples' quality of life and reduce the anxiety from waiting.

- **The NHS meets the more ambitious target of 80% of women invited to a breast screening appointment taking up their invitation.**

And this needs to apply to all regions and all currently underserved groups. The breast screening programme saves



lives from breast cancer and can save the NHS money. But the programme has missed its minimum uptake target in England 4 years in a row, and there are stark inequalities in who does and doesn't take up their screening invite.

- **The breast screening programme delivers much-needed modernisations and prepares for possible changes, including expanding the eligibility criteria, introducing new diagnostic tools and implementing risk-stratified screening, if these are shown to be effective.**

The reality is that, right now, the programme doesn't have the capacity to implement the many promising innovations currently being researched.

- **All services in England meet the expectation that 90% of urgent breast referrals have cancer diagnosed or ruled out within 28 days (the Faster Diagnosis Standard). And all breast cancer patients are given a comprehensive diagnosis that allows them to start treatment within 62 days of their referral.**

The government's long-term ambition should also be to raise the overall target to 95%, as was originally proposed.

3 Develop and deliver new and effective treatments

There are exciting and innovative new treatments and techniques on the horizon that have the potential to improve diagnosis and treatment of breast cancer. But to make the most of them, we must make sure the UK is an attractive environment for life sciences. And we need to make sure innovative and effective new treatments reach people without delay, so we can improve outcomes for everyone.



- **People get access to new, personalised and effective treatments as soon as possible.**

This means no delays in getting drugs approved for use on the NHS or rolled out and delivered to patients. Time and time again, patients are spending time they don't have waiting for life-changing breast cancer treatments due to drawn-out negotiations and workforce shortages.

- **The UK becomes a more attractive environment for life sciences.**

So that all patients can benefit from clinical trials and innovations, particularly people with secondary breast cancer. And the life sciences community are incentivised to look at gaps in breast cancer treatment and ways of preventing secondary breast cancer.

- **Every breast cancer patient is aware of, offered and supported to choose the right type of treatment and services for them.**

This means reducing variation and unnecessary delays to accessing them. There are currently inconsistencies in what patients are told about and what they can access across the country – from having limited breast reconstruction options to a lack of awareness of palliative care services and counselling.

WHAT NEEDS TO HAPPEN



4 Improve care and support for people living with secondary breast cancer

We need to make sure people living with incurable secondary breast cancer have access to the treatments, care and support they need when they need it so they can live well for as long as possible.

We know that data for secondary breast cancer is still not being consistently collected across the country. Accurate data underpins all elements of a patient's diagnosis, treatment and care. Without it, it remains almost impossible for services and support to be tailored to patients' needs.

WHAT NEEDS TO HAPPEN

- **The NHS routinely captures data on all secondary and primary breast cancer patients' experiences – including on their diagnosis, treatment and support – and uses it to improve services and outcomes.**

This means no one's voice goes unheard, people are empowered by their data and the health system has the knowledge it needs to improve.

- **All breast cancer patients have access to support and information from a Clinical Nurse Specialist (CNS). And all people diagnosed with secondary breast cancer have access to CNSs with the specific skills and knowledge about secondary breast cancer.**

Having access to a CNS improves people's quality of life, and can be one of the biggest factors in improving patients' experiences. It also reduces the overall healthcare costs by reducing the number of follow-up appointments people need.

TOGETHER, WE CAN MAKE OUR VISION A REALITY

**JOIN
US**

This is your invitation to take action now to start turning the tide on breast cancer. Find out how you can be involved:
publicaffairs@breastcancernow.org

**With renewed political ambition.
With prioritisation. With investment.**

**We can save more lives from breast cancer.
We can make sure everyone diagnosed with breast cancer lives longer. And we can make sure people diagnosed not only live but live well.**

This means

- Fewer people ever developing breast cancer
- More people being diagnosed at stage 1 and 2
- Making effective life-saving and life-extending treatments available to everyone who needs them
- People starting treatment quickly
- People receiving the care, support and information they need, when they need it

“Most people don’t understand what secondary breast cancer means. They don’t understand that it is treatable but not curable. We don’t have time to wait for long overdue improvements in services.

If we have accurate and up-to-date data on the diagnosis and treatment of secondary breast cancer, then hospitals, commissioners and healthcare providers will be able to identify their local patient population needs and plan services effectively to meet them.”

Claire



“There is still a lot of stigma and taboos around breast cancer, and the information is not always clearly communicated. Many people from under-represented groups face huge challenges.

To help improve screening uptake for minority communities, it needs to become more accessible. An inclusive environment, with people from all backgrounds, could help to ease anxieties.”

Bal



ENDNOTES:

ⁱ World Cancer Research Fund International.

Available at: <https://www.wcrf.org/cancer-trends/worldwide-cancer-data>

ⁱⁱ Cancer Research UK.

Available at: <https://www.cancerresearchuk.org/about-cancer/breast-cancer/about>

ⁱⁱⁱ Based on in situ breast carcinoma incidence statistics, 2016-18 average. Cancer Research UK

^{iv} Based on findings from Palmieri, C., Owide, J., & Fryer, K. (2022).

Estimated Prevalence of Metastatic Breast Cancer in England, 2016-2021. JAMA Network Open, 5(12), e2248069 doi.org/10.1001/jamanetworkopen.2022.48069. This paper estimates 57,215 people living with secondary breast cancer in England in 2020/21. Combined with requested data from Public Health Scotland (2022) estimating 3,945 people living with secondary breast cancer at the end of 2020

^v Taylor C, McGale P, Probert J, Broggio J, Charman J, Darby S C et al.

Breast cancer mortality in 500 000 women with early invasive breast cancer diagnosed in England, 1993-2015: population based observational cohort study BMJ 2023; 381: e074684 doi:10.1136/bmj-2022-074684

^{vi} Cancer Research UK, Breast Cancer Mortality statistics.

Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer/mortality#heading-Zero>

^{vii} Average mortality figures for each nation using 2018-20 data.

Cancer registration statistics, England. NHS Digital. Cancer mortality in Wales 2002-2022. Public Health Wales. Cancer Mortality in Scotland 2021. Public Health Scotland. Northern Ireland - mortality statistics, 1993-2021. Northern Ireland Cancer Registry.

^{viii} Public Health England, (2020), Cancer survival in England for patients diagnosed between 2014 and 2018, and followed up to 2019.

Available at: <https://www.gov.uk/government/statistics/cancer-survival-in-england-for-patients-diagnosed-between-2014-and-2018-and-followed-up-until-2019>

^{ix} Public Health Scotland, (2021), Cancer survival statistics. People diagnosed with cancer between 2013 and 2017.

Available at: <https://publichealthscotland.scot/publications/cancer-survival-statistics/cancer-survival-statistics-people-diagnosed-with-cancer-between-2013-and-2017/#:~:text=During%20the%20five-year%20period%202013-17%2C%20138%2C150%20adults%20were,women%20%2851%25%29%20survived%20for%20at%20least%20five%20years.>

^x Public Health Wales, (2024), Cancer Reporting Tool- Official Statistics.

Available at: <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcis/cancer-reporting-tool-official-statistics/>

^{xi} Cancer Research UK, breast cancer statistics.

Available at: <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer#heading-Three>

^{xii} Walters S, Maringe C, Butler J, Rachet B, Barrett-Lee P and others, (2013), 'Breast cancer survival and stage at diagnosis in Australia, Canada, Denmark, Norway, Sweden and the UK, 2000-2007: a population-based study'.

British Journal of Cancer 108, 1195-208, doi: 10.1038/bjc.2013.6. Available at: <https://pubmed.ncbi.nlm.nih.gov/23449362/>

^{xiii} Cancer Research UK, February 2023.

Age-period-cohort modelling approach using 2020-based population projections (Office for National Statistics) and observed cancer incidence (1975-2018 for England, Scotland and Wales, 1993-2018 for Northern Ireland).

^{xiv} Average mortality figures for each nation using 2018-20 data.

Cancer registration statistics, England. NHS Digital. Cancer mortality in Wales 2002-2022. Public Health Wales. Cancer Mortality in Scotland 2021. Public Health Scotland. Northern Ireland - mortality statistics, 1993-2021. Northern Ireland Cancer Registry.

^{xv} **NHS England (2024). Cancer Quality of Life Survey. March 2024 update.**
Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-quality-of-life-survey

^{xvi} **NHS England (2023). Cancer Quality of Survey. March 2024 update.**
Available at: digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancerquality-of-life-survey

^{xvii} **Bowen RL, Duffy SW, Ryan DA, et al (2008). Early onset of breast cancer in a group of British black women. British journal of cancer, 98(2), 277–281;**

Public Health England and Cancer Research UK (2016). Ethnicity and stage at diagnosis. National cancer registration and analysis service data briefing

^{xviii} **Willis K, Lewis S, Ng F et al (2015). The experience of living with metastatic breast cancer - a review of the literature.**

Health care for women international vol. 36,5: 514–42.
doi:10.1080/07399332.2014.89636

^{xvix} **Breast Cancer now (2019)**

Make things change BCN_REPORT1_1019v2 - FINAL FILE.indd (breastcancer.org)

^{xix} **Demos, The Cost Of Breast Cancer: Modelling the economic impact to the UK, (2024), pg. 11.**

Available at: <https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf>

^{xxi} **Demos, The Cost Of Breast Cancer: Modelling the economic impact to the UK, (2024), pg. 12.**

Available at: <https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf>

^{xxii} **Demos, The Cost Of Breast Cancer: Modelling the economic impact to the UK, (2024), pg. 12.**

Available at: <https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf>

^{xxiii} **Demos, The Cost Of Breast Cancer: Modelling the economic impact to the UK, (2024), pg. 13.**

Available at: <https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf>

^{xxiv} **Demos, The Cost Of Breast Cancer: Modelling the economic impact to the UK, (2024), pg. 11.**

Available at: <https://demos.co.uk/wp-content/uploads/2024/01/Cost-of-Breast-Cancer-Report.pdf>

^{xxv} **Brown, K.F., Rungay, H., Dunlop, C. et al. (2018), ‘The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015.’**

British Journal of Cancer 118: 1130–1141, doi: 10.1038/s41416-018-0029-6.
Available at: <https://pubmed.ncbi.nlm.nih.gov/29567982/>

^{xxvi} **NICE, (2024), Breast cancer- managing FH: What is known about the genetic risk factors?**

Available at: <https://cks.nice.org.uk/topics/breast-cancer-managing-fh/background-information/genetic-risk-factors>

^{xxvii} **Padamsee T, Wils, C, Yee L, Paskett, E. (2017), ‘Decision making for breast cancer prevention among women at elevated risk’.**

Breast Cancer Research 19, 34. doi: 10.1186/s13058-017-0826-5.
Available at: <https://breast-cancer-research.biomedcentral.com/articles/10.1186/s13058-017-0826-5>

^{xxviii} **American Cancer Society, Preventative surgery to Reduce Breast Cancer Risk.**

Available at: <https://www.cancer.org/cancer/types/breast-cancer/risk-and-prevention/preventive-surgery-to-reduce-breast-cancer-risk.html>

^{xxix} **CRUK cancer intelligence, Early diagnosis- survival and incidence by stage at diagnosis.**

Available at: <https://crukcanerintelligence.shinyapps.io/EarlyDiagnosis/>

**JOIN
US**

**This is your invitation to take
action now to start turning the
tide on breast cancer. Find out
how you can be involved:
publicaffairs@breastcancernow.org**

**BREAST
CANCER
NOW** The research &
support charity

We're here
