

WHAT CANCER COSTS EMPLOYERS

A Working With Cancer report with pro bono support from the economics team at Ashurst Perkins Coie (and arranged by Pro Bono Economics).

SEPTEMBER
2026



WORKING
WITHCANCER

WORKINGWITH
CANCER.CO.UK

Table of Contents

Executive Summary: an increasing risk for employers

Section A: The Employer Cost of Cancer

A1. The cost of employee absence

- What does the data tell us?
- How does the impact vary by industry?

A2. The wider costs of cancer

A3. Lack of preparation for cancer in the workforce

- Employers lack cancer policies
- Employees report lack of support
- Understanding legislative risks

A4. Case study

Section B: Cancer In The Workforce

B.1 Cancer incidence

- Defining incidence
- Incidence rates of cancer in the working age population
- Cancer incidence by age-group and sex
- Cancer incidence by type of cancer
- Change in cancer incidence over time

B.2 Cancer prevalence

- Defining prevalence
- What does the data show?

B.3 Cancer survival rates

- What are cancer survival rates?
- What does the data show?

Section C: Conclusion and Recommendations

Section D: Appendices

- Further information on cost to employers
- Methodology notes for estimating cancer in the working age population



Executive Summary



An Increasing Risk for Employers

Cancer is now costing employers an estimated **£3.7** billion a year. For a company with 1,000 employees in financial services that figure is expected to be **£284,800** annually. More than **one million** people of working age in the UK are now living with, or beyond a cancer diagnosis. This represents approximately **1 in 50 people** of working age. And the figures are increasing.

These are key findings from this Working With Cancer report prepared with pro bono support from the economics team at Ashurst Perkins Coie.

Cancer is a significant health concern that affects individuals across all age groups, including those of working age. The UK working-age population, typically defined as individuals aged 16 to 64, is currently 43 million and represents the core of the labour force. Cancer diagnoses within this group can have far-reaching effects, not only on the individuals concerned but also on their friends and families, colleagues, teams, and the wider organisation in which they work.

This report examines the latest data on the number of people in the UK of working age that are affected by cancer and the associated costs to employers.

The number of people of working age that are being diagnosed with cancer each year is increasing. There are now an estimated **146,000** people of working age in the UK that are diagnosed with cancer each year,[1] representing roughly one-third of all new cancer diagnoses. This is an **18%** increase on the 123,000 diagnosed per year in 2013, compared to a working population increase of **5%**.

Ashurst Perkins Coie's economists forecast that **148,000** working age people will be diagnosed annually by 2030 as the population grows and the workforce gets older.

[1] Ashurst Perkins Coie's calculation of 146,000 people of working age diagnosed with cancer a year uses available published data up to the age of 65. A separate report by Reframe Cancer and Cancer Research predicts that 160,000 people of working age are diagnosed with cancer every year. This data includes forecasts for people up to the age of 68.

In addition, survival rates for cancer have improved markedly across all age groups in recent years meaning that more people with cancer are likely to remain in the workforce. The five-year survival rate for people with cancer of working age in the UK is now around **74%** (averaged across all types of cancer).

The cost of cancer from employee absence and reduced productivity is estimated at an average of **£150,000 per year for a company with 1,000 employees**. For sectors with higher salaries such as insurance and financial services the cost per company rises to **£284,800 per year on average**.

When aggregated across all employers in the UK, this is equivalent to **£3.7 billion** per year. But these figures are likely to be a significant underestimate of the overall costs that employers face from cancer. The cost of absence does not capture the full picture: reduced productivity among employees continuing to work through treatment, the cost of employees who do not return to work at all and the effect on the one million working adults in the UK who are simultaneously managing their own job whilst caring for someone with cancer.

When these wider costs are taken into account, the true burden on employers is considerably higher. Supporting employees affected by cancer is not simply about reducing legal risk, or managing absence. Organisations that invest in effective workplace support are more likely to retain experienced employees, preserve organisational knowledge, improve employee engagement, strengthen their reputation as responsible employers and reduce avoidable recruitment and productivity costs.

Yet most organisations are not prepared for it.

Working With Cancer's research with the Institute for Employment Studies found that 96% of organisations have no cancer-specific policy and **78%** of line managers have received no training on how to support an employee with cancer. Only **18%** of organisations collect any data on cancer in their workforce and **a quarter** of HR managers surveyed said they did not understand their obligations under disability legislation, despite every cancer diagnosis automatically triggering protection under the Equality Act 2010. This is despite cancer being deemed a disability under the Equality Act 2010, such that someone with cancer is automatically protected from disability discrimination, irrespective of their symptoms, prognosis, or stage of illness. This protection is lifelong, even if someone is in remission. The cost is real, it is growing, and in most organisations it is being managed without a plan. Working With Cancer supports employers to change that, through policy development, manager training, employee coaching and practical guidance that reduces absence, improves return-to-work rates and protects organisations from legal risk.

This report explains what cancer costs employers and sets out recommendations on how to address the issues.

Section A: The Employer Cost Of Cancer in the Workforce



Introduction

Cancer has a significant impact on the working age population with a million people of working age in the UK now living with or beyond a cancer diagnosis. A cancer diagnosis will inevitably lead to employee absence during diagnosis, treatment and recovery, but can also have wider effects on individuals, colleagues and teams.

In this section the direct cost on employers is analysed, in terms of the additional time off work that most employees will need to take as they navigate the journey from cancer diagnosis to recovery and the impact this can have on the productivity of other employees. We then discuss some of the wider costs of cancer including (i) the costs associated with the reduced productivity of individuals working whilst having cancer, and (ii) the impact on employees with family and friends facing a cancer diagnosis.

Working With Cancer research reveals how unprepared many companies are to handle cancer in the workforce, how employees are reacting and the importance of understanding disability legislation.

Annex D1 provides further detail on the different types of costs that employers face due to cancer and the methodology used for estimating these costs.

A1. The cost of employee absence

1.1 What does the overall data tell us?

It is estimated that the costs of cancer from employee absence and reduced productivity for a 1,000-employee firm are around £150,000 per year. When aggregated across all employers in the UK, this is equivalent to £3.7 billion per year.

Section A: The Employer Cost Of Cancer in the Workforce

The estimate of the cost of cancer to a company that employs 1,000 people is based on the following assumptions:

- Each year a firm that employs 1,000 people will on average see 4 employees diagnosed with cancer each year;
- The average annual wage for these employed (accounting for the likely age profile of those diagnosed with cancer) is £40,400. Applying a 15% uplift to account for the cost of payment in kind and national insurance costs, this is equal to an annual cost of £46,400 per employee.
- Our central estimate assumes that employees take six months off work – this is equal to £23,200 per employee diagnosed with cancer. However, costs to the firm are highly dependent on the average time employees take off work. If the average time off work can be reduced to four months, the cost falls to £15,500 per employee. However, if the average time off work increases to eight months the cost increases to £31,000 per employee.
- Lastly, we apply an uplift to account for the impact on the productivity of the wider team. In particular, we apply a 1.7x multiplier to the direct cost estimated above, which is based on academic research showing that the value of total lost productivity often exceeds the worker's individual productivity loss. A study by Chiu et al (2022) found the 'teamwork multiplier', stemming from a loss of productivity, of 1.84 for breast cancer patients and 1.62 for non-small-cell lung cancer patients.[2]

Over 70% of the total cost relates to employees aged over 50, which often include senior staff and those employees with the most experience. These older employees are at higher risk of being diagnosed with cancer and earn higher wages on average, which increases the costs to employers.

In some instances, employers may choose to mitigate the cost of employee absence by taking steps to reduce the loss of output (to the extent this is feasible). However, this will often entail significant costs including: (i) the costs of overtime or temporary staff; (ii) recruitment costs; (iii) training costs for replacement or temporary employees; and (iv) administrative costs in managing the absence or drop in output.

[2] Estimating Productivity Loss from Breast and Non-Small-Cell Lung Cancer among Working-Age Patients and Unpaid Caregivers: A Survey Study Using the Multiplier Method, Chiu J, MacEwan J, May S, Bogner K, Peneva D, Yong, C, Amin S, Bolinder, Batt K, Baumgardner J, MPM Policy and Practice, June 2022.

Section A: The Employer Cost Of Cancer in the Workforce

1.2 Industry specific results

The estimated cost of cancer varies significantly between industries – with the costs being higher in industries with an older work force (who are more likely to be diagnosed with cancer) as well as industries with higher wages. The following table summarises the estimated cost of cancer by industry (for those industries that employ more than 500,000 employees).

Table 1: Estimated cost of cancer by industry (ranked by total cost)

Industry	Average wage (£)	Annual diagnoses per 1,000 employees	Cost per year per 1,000 employees (£)
Financial & insurance activities	85,700	3.1	284,800
Information & communication	61,000	2.9	188,100
Transportation & storage	44,600	4.2	185,300
Manufacturing	44,100	4.1	177,400
Construction	45,600	3.8	167,900
Professional, scientific & technical activities	52,900	3.2	155,400
Public administration & defence; compulsory social security	38,900	4.0	147,900
Education	34,000	4.2	137,400
Human health & social work activities	34,100	4.0	130,900
Administrative & support service activities	36,800	3.7	128,700
Wholesale & retail trade; repair of motor vehicles & motorcycles	31,600	3.7	114,200
Accommodation & food service activities	21,500	2.8	60,900
All industries	40,400	3.8	147,600

Source: Ashurst Perkins Coie estimate based on the sources and methodology set out in Appendices D1 and D2.

Table 1 shows that 'financial and insurance activities' and 'information and communication' are the industries with the highest estimated cost – driven by the high wages in these industries. 'Transportation and storage' and 'manufacturing' are the next highest – both of these industries have an average wage that is close to the national average, but have an older workforce than average, which is more likely to be diagnosed with cancer.

Section A: The Employer Cost Of Cancer in the Workforce

A2. The wider costs of cancer

The cost of cancer to employers extends significantly beyond the costs directly related to employee absence. Prior studies have shown that:

- in team production settings in particular, the absence of a worker will typically impose greater costs in lost output because the output of other team members is also impacted by the absence. As noted above (and included in the cost estimate), a study by Chiu et al (2022) estimated the costs on the employer being between 62% and 84% higher once the wider impact on the team is taken into account; [3]
- there are further costs on employers from employees that continue to work whilst unwell or whilst undergoing treatment. Studies have shown that an employee's productivity is typically lower post-diagnosis compared to pre-diagnosis (resulting in additional lost output);
- there are costs associated with employees that are unable or choose not to return to work after a cancer diagnosis. Studies suggest that up to 25% of employees may not return to work after completing their cancer treatment.[4] This can entail significant costs to employers associated with hiring and training new staff as well as the impact on output of other team members; and
- employers may also face costs from cancer as a result of employees being a close relation or friend of someone diagnosed with cancer. Such life changing events may result in additional absences and/or have an impact on the productivity of those employees. Reframe Cancer estimates that 1.1 million working adults in the UK have cancer caring responsibilities and it costs the UK economy an estimated £8.6 billion per year.[5]

These findings highlight that cancer is not solely an issue for employees diagnosed with the disease. Many employees are balancing work with caring responsibilities for a partner, parent, child or close family member with cancer. Supporting working carers should therefore form part of a comprehensive workplace cancer strategy, helping to retain experienced employees while reducing stress, burnout and avoidable absence.

[3] Ibid.

[4] Cancer & Employment Survey", Stephen Bevan and Barbara Wilson, February 2022.

[5] <https://www.reframe.co.uk/blog/carers-research>

Section A: The Employer Cost Of Cancer in the Workforce

A3. Lack of preparation for cancer in the workforce

3.1 Employers lack cancer policies

A report published by Working With Cancer in 2024 in conjunction with the Institute of Employment Studies (IES) shows that many organisations are not ready for the increasing volume of cancer and long-term health conditions in the workplace. Working With Cancer's "Bevan Report on Improving Employer Support for Those Working With Cancer" found that 96% of respondents reported that their organisations do not have cancer specific policies and only 18% reported collecting data on the number of employees with a cancer diagnosis.

Of those surveyed:

- While only 4% of organisations had a cancer policy, 45% of HR managers said they felt they needed one.
- 78% stated their line managers had not received training on how to support employees living with cancer.
- 48% of respondents expressed concern about line managers saying the wrong thing.
- 31% lacked confidence in the ability of their line managers to have difficult conversations.
- Only half (54%) of respondents knew about the Access to Work scheme.
- 25% reported a lack of understanding of disability legislation.
- 44% also said economic conditions were a barrier to providing further support.

In terms of what is provided, HR Managers reported that organisations tend to have generic policies that do not cater specifically for employees working with cancer. Instead, they focus on meeting employers' legal obligations.

Common policies include:

- 91% Health and safety
- 90% Dignity at work/bullying and harassment
- 87% Flexible working
- 83% Absence management/return to work
- 83% Equality, diversity and inclusion

Section A: The Employer Cost Of Cancer in the Workforce

3.2 Employees report lack of support

A lack of preparation impacts people's ability to return to work after treatment, or to remain working whilst receiving treatment, and therefore increases the cost to employers.

Research of 1,200 patients in 2022 undertaken by [Working With Cancer](#) with the Institute of Employment Studies clearly shows that many employers are not prepared to support employees following a cancer diagnosis:

- 25% of people diagnosed with cancer did not return to work after their diagnosis.
- 51% of those that did return to work did not have 'return to work conversations' with their employer's occupational health professionals.
- 50% of those that did return to work did not have 'return to work conversations' with their HR department.
- 32% of those that did return to work did not discuss the potential issues of returning to work post-diagnosis with their line manager.

3.3. Importance of understanding legislative risks

As noted earlier in this report, cancer is automatically deemed to be a disability under the Equality Act 2010 (or in Northern Ireland, the Disability Discrimination Act 1995), regardless of the nature or severity of symptoms, prognosis, or stage of illness. Unlike other conditions, there is no requirement to demonstrate a substantial and long-term adverse effect on day-to-day activities.

The Act provides lifelong protection against disability discrimination in employment. A person diagnosed with cancer continues to be regarded as disabled whether treatment is ongoing or completed, and whether or not they are in remission. The deemed disability status does not lapse, and there is no requirement to demonstrate any ongoing or residual impairment.

The Act's protections extend to all stages of the employment relationship, including during recruitment and post-employment references. The Act protects a wide range of individuals and, depending on the circumstances, this protection can extend to some self-employed individuals, and also to people who are caring for others with cancer.

Given Working With Cancer's research shows HR teams are under operational pressure and 25% don't understand disability legislation, employers should ensure that those involved in people management decisions receive appropriate training on these obligations. Importantly, compensation for disability discrimination is uncapped, meaning that employers who fail to comply with these obligations face potentially significant financial exposure.

Section A: The Employer Cost Of Cancer in the Workforce



According to Working With Cancer, the main forms of discrimination which affect cancer survivors include:

- **Direct disability discrimination** applies when, because of a disability, an individual receives less favourable treatment than someone who does not have that disability. Examples are not recruiting or promoting or training someone because they have cancer.
- **Indirect disability discrimination** applies when a provision, criterion or practice which applies to everyone puts disabled people at a disadvantage compared with those who are not disabled without objective justification. Not knowing about a person's disability is not an excuse for indirect discrimination. An example of indirect discrimination includes denying someone a role, promotion, or training because they have a high number of sick days, and these absences are due to having cancer.
- **Discrimination arising from disability** is when someone is treated unfavourably because of something arising in consequence of their disability, rather than the disability itself, without objective justification. As an example, an employee with cancer may need regular rest or toilet breaks, experience difficulties in using public transport, or require regular hospital appointments. Where such needs impact performance or work commitments, and the employer responds with unfavourable treatment, this could amount to discrimination arising from disability.
- **Harassment** is when someone engages in unwanted conduct related to disability and that conduct has the purpose or effect of violating the other person's dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. This could be abusive comments or jokes, graffiti or insulting gestures. Examples include an employee being teased about frequent trips to the toilet, about hair loss, or about forgetting things because of 'chemo-brain'.
- **Victimisation** – if an employee believes they have been treated badly because they have complained about discrimination or harassment, or because they have helped someone who has been discriminated against, this is called victimisation and is unlawful under the Equality Act.

Section A: The Employer Cost Of Cancer in the Workforce

A4. Case Study

ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST

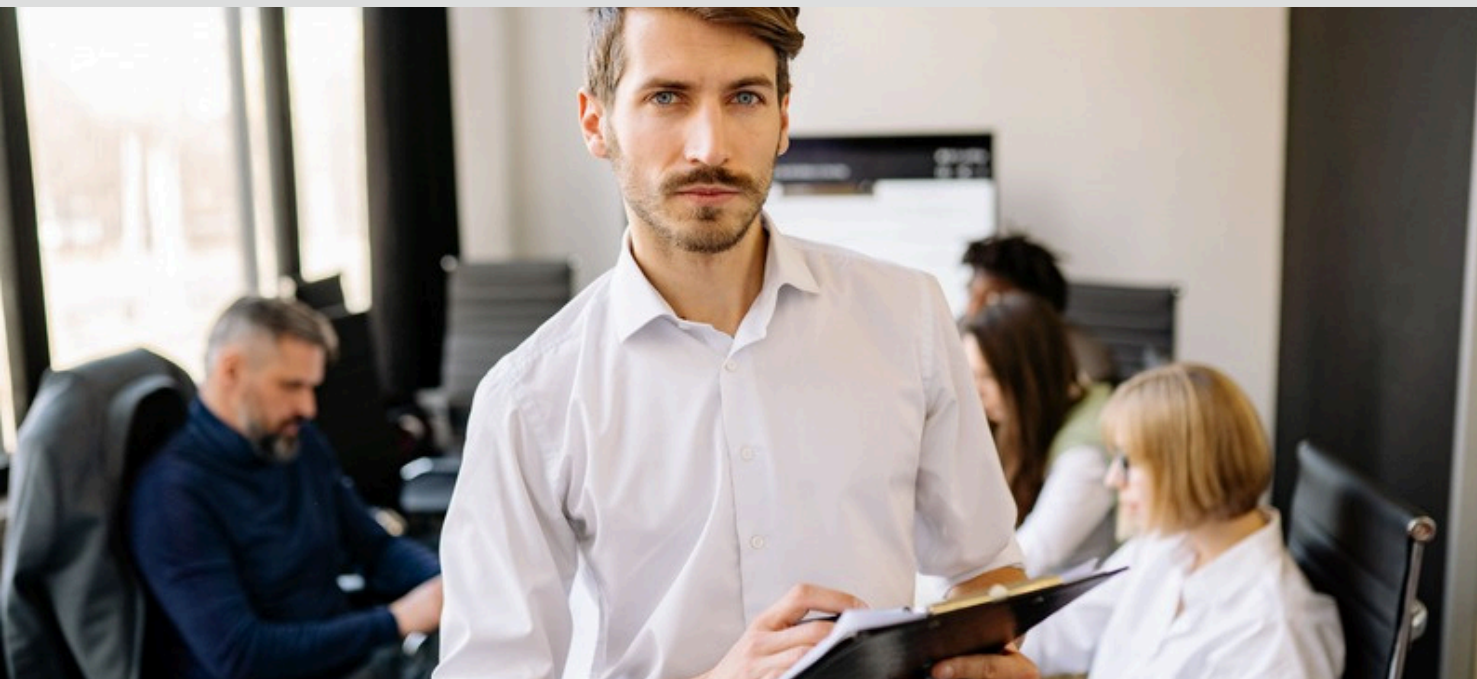


Royal United Hospitals Bath NHS Foundation Trust launched a new cancer policy in 2025 with the support of Working With Cancer. The new policy is intended to support team members who receive a cancer diagnosis whether they are in treatment, remission or managing recurrence, someone caring for a loved one with cancer, or anyone working alongside colleagues affected by cancer and wondering how best to help.

The policy clarifies all the processes in place that someone can expect to benefit from including up to twelve months full sick pay from the moment of diagnosis and tailored workplace adjustments such as flexible hours and remote working. It includes support for carers, a clear return-to-work and well-being plan which has been co-developed with occupational health.

Alfredo Thompson, Royal United Hospitals Bath NHS Foundation Trust's chief people officer said: "I'm proud to launch our Working With Cancer pilot initiative that lays out how we, as leaders and colleagues, can stand beside our staff when they need us most. This policy is more than process; it's about compassion, flexibility, and dignity. It's one of life's most challenging journeys, and as a Trust, we want to be a place where people feel supported, not just professionally, but humanely. We want RUH to be a place where people feel they can be themselves, ask for help, and trust that we'll do the right thing. We want our people to know that they matter."

Section B: Cancer in the Workforce



Understanding the scale and nature of cancer among the working age population is crucial for effective workforce planning, policy development, and the provision of appropriate support. This section provides an overview of the incidence, prevalence, and survival rates of cancer within the UK's working-age population. Further information on the data and methodology used in this section is provided in Annex D2.

B1. Cancer Incidence Rates

1.1 What is incidence?

Incidence refers to the number of new cases of cancer diagnosed in a year, often expressed as a rate per 100,000 people per year. Understanding incidence rates helps to estimate how many employees might be newly diagnosed with cancer each year.

1.2 How many working-age people are diagnosed with cancer?

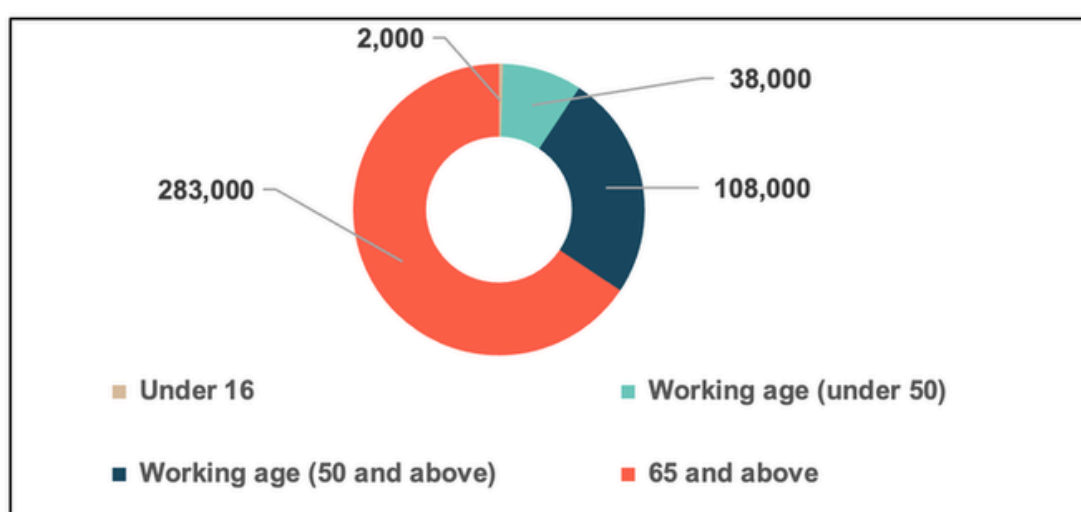
According to the most recent government data (for 2023), approximately 430,000 new cancer cases are diagnosed annually across all age groups in the UK. Of these, around 146,000 cancer cases occur in people of working age (aged 16 to 64), representing roughly one-third of all new cancer diagnoses in the UK.

The overall incidence rate for the working-age population is estimated to be 339 per 100,000 per year, though this varies by age and gender.

Section B: Cancer in the Workforce

As shown in the chart below, incidence rates increase with age, including within the working-age bracket. Assuming that incidence rates do not change, Ashurst Perkins Coie's economists estimate that the number of working age people diagnosed with cancer will increase to 148,000 by 2030. This reflects growth in the UK population and the working age population getting older.

Figure 1: UK cancer incidence by age⁶



Source: Ashurst Perkins Coie estimate, compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland, and the Northern Ireland Cancer Registry and population estimates published by the Office for National Statistics

1.3 Cancer incidence by age group and sex

There are significant differences in cancer incidence rates between different age groups within the working age population. As shown in the chart on the next page, among those aged under 30, cancer is rare, with an incidence rate of less than 100 per 100,000. However, the incidence rate increases gradually as individuals age, with the rate increasing to over 1,000 per 100,000 for those aged 60 and over.

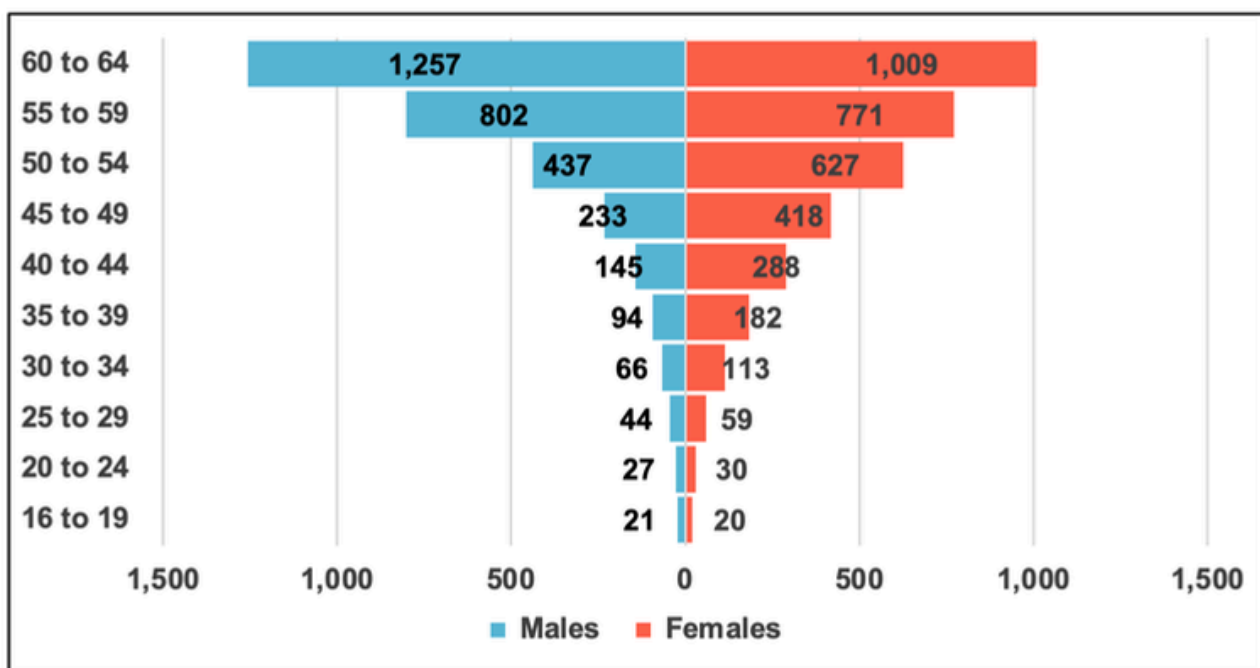
As a result, the majority of cancer diagnoses in working age people occur in older age groups. Ashurst Perkins Coie's economists estimate (based on government data for 2023) that cancer diagnoses for those aged 50 and over account for nearly three-quarters (73%) of all working age cancer incidence.

[6] Graphic compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland and Northern Ireland Cancer Registry. For more information on data sources used please see Annex D2.

Section B: Cancer in the Workforce

Interestingly, the relative incidence rate between males and females switches at age 55. Men aged under 55 are less likely to be diagnosed with cancer than women (particularly in the 30 – 54 age bracket), but men aged 55 and over have a higher incidence rate than women (this difference increases even further for ages above 65). This primarily reflects the different types of cancer that affect men and women of working age.

Figure 2: UK cancer incidence rate by age and sex (cases per 100,000)⁷



Source: Ashurst Perkins Coie estimates, compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland, and the Northern Ireland Cancer Registry and population estimates published by the Office for National Statistics. |

[7] Graphic compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland and Northern Ireland Cancer Registry. For more information on data sources used please see Annex D2.

Section B: Cancer in the Workforce

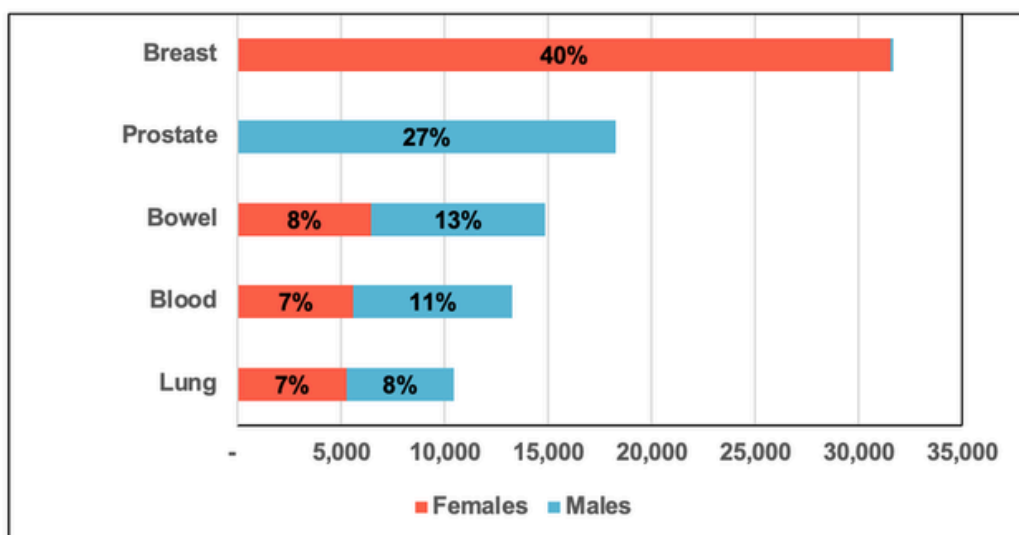
1.4 Cancer incidence by type of cancer

The five most common types of cancer amongst the working age population are: breast, prostate, bowel, blood and lung cancer. As shown in the chart below, breast cancer alone accounts for nearly 40% of all cancer diagnoses in the female working age population and prostate cancer accounts for 27% of all cancer diagnoses in the male working age population. Together these five cancers account for 61% of all cancer diagnoses in the working age population.

Whilst breast cancer is more likely to affect working age females than other age groups in the UK population, prostate, bowel, blood and lung cancer are all less likely to affect the working age population than the population as a whole. For example, lung cancer accounts for 7% of cancer diagnoses amongst the working age population but 12% of diagnoses amongst the total population.

However, certain age groups are disproportionately affected by certain types of cancer. In particular, blood cancer is responsible for over 30% of cancer diagnoses among those aged 16-24 and breast cancer is responsible for 50% of all female cancer diagnoses among those aged 40-54.

Figure 3: Cancer incidence by type and sex for people of working age (percentage of all cancer diagnosis)⁸



Source: Ashurst Perkins Coie estimate, compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland, and the Northern Ireland Cancer Registry and population estimates published by the Office for National Statistics.

[8] Graphic compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland, and the Northern Ireland Cancer Registry and population estimates published by the Office for National Statistics. For more information on the data sources used, see Annex D2

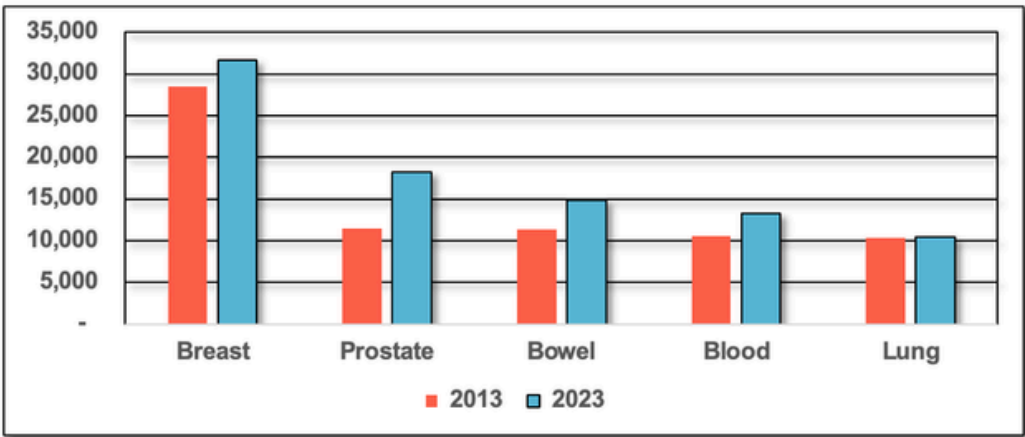
Section B: Cancer in the Workforce

1.5 Change in incidence over time

Over the past 10 years the number of working age people diagnosed with cancer has increased. In 2013, approximately 123,000 working age individuals in the UK were diagnosed with cancer, [9] however this figure increased to 146,000 in 2023 - an increase of 18%. This compares to an increase in the number of people of working age over this period by 5%.

The figure below shows the annual number of working-age cancer diagnoses in the UK in 2013 and 2023 for each of the five most common types of cancer amongst the working age population. The figure shows that the number of cancer diagnoses has increased for each of the five types, except for lung cancer which has remained relatively constant.

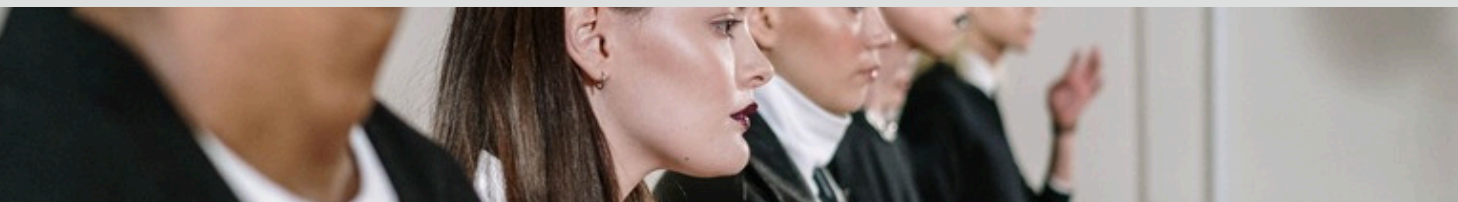
Figure 4: Incidence in the UK for five highest incidence cancers (2013-2023)¹⁰



Source: Ashurst Perkins Coie. Compiled using annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland and population estimates published by the Office for National Statistics

[9] and [10] annual cancer incidence statistics published by NHS England, Public Health Wales, Public Health Scotland and Northern Ireland Cancer Registry. For more information on data sources used please see Annex D2.

Section B: Cancer in the Workforce



There are several factors that may explain this increase, including:

Demographic change within the working-age population

- Although the overall working-age population increased by 5% between 2013 and 2023, the number of people aged 50–64 increased by 14% over the same period according to the [Office for National Statistics](#). This matters because, as set out above, cancer risk rises with age and cancer cases increase more steeply from around age 50 onwards. Therefore, a shift towards a larger older working-age population is likely to have contributed to the increase in diagnoses.

Earlier detection, screening and improved diagnosis

- The increase in diagnoses may also partly reflect more cancers being identified and recorded, rather than only an increase in underlying disease. This could include improvements in diagnostic pathways, greater symptom awareness, and changes to screening programmes. For example, bowel cancer screening has been expanded to younger age groups. [NHS England](#) began extending the programme to people under 60 in 2021, and by 2025 people aged 50–74 were eligible to receive a FIT home-testing kit every two years. Increased screening and awareness can lead to more cancers being diagnosed earlier when people are younger and of working age.

Rising incidence of some cancers among younger adults

- There is evidence that cancer rates have been increasing among younger adults under 50, which may also contribute to the rise in working-age diagnoses. [Cancer Research UK](#) analysis found that cancer rates among 25–49-year-olds in the UK increased by 24% between 1995 and 2019. The reasons for this are not fully understood, but research points to a combination of factors, including obesity and other metabolic, lifestyle, environmental and early-life exposures.
- A recent study has found that obesity is an important cause of rising cancer rates among young adults. However, obesity alone does not explain the overall rise in cancer incidence, which points to other unknown causes.[11]

[11] Garcia-Closas M, Richards Z, Frost R, Gunter MJ, Berrington de Gonzalez A. Temporal trends in behavioural risk factors for cancers with rising incidence in younger adults: an analysis of population-based data in England. *BMJ Oncology*. <https://doi.org/10.1136/bmjonc-2025-000966>

Section B: Cancer in the Workforce

B2. Cancer Prevalence Rates

2.1 What is prevalence?

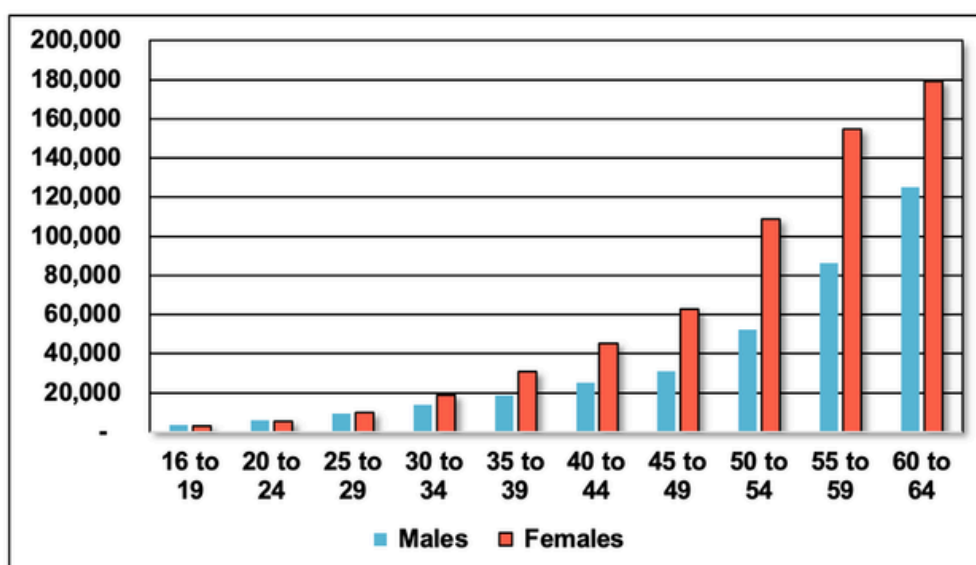
Prevalence refers to the total number of people living with a cancer diagnosis at a given time, regardless of when they were diagnosed. This includes those undergoing treatment, those in remission, and long-term survivors. The prevalence rate therefore indicates the proportion of the workforce likely to be managing the ongoing effects of cancer.

2.2 What does the data show?

It is estimated that 1 million people of working age in the UK are now living with or beyond a cancer diagnosis. This figure has increased steadily over the past two decades, reflecting both rising survival rates and the ageing of the workforce. The prevalence rate for the working-age population is now approximately 2% - meaning that, on average, there are around 2,300 people per 100,000 (or 1 in 50) of working age who may be living with cancer. Prevalence amongst people of working age is highest in the 50-64 age group (as shown in the chart below), where the cumulative effect of higher incidence and improved survival is most pronounced. Many individuals in this group continue to work during or after treatment, either full-time or with adjusted hours.

In addition, prevalence is higher in females than males – as a result of the cumulative effect of higher incidence rates throughout the younger years of the working age population.

Figure 5: UK working age cancer prevalence by age group and sex¹²



Source: Compiled using cancer prevalence statistics published by NHS England

[12] Compiled using cancer prevalence statistics published by NHS England. For more information on the data sources used, see Annex D2.

Section B: Cancer in the Workforce



B.3 Cancer Survival Rates

3.1 What are survival rates?

Survival rates refer to the proportion of people still alive a certain number of years after a cancer diagnosis. Survival rates are important for understanding the long-term impact of cancer on employees and the likelihood of return to work.

Cancer survival is measured in two ways:

- **Overall survival** measures the proportion of patients still alive after a specified time from diagnosis, from any cause of death. It estimates the percentage of people diagnosed with cancer that are alive after a given number of years regardless of cause of death.
- **Net survival** measures the probability of surviving cancer in a hypothetical world where the cancer is the only cause of death. It aims to isolate the lethality of the cancer itself by removing the effect of other causes of death and background mortality.

This report focusses on net survival in order to isolate the effect of cancer on the workforce.

3.2 What does the data show?

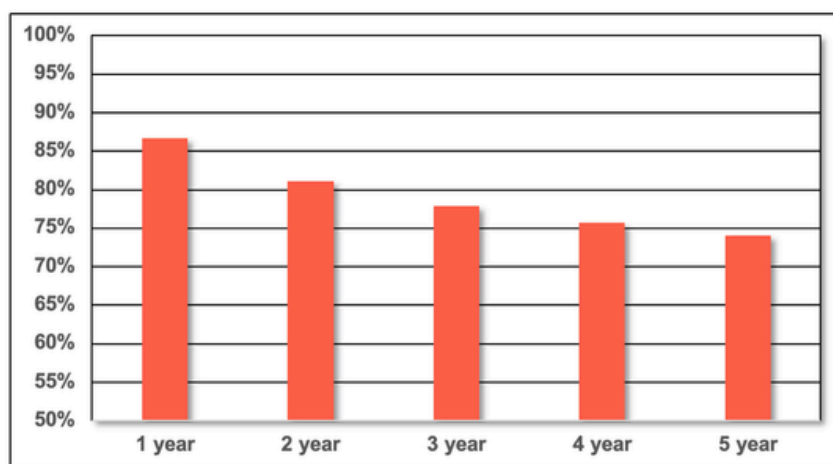
Cancer survival rates for the population as a whole have improved markedly in recent years. For example, the 1-year index of cancer survival for England has increased from 66% in 2005 to 75% in 2020.[13] Survival rates for the working age population are even higher. The increase in incidence combined with the increase in cancer survival means there are now many more working age people living with or beyond a cancer diagnosis.

[13] According to cancer survival statistics published by NHS England, April 2023.

Section B: Cancer in the Workforce

As shown in the Figure below, for all cancers combined, the one-year net survival rate for people aged 16-64 is now around 87% and the five-year net survival rate is around 74% (based on survival outcomes measured in 2021). This highlights the fact that the majority of working-age people will survive their cancer diagnosis and many will continue working or seek to return to work during or after treatment.

Figure 6: Net survival rates for working age people (years after diagnosis)¹⁴

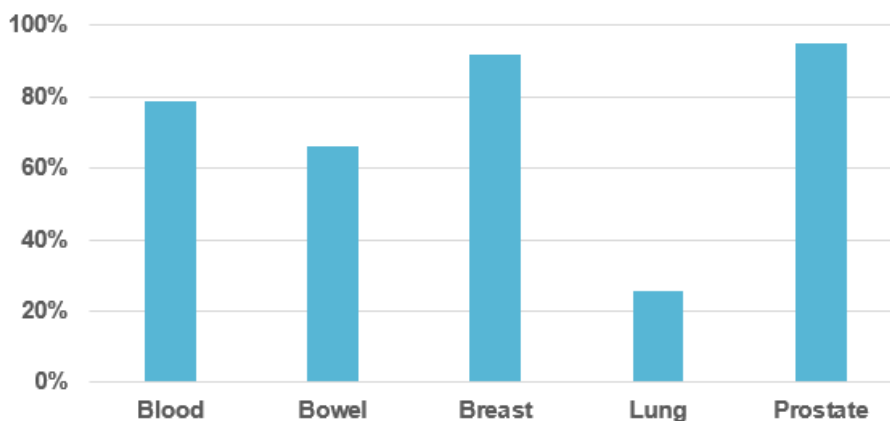


Source: Compiled from figures published by NHS England.

However, as shown in the chart below, survival rates vary significantly by cancer type:

- Five-year net survival rates for working age people are over 90% for both breast and prostate cancer - the two most prevalent cancers amongst working age people, accounting for one-third of all working age cancer diagnoses.
- Lung cancer, the fifth most prevalent working age cancer, has much lower net survival rates. For example, the latest data shows that fewer than 30% of people of working age diagnosed with lung cancer will be alive 5 years after their diagnosis.

Figure 7: Five-year net survival for working age people for the five highest incidence cancers¹⁵



Section C: Conclusion and Recommendations



Report Conclusions

- 1. Cancer is a major and growing workforce risk.** Rising incidence, an ageing workforce and improved survival mean more employees will experience cancer during their working lives and more will remain in work while managing its effects. More than 1 million people of working age in the UK are now living with, or beyond a cancer diagnosis. This represents approximately 1 in 50 people of working age. And the figures are increasing.
- 2. The financial cost to employers is substantial and underestimated.** Direct absence costs, reduced productivity and team disruption collectively amount to billions of pounds annually. Cancer is now costing employers an estimated £3.7 billion a year. For a company with 1,000 employees in financial services that figure is at least £284,800 annually. These are also likely to be conservative estimates as they exclude the wider costs of cancer to employers.
- 3. Employers are largely unprepared.** The overwhelming majority of employers lack cancer specific policies, data, training or processes. This creates operational inefficiencies, inconsistent employee experiences and heightened legal exposure.
- 4. Legal risks are poorly understood.** Under the Equality Act 2010, cancer is a protected disability from diagnosis onwards. Lack of awareness among HR teams and managers increases the risk of discrimination claims.
- 5. Proactive support improves outcomes and reduces costs.** Evidence shows that supportive policies such as flexible working, structured return-to-work planning and manager training improve retention, reduce absence duration and protect productivity.
- 6. Cancer support is becoming a core component of responsible employment practice.** Organisations that invest in preparedness not only reduce risk but also strengthen culture, retention and reputation.

Section C: Conclusion and Recommendations

Working With Cancer recommends that organisations:

1. Review how they are supporting those with cancer, carers and colleagues impacted by cancer and the effectiveness of that support.
2. Review or develop relevant policies covering Disability and Chronic Illness — including sickness absence, performance management, and equal opportunities policies — to ensure they are consistent and expressly state that cancer (along with other conditions covered by the Equality Act such as HIV and multiple sclerosis) is automatically deemed a disability under the legislation. This will help to ensure that managers and staff are aware of their obligations under discrimination legislation from the outset, reducing the risk of inadvertent non-compliance
3. Train line managers and HR teams on handling conversations around cancer in the work force.
4. Ensure an understanding of the legislative requirements to support people in the workforce affected by cancer.
5. Whilst fully respecting the need for employee confidentiality and consent, keep data on employees who are working and affected by cancer so that the organisation fully understands the extent to which its employees are impacted by cancer.
6. Review employee benefits, particularly insured benefits, to ensure they are fit for purpose for people with cancer and compliant with the Equality Act 2010.
7. Recognise and support employees with caring responsibilities for someone affected by cancer through flexible working, compassionate management and access to appropriate workplace support.

As more people live with and beyond cancer, every organisation is increasingly likely to employ people affected by cancer, either directly or those with caring responsibilities. Organisations that prepare now will be better placed to retain talent, reduce avoidable costs and create workplaces where people affected by cancer can continue to thrive.

Section D: Annexes



This Working With Cancer report was produced with pro bono support from the Economics Team at Ashurst Perkins Coie (and arranged by Pro Bono Economics).

D1 - Further information on the employer cost

Overview

The costs of cancer to employers can be split between three main types of events:

- An employee is diagnosed with cancer and takes time off work (resulting in additional absences);
- An employee is diagnosed with cancer but continues to work whilst unwell; and
- An employee is a relation or close friend of someone diagnosed with cancer and either takes additional time off work or continues to work whilst being a carer for others.

The costs associated with each of these different types of events are discussed further below.

Section D: Annexes



An employee is diagnosed and takes time off work

The most direct cost to employers from employees being diagnosed with cancer is the additional time off work in order to receive treatment and recover from the illness. The additional absences can result in lost output for employers.

According to the literature, the most common approach to estimate productivity loss is the 'traditional human capital method', which uses the cost of the employee to value the loss of productivity due to illness. This is based on economic theory which suggests that the marginal product (i.e. the incremental output) of the worker will at least equal the full marginal cost of employing that worker.[16]

Application of the human capital method requires the measurement of the full marginal cost of the worker to the firm, which consists of an individual's money income or wage plus the value of any work related benefits (such as bonuses, private healthcare, car allowance, pension contribution etc.) and employer paid payroll taxes (such as national insurance contributions).

The analysis also requires an assessment of the likely duration of absences due to the cancer diagnosis.

- In Working With Cancer's clinical advisory experience, the average time an employee can take-off work is between 9 – 12 months.
- In contrast, Breast Cancer research has indicated an average time off of around 6 months [17]
- And Reframe Cancer estimates that the average time off is 15 weeks (3.5 months). [18]

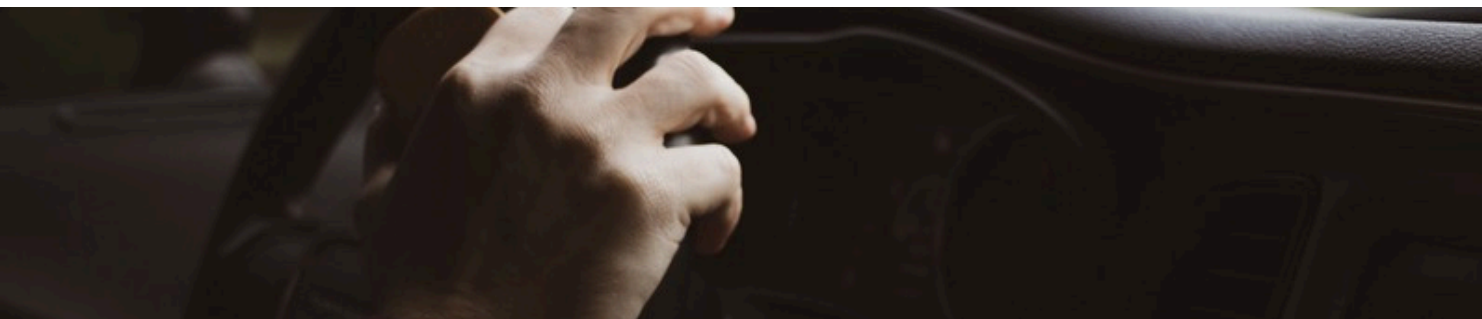
Accordingly, we have estimated the costs over a six month period, but also considered costs for an average time off of four and eight months.

[16] Basu A. Estimating costs and valuations of non-health benefits and cost effectiveness analysis. In Neumann PJ, ed. Cost-effectiveness in Health and Medicine. 2nd ed. New York: Oxford University press 2017. P 221-2.

[17] Amir Z, Moran T, Walsh L, Iddenden R, Luker K. Return to paid work after cancer: a British experience. Journal of Cancer Survivorship. 2007.

[18] Reframe Cancer, The Employee Experience Report: Living and Working With Cancer.

Section D: Annexes



In some cases employers may have the option to mitigate the reduction in output by looking to hire temporary staff or increase the hours of existing employees. The extent to which this is possible will vary depending on the seniority, occupation and industry of the employee diagnosed with cancer. In any case it will involve significant costs including:

- The costs of overtime, temporary staff or agency workers to cover the absences.
- Recruitment costs for the hire of replacement workers (including associated HR and management time for interviews).
- Training costs for replacement or temporary employees.
- Administrative / HR / line manager costs in dealing with the absence.
- A reduction in output / productivity of the new employee compared to the existing employee that is taking time off (at least initially until they are fully trained).
- A reduction in output during the time it takes to find temporary staff or agency workers.

There are also a number of other more indirect costs that an employer would face as a result of the uncertainty and upheaval caused by absences. These include the following:

- A reduction in productivity of other employees / co-workers in the workplace (e.g. due to the loss of a key employee such as a manager or team leader, which causes disruption and affects the output and productivity of other employees in the team).
- Reduced service quality. This could be due to the workflow disruptions and knowledge gaps created by the absences, resulting in deliverable targets missed, projects being delayed etc. This in turn could have a knock-on impact on customer satisfaction and retention rates.
- Decreased team morale, engagement, cohesion and creativity leading to the loss of additional talent (i.e. higher rates of churn of employees resulting in an increase in overall recruitment and training costs).[19]
- Loss of future business due to delays and missed deadlines leading to a loss of opportunities to serve clients / customers.

Prior studies have shown that the value of total lost productivity often exceeds the worker's individual productivity loss. In team production settings in particular, the absence of a worker will typically impose greater costs in lost output than the value of the worker's compensation because other team members are also less productive during the absence (i.e. the effect of the absence multiplies).[20]

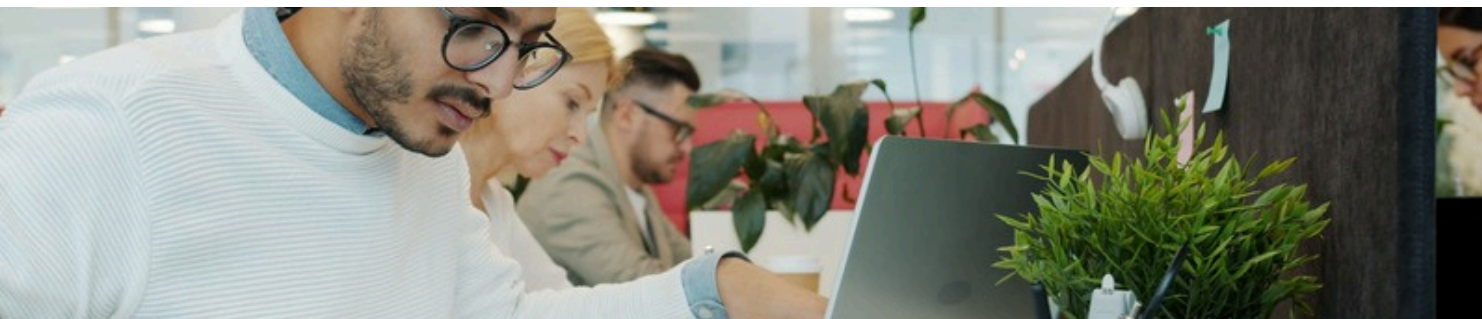
One particular study referred to a teamwork multiplier of 1.84 for breast cancer patients and 1.62 for non-small-cell lung cancer patients (i.e. that the cost to the employer was between 62% and 84% higher once the wider impact on the team was taken into account). [21]

[19] <https://www.workplaceoptions.com/blog/the-true-cost-of-cancer-at-work-a-call-for-greater-employer-support/>

[20] Estimating Productivity Loss from Breast and Non-Small-Cell Lung Cancer among Working-Age Patients and Unpaid Caregivers: A Survey Study Using the Multiplier Method, Chiu J, MacEwan J, May S, Bogner K, Peneva D, Yong, C, Amin S, Bolinder, Batt K, Baumgardner J, MPM Policy and Practice, June 2022.

[21] Chiu et al (2022)

Section D: Annexes



Our approach to estimating costs

In order to estimate the cost to an employer with 1,000 employees, it is assumed that the representative firm's workforce gender and age profile mirrors that of the UK labour force as a whole (or in the case of the industry-specific analysis the UK workforce within that industry). For example, females in the 40 to 49 age group account for 12.3% of the UK workforce and therefore account for 123 of the employees in the representative 1,000 employee firm.

- The estimate of the number of employees diagnosed with cancer each year is based on the estimates for incidence (split by age and sex) described above.
- With regard to employees in the 60+ age group (accounting for 12% of the workforce), it is assumed that the rate of cancer incidence is equal to that in the 60 to 65 age group.
- For each employee that is diagnosed with cancer, we have assumed that the employee takes 26 weeks off work.
- It is assumed that the cost to the employer is equal to the average wage in the UK for an individual within the specific sex and age group.
- Data on the average wage for full-time employees (split by sex and age)[22] is taken from the ONS's Annual Survey of Hours and Earnings (ASHE).[23]
- The ASHE only reports 'gross income' and therefore under-reports the cost of employment to employers (as it excludes national insurance contributions). In order to account for this a 15% uplift has been applied to the average annual wage.
- Lastly, we apply an uplift to account for the impact on the wider team and productivity. In particular, we apply a 1.7x multiplier to the direct cost estimated above, which is based on academic research referred to above showing that the value of total lost productivity often exceeds the worker's individual productivity loss.

[22] ASHE wage data by industry is available for the following age ranges: 18-21, 22-29, 30-39, 40-49, 50-59, 60+. For the purposes of estimating the average wage of employees diagnosed with cancer, we have re-estimated incidence for the age ranges: 18-29, 30-39, 40-49, 50-59 and 60-64. For the purpose of our cost estimates for the typical firm (including by industry) we have excluded employees aged 16-17.

[23] <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2025>

Section D: Annexes



An employee is diagnosed with cancer and continues to work

In addition to the direct and indirect costs to employers from absences, there may be further costs to employers from employees that continue to work whilst unwell or whilst undergoing treatment. This could be either pre-diagnosis (i.e. where the individual continues to work whilst unwell) or post-diagnosis (i.e. where the individual continues to work whilst receiving treatment or has received treatment and returns to work too soon).

The principal cost on employers of this type of event is lost output due to the employees being less productive due to the illness. For example, an individual with cancer may suffer from fatigue or nausea from medications or psychological consequences of the illness that reduce their ability to be as effective as they were prior to their illness. In this regard, most academic studies conducted on employees with cancer noted impairment in employee productivity from cancer treatment.[24]

In a recent study, patients with breast cancer reported themselves to be only 88% as productive compared with pre-diagnosis, while non-small-cell lung cancer patients were only 79% as productive as they were prior to the diagnosis.[25]

Employees that delay or put-off diagnosis may also face extended illness duration and therefore a longer period of absence, which can increase the direct costs set out above.

In addition to these direct costs, employees that continue to work whilst unwell could also give rise to a number of indirect costs to employers, similar to those set out above. In particular, where their continued presence at work has a knock-on effect on the productivity of other employees or which impacts service quality or team morale.

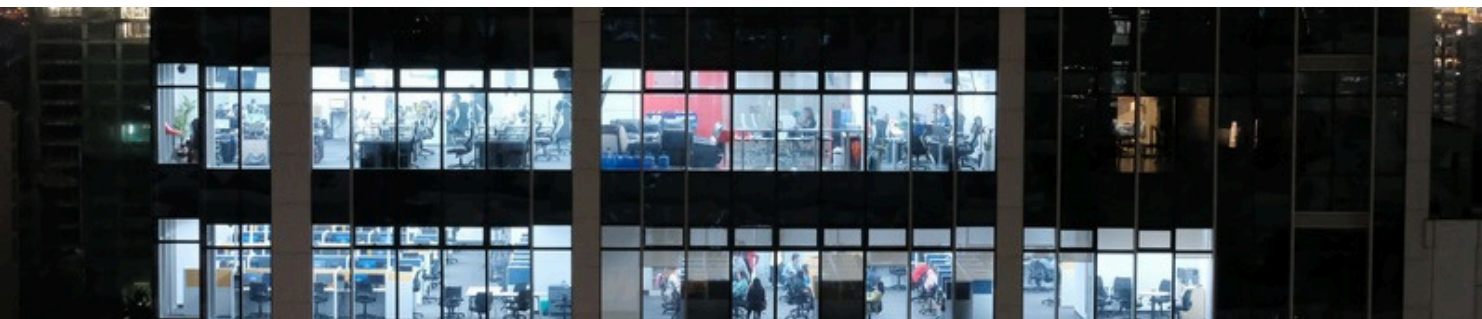
There is a clear incentive for employers to encourage diagnosis as quickly as possible to:

- (i) mitigate the productivity impact of employees working whilst unwell;
- (ii) to reduce the longer term impact of extended periods of absence due to the illness; and
- (iii) to mitigate the potential indirect impact on other employees within the business.

[24] Most studies conducted on patients noted impairment in patient productivity from cancer treatment. See "A Systematic Review of the Effect of Cancer Treatment on Work Productivity of Patients and Caregivers", Journal of Managed Care & Specialty Pharmacy, February 2011.

[25] Ibid

Section D: Annexes



An employee does not return to work

The decision of when and whether to return to work is a personal and often complex issue for cancer survivors. Many employees diagnosed with cancer face ongoing physical effects including chronic fatigue, pain and cognitive impairment both during and after treatment. These physical effects are often compounded by psychological effects including anxiety, depression and fear of recurrence. These factors could be exacerbated if employers do not provide appropriate support to employees upon their return to work.

A significant number of cancer survivors do not return to work after their treatment has finished. This is despite 87% of people that are employed when diagnosed with cancer saying it was important to them to continue working after their diagnosis.[26] Studies show that the proportion of employees that do not return to work can vary significantly:

- a 2022 survey of 1,241 working-age people living with cancer by the Institute for Employment Studies (IES) and Working With Cancer, found that 25% of respondents did not return to work after completing their treatment.[27] Of those respondents that returned to work, 15% returned to a different job, often with a new employer;
- a survey of all cancer patients registered in North West England from June 2002 through December 2002 found that 82% of respondents returned to work (i.e. 18% did not);[28] and
- a review of international studies found that the return to work rate varied significantly. On average, 12 months after diagnosis 62% of patients had returned to work (with a range of between 50% and 81%), whereas after 24 months on average 89% of patients had returned to work (with a range of between 84% and 94%).

When employees do not return to work after a cancer diagnosis (or return to work with a new employer) the costs to employers can be significant. Potential costs include the recruitment and training costs of hiring replacement workers, as well as the potential reduction in the productivity on the wider team stemming from the loss of an important team member.

Supportive company policies can increase the prospects of employees returning to work as well by ensuring a smooth transition for those employees that do return to work. Ultimately such policies can help companies maintain productivity, reduce staff turnover and minimise avoidable costs.

[26] "Working through cancer - Surveying experiences of cancer and work", Macmillan Cancer Support. Available at: https://www.macmillan.org.uk/_images/working-through-cancer_tcm9-341781.pdf

[27] "Cancer & Employment Survey", Stephen Bevan and Barbara Wilson, February 2022.

[28] Amir Z, Moran T, Walsh L, Iddenden R, Luker K. Return to paid work after cancer: a British experience. Journal of Cancer Survivorship. 2007.

Section D: Annexes



A relative or close friend of employee is diagnosed

Employers may also face costs from cancer as a result of employees being a close relation or friend of someone diagnosed with cancer. This includes parents, spouses and partners, children, siblings, close friends and other relations. Such life changing events may cause employees to either:

- take additional days off work to assist a close relation or friend with their cancer treatment (potentially resulting in a loss of output to the employer); and/or
- have an impact on the productivity of the employee (e.g. from the worry, stress and additional support provided to the close relation or friend at the time of need).

Reframe Cancer estimates that this is a significant cost to businesses, with an estimated 1.1 million working people in the UK having cancer caring responsibilities. They estimate that this costs the UK economy £8.6 billion per year.[29]

In this regard, a recent research report refers to caregivers of relatives and close friends diagnosed with non-small-cell lung cancer and breast cancer worked 61% and 68%, respectively, of the hours relative to pre-diagnosis. The same research report refers to non-small-cell lung cancer and breast cancer caregivers were 89% and 79%, respectively, as productive as they were pre-diagnosis.[30]

Other estimates for overall caregiver work productivity loss have been estimated at 21%,[31], 23% [32], and 27% [33] across three different studies.[34]

In addition to these direct costs, there could also be some additional indirect costs to employers, similar to those set out above. To the extent that firms aren't seen as being empathetic to the cancer battles of employees' family and friends, this could have a longer-term impact on the morale and retention of staff (e.g. resulting in higher rates of churn of employees, an increase in recruitment and training costs and difficulty in recruiting the best candidates.

[29] <https://www.reframe.co.uk/blog/carers-research>

[30] Chiu K, MacEwan JP, May SG, Bogner K, Peneva D, Zhao LM, Yong C, Amin S, Bolinder B, Batt K, Baumgardner JR. Estimating Productivity Loss from Breast and Non-Small-Cell Lung Cancer among Working-Age Patients and Unpaid Caregivers: A Survey Study Using the Multiplier Method. *MDM Policy Pract.* 2022 Aug 3;7(2)

[31] Angioli R, Capriglione S, Aloisi A, et al. Economic impact among family caregivers of patients with advanced ovarian cancer. *Int J Gynecol Cancer.* 2015;25(8):1541-46

[32] Mazanec SR, Daly BJ, Douglas SL, Lipson AR. Work productivity and health of informal caregivers of persons with advanced cancer. *Res Nurs Health.* 2011;34(6):483-95.

[33] Yang S, Alemao E. PCN126 Loss of work activity and productivity in caregivers attending to patients with advanced renal cell carcinoma treated with temsirolimus or interferon-alfa: evaluations from a phase 3 randomized trial. *Value Health.* 2009;12(7):A281 [Abstract].

[34] "A Systematic Review of the Effect of Cancer Treatment on Work Productivity of Patients and Caregivers", *Journal of Managed Care & Specialty Pharmacy*, February 2011.

Section D: Annexes



D2 -Methodology notes for cancer in the workforce

General comments

The 'working age' population is defined as all individuals between the age of 16 and 64. In instances where data on cancer incidence is reported for an age group that contains both working age and non-working age individuals (e.g. 15 to 19), data is allocated on a pro-rata basis. For example, 80% of cancer diagnoses in the 15 to 19 age group are allocated to the working age population, as four of the five (80%) ages within that cohort are of working age.

Unless figures and statistics relate to a specific type of cancer (e.g. breast or lung cancer) they relate to all types of 'invasive' cancers (i.e. excluding non-melanoma skin cancers).[35] Figures and statistics that relate to a specific type of cancer, are for the five highest incidence cancers in the UK working age population. These are: blood cancer (C81-C96); bowel cancer (C18-C20); breast cancer (C50); lung cancer (C33-C34); and prostate cancer (C61).

Cancer incidence

The figures and statistics relating to 2023 cancer incidence are based on the following data sources:

- a) Cancer Registration Statistics, England 2023, published by NHS England;[36]
- b) Cancer Incidence in Wales Statistics, published by Public Health Wales;[37]
- c) Annual Cancer Incidence (2023) Open Data, published by Public Health Scotland;[38]
- d) Northern Ireland Cancer Registry data, published by Queen's University Belfast.[39]

UK incidence is based on the number of cancer diagnoses reported in the calendar year 2023 for England and Scotland and calendar year 2022 for Wales. Estimates for Northern Ireland are based on the average annual number of cancer diagnoses for the period 2018-2022.

[35] All diseases with ICD-10 codes C00* to C97 excluding C44* (C44* relates to non-melanoma skin cancers).

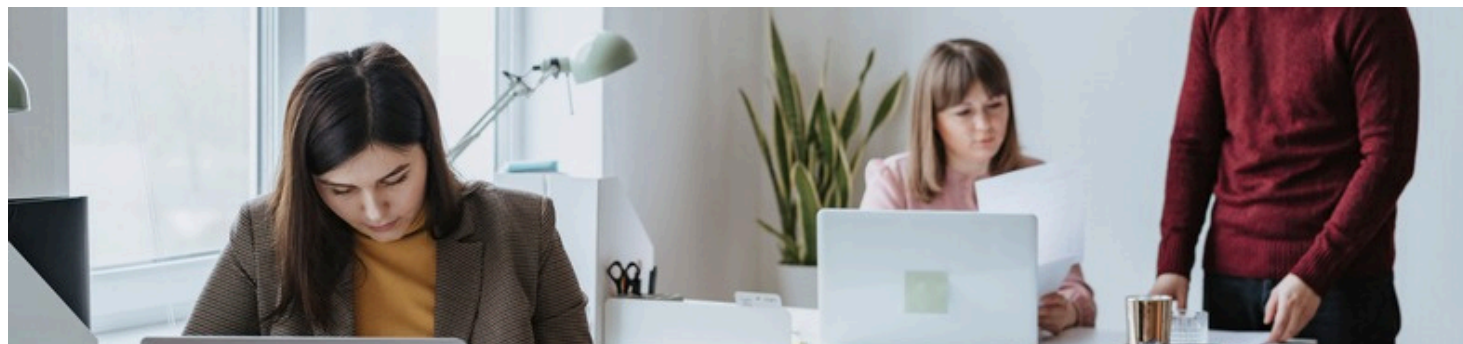
[36] Cancer Registration Statistics, England 2023, published 10 November 2025. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2023>

[37] Cancer Incidence in Wales, 2002-2022, published 23 October 2025. Available at: <https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/cancer-reporting-tool-official-statistics/cancer-incidence/>

[38] Annual Cancer Incidence, Incidence at Scotland Level (2023), published 30 September 2025. Available at: <https://www.opendata.nhs.scot/dataset/annual-cancer-incidence/resource/72c852b8-ee28-4fd8-84a9-5f415f4bc325>

[39] Cancer incidence, survival, mortality and prevalence by cancer type, published 2 July 2025. Available at: <https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/BySite/>

Section D: Annexes



Where cancer incidence is reported per 100,000 people in the population, the rate has been calculated based on the relevant population as at June 2023 as reported by the Office for National Statistics. [40]

In order to estimate cancer incidence in 2030, current rates of cancer incidence per 100,000 in the UK (broken down by age and gender) have been applied to the Office for National Statistics' 'principal' projection of the UK population in 2030.[41]

The figures and statistics relating to cancer incidence in 2013 are based on the following data sources:

- a) England – Cancer Registration Statistics England 2013, published by the Office for National Statistics.[42]
- b) Scotland and Wales – 2013 data was sourced from the same data sources as used for 2023 (see above).

To estimate the number of working age individuals diagnosed with cancer at a UK-wide level in 2013, an 'up-lift' was applied to the number of diagnoses in Great Britain, based on the ratio of UK to Great Britain population, within each sex and five-year age group (e.g. 20 to 24, 50 to 59).

Cancer prevalence

Figures and statistics relating to cancer prevalence are based on Cancer Prevalence Statistics England, 2022 data (published by NHS England on 28 August 2025).[43] The data records the number of people diagnosed with any type of 'invasive' cancer between 1 January 1995 and 31 December 2022 and still alive on 31 December 2022.

In order to estimate UK-wide prevalence an 'up-lift' has been applied to the estimate of cancer prevalence in England. Specifically, the rate of cancer prevalence within each sex and five-year age group (e.g. 20 to 24, 50 to 59) in England has been applied to the UK-wide population within each age group (i.e. assuming that England's share of people alive following a cancer diagnosis is in proportion with its share of the population in a given age group).

[40] Mid-Year Population Estimates, United Kingdom, June 2023. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023>

[41] National population projections: 2022-based. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2022based>

[42] Cancer Registration Statistics, England 2013. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/cancerregistrationstatisticsengland>

[43] Cancer Prevalence Statistics England 2022. Available at: <https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-prevalence>

Section D: Annexes



Cancer Survival

Figures and statistics relating to cancer survival are based on Cancer Survival in England data (published by NHS England on 16 February 2023).[44] The data records survival outcomes for patients diagnosed with cancer between 2016 and 2020, with survival outcomes followed up to 2021.

Cancer Statistics Data Tables

Summary of UK cancer incidence by age and sex

	UK population (m)		Cancer diagnoses		Rate (per 100,000)	
	Male	Female	Male	Female	Male	Female
16 to 19	1.65	1.56	354	313	21	20
20 to 24	2.09	2.01	554	604	27	30
25 to 29	2.20	2.23	967	1,312	44	59
30 to 34	2.28	2.42	1,518	2,734	66	113
35 to 39	2.24	2.40	2,117	4,360	94	182
40 to 44	2.16	2.28	3,128	6,580	145	288
45 to 49	1.99	2.06	4,633	8,607	233	418
50 to 54	2.22	2.30	9,690	14,439	437	627
55 to 59	2.27	2.36	18,169	18,200	802	771
60 to 64	2.05	2.13	25,741	21,530	1,257	1,009
Total	21.14	21.75	66,871	78,679	316	362

[44] Cancer Survival in England, cancers diagnosed 2016 to 2020, followed up to 2021. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2016-to-2020-followed-up-to-2021>

Section D: Annexes



Cancer Statistics Data Tables

Summary of UK cancer incidence by type of cancer

	Male	Female	All
Lung	5,164	5,258	10,422
Blood cancer	7,635	5,601	13,236
Bowel	8,436	6,423	14,859
Prostate	18,253	-	18,253
Breast	164	31,515	31,679
<i>Other</i>	27,220	29,882	57,101
Total	66,871	78,679	145,550

Section D: Annexes

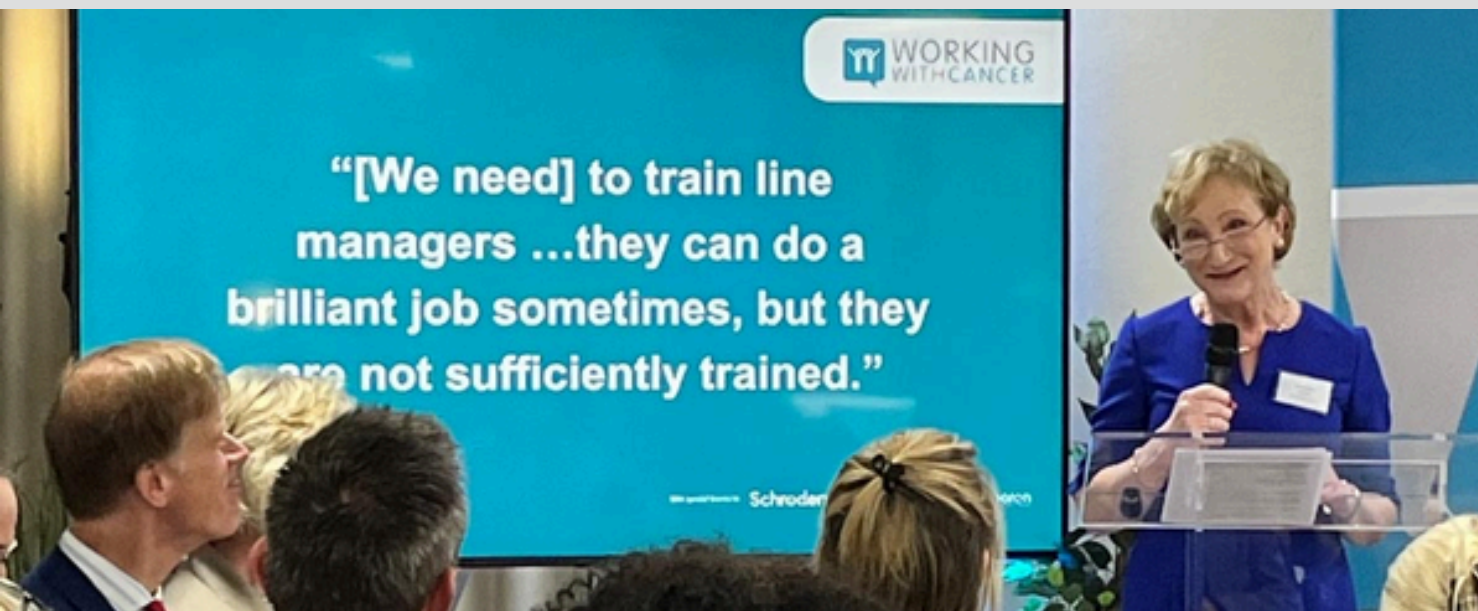


Cancer Statistics Data Tables

Summary of UK cancer prevalence by age and sex

	UK population (m)		Cancer diagnoses		Rate (per 100,000)	
	Male	Female	Male	Female	Male	Female
16 to 19	1.65	1.56	3,498	3,033	212	195
20 to 24	2.09	2.01	5,953	5,574	285	278
25 to 29	2.20	2.23	9,457	9,791	431	439
30 to 34	2.28	2.42	13,696	18,749	600	776
35 to 39	2.24	2.40	18,761	30,928	837	1,291
40 to 44	2.16	2.28	25,066	45,103	1,159	1,976
45 to 49	1.99	2.06	31,061	62,757	1,564	3,051
50 to 54	2.22	2.30	52,323	108,695	2,359	4,716
55 to 59	2.27	2.36	86,280	154,867	3,809	6,562
60 to 64	2.05	2.13	125,233	179,354	6,113	8,408
Total	21.14	21.75	371,329	618,850	1,756	2,845

About Working With Cancer



Working With Cancer (WWC) is a specialist UK- based organisation that supports employees, employers, job seekers, carers, health professionals and the self-employed in navigating the complex intersection between cancer and work. Its core purpose is to bridge the knowledge gap between cancer and employment, ensuring that people affected by cancer can remain in or return to work safely, confidently and in line with employment law. WWC's team is made up of senior professionals from diverse industries who have themselves experienced cancer, bringing lived experience and practical insight to all coaching, training and advisory services.

WWC offers a comprehensive suite of services. For employers, it provides consultancy on return-to-work policies, guidance on reasonable adjustments, support in establishing internal networks or buddy systems, and training workshops or webinars for HR teams, line managers and health professionals. These sessions cover all aspects of managing cancer in the workplace and help organisations comply with legal obligations while building supportive cultures. WWC also produces best practice guides that employers can order in print or digital formats.

For individuals affected by cancer, including employees, job seekers, carers and the self-employed, WWC offers one-to-one coaching, advice on managing work during or after treatment, and support for carers. This includes guidance on returning to work, remaining in work, or finding new employment, including for those living with advanced or terminal cancer.

Together, these services position WWC as a leading organisation helping workplaces respond effectively and compassionately to the growing number of people managing cancer while working.

WORKING
WITH CANCER



Let's Work Together

Equip your organisation with the right tools, policies, and training to support employees affected by cancer. Contact us today to learn more:



www.workingwithcancer.co.uk



info@workingwithcancer.co.uk



44 7910 835585