

Variations in type and time to treatment

July 2024. Updated Mar 2025.

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Percentage receiving treatment (by treatment type)

Variations by demographic factors can be observed in the types of treatment received for cancer

About the data source

NDRS Treatment Breakdown by Demographics, 2013-2021

The information below is copied directly from the database above. For full information see [Cancer Treatments](#)

IntroductionThis work aims to provide basic information on the percentage of tumours receiving chemotherapy, radiotherapy and / or a surgical tumour resection as part of the primary course of treatment following diagnosis. These statistics on cancer treatments aim to support the understanding of how patients are treated for their cancer diagnosis and how this varies between cancer sites. This understanding is vital to assess variation and make improvements to treatment pathways.

MethodologyThe methodology is described in the standard operating procedure [CAS-SOP v4.9.1 Linking treatment tables: chemotherapy, tumour resections, and radiotherapy](#). (Please note this link may not load in all browsers).

November 2024 refresh: The treatment data for 2013-2021 diagnoses were refreshed in November 2024 (originally published 25th April 2024). This was due to an error identified which meant that a small number (<2%) of radiotherapy treatments that happened after 2020, affecting diagnoses from 2019, were being incorrectly excluded. The methodology for the counting of multiple tumours has also been slightly amended. Please see the SOP for further details. All treatment proportions were refreshed in this publication due to the use of more recently available data.

Datasets:Patients diagnosed with cancer in England in 2013-2021, excluding males with gynaecological cancer and females with prostate cancer, were selected from the National Cancer Registration and Analysis dataset. Death certificate only registrations are included (1% of the cohort). Datasets used to capture treatment information include cancer registration data, the Systemic Anti-Cancer Therapy dataset (SACT), RadioTherapy Data Set (RTDS), and inpatient and outpatient Hospital Episode Statistics (HES). Where a patient has been diagnosed with one or with multiple cancers within 18 months, then all of the above treatment datasets are used to identify treatment data. However, if the patient has been diagnosed with multiple cancers within 18 months then only the tumour linked cancer registration treatment data has been used. This is because SACT, RTDS and HES can only be linked at patient level so the precise tumour that a treatment relates to is not identified, only the person.

Treatment definitions:A tumour resection is an attempt to surgically remove the whole of the primary tumour. These have been identified using OPCS-4 codes through consultation with site-specific clinicians. For the following cancer sites, some procedures (for example, endoscopic resections) have been identified as tumour resections in early-stage disease only: colon, rectum, cervical, bladder, stomach, oesophagus and liver excluding intrahepatic cholangiocarcinoma. Surgical tumour resections are not defined for all cancer sites. Only sites which have a defined list of tumour resection procedures will be grouped. Surgical tumour resections have not been defined for any of the cancer sites included in the 'Other: Malignant neoplasms', 'Other: Non-malignant neoplasms' or any of the 'Haematological malignancy' groups. However, some of these tumours could have been treated with surgery. Radiotherapy includes both curative and palliative teletherapy procedures, and brachytherapy, and excludes contact radiotherapy. Chemotherapy includes both curative and palliative chemotherapy, and excludes hormonal therapy, and other supportive drugs such as zoledronic acid, pamidronate, and denosumab. Chemotherapy treatment data is extracted from HES inpatient and outpatient data, in addition to NCRD and SACT. Other care represents the group of patients who had no record of chemotherapy, tumour resection, or radiotherapy in the time frame assessed. This may include patients who received other treatments (such as hormonal therapy or management of symptoms), treatment outside of the time frame assessed, treatment in a private setting, or there may be data missing from the datasets used. Other care for haematological subsites may also include patients who have undergone tumour resection treatment as surgery has not yet been defined for these cancers.

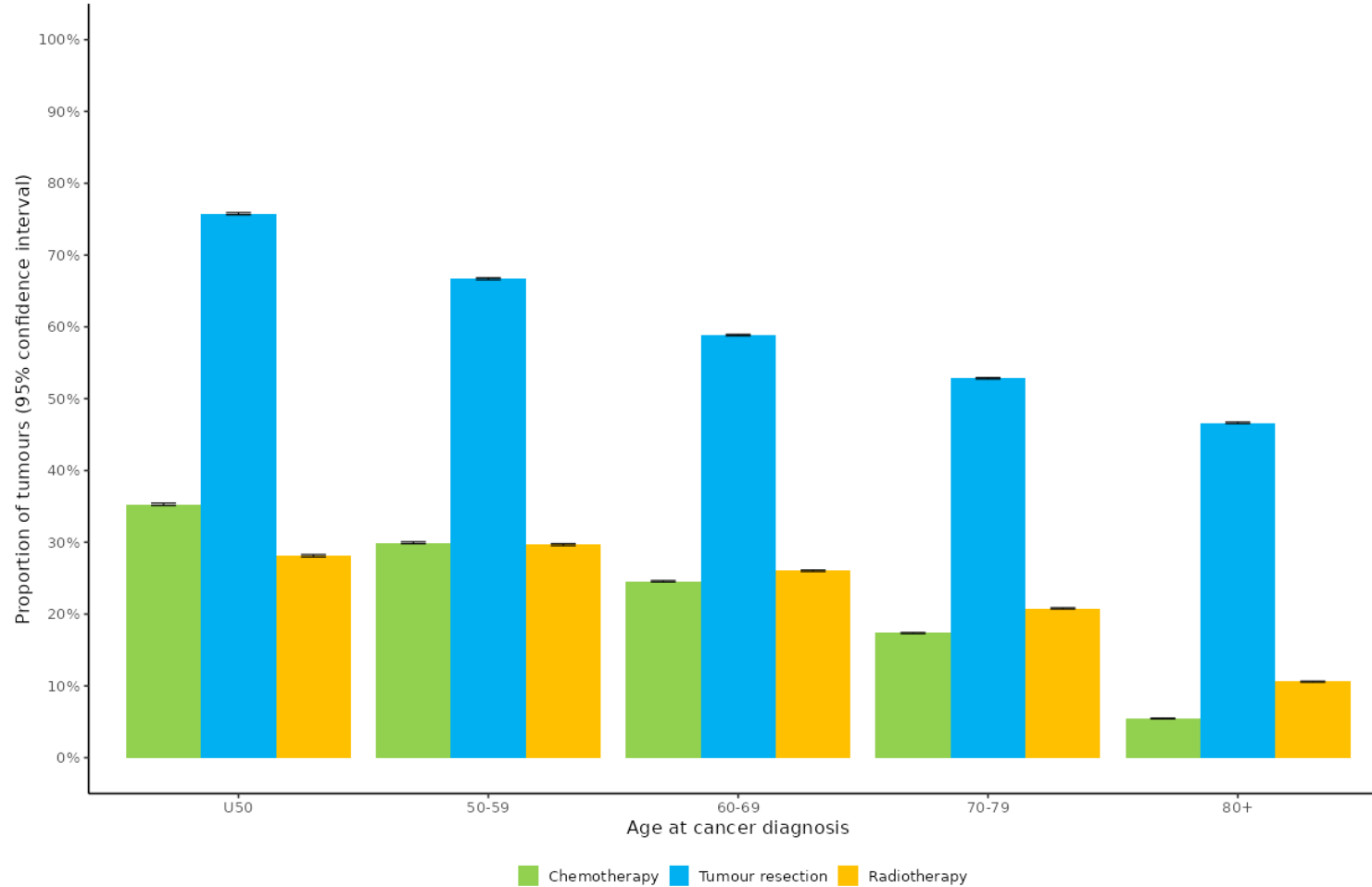
Time period:Treatments occurring in the period from 1 month before diagnosis to either 6, 9, 12, 15 or 18 months after diagnosis are displayed for tumours diagnosed in 2013 - 2021. The time period within which the majority of first course of treatments occurred varies by cancer site and treatment type. Therefore, an appropriate time period for each cancer site has been chosen using a data-driven approach in consultation with clinicians. For more information, and a sensitivity analysis showing the effect of varying the time periods, see [CAS-SOP v4.9.1 Linking treatment tables: chemotherapy, tumour resections, and radiotherapy](#).

Known issues:For pancreatic tumours, a much lower proportion of early-stage tumours are recorded to have been resected than expected. Feedback from clinical experts highlighted that this does not fit with clinical experience, so further investigation is needed to understand whether all resections are being captured by the data and methodology. Figures for non-melanoma skin cancers (NMSC) are currently experimental and likely to be undercounting surgical tumour resections.

Feedback and supportThis tool is produced by the National Disease Registration Service (NDRS), as part of the Cancer Research UK - NHS England Partnership.

Treatment by age at diagnosis (all malignant neoplasms) – national 2013-2021

All malignant neoplasms with surgery defined
2013-2021
Treatments are presented independently



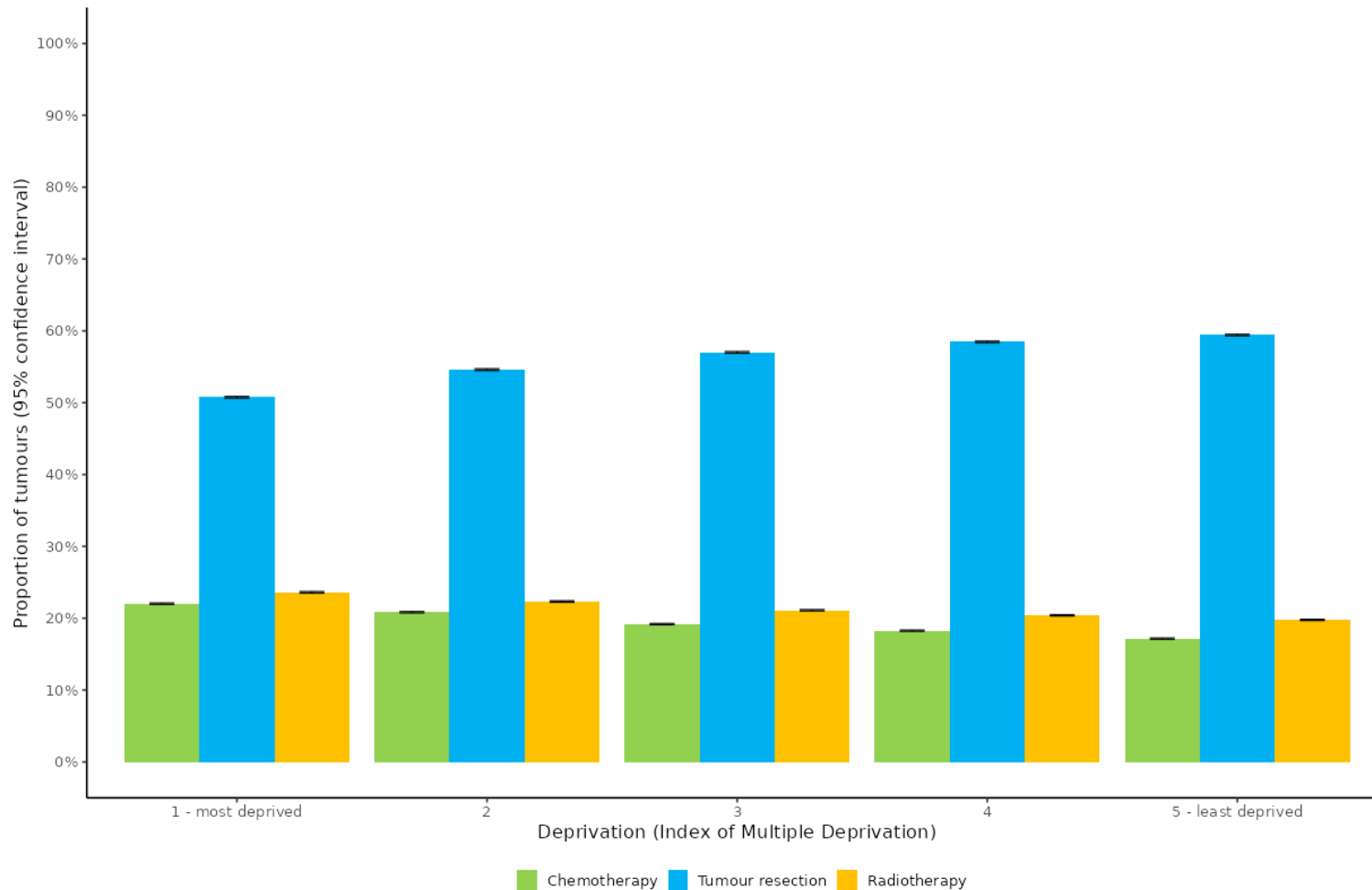
Topline takeaway:

A higher proportion of people diagnosed at a younger age receive surgical treatment to those diagnosed at an older age

Follow link to see NDRS data by cancer type and treatment combination here

Treatment by deprivation (IMD2019) (all malignant neoplasms) - national 2013-2021

All malignant neoplasms with surgery defined
2013-2021
Treatments are presented independently



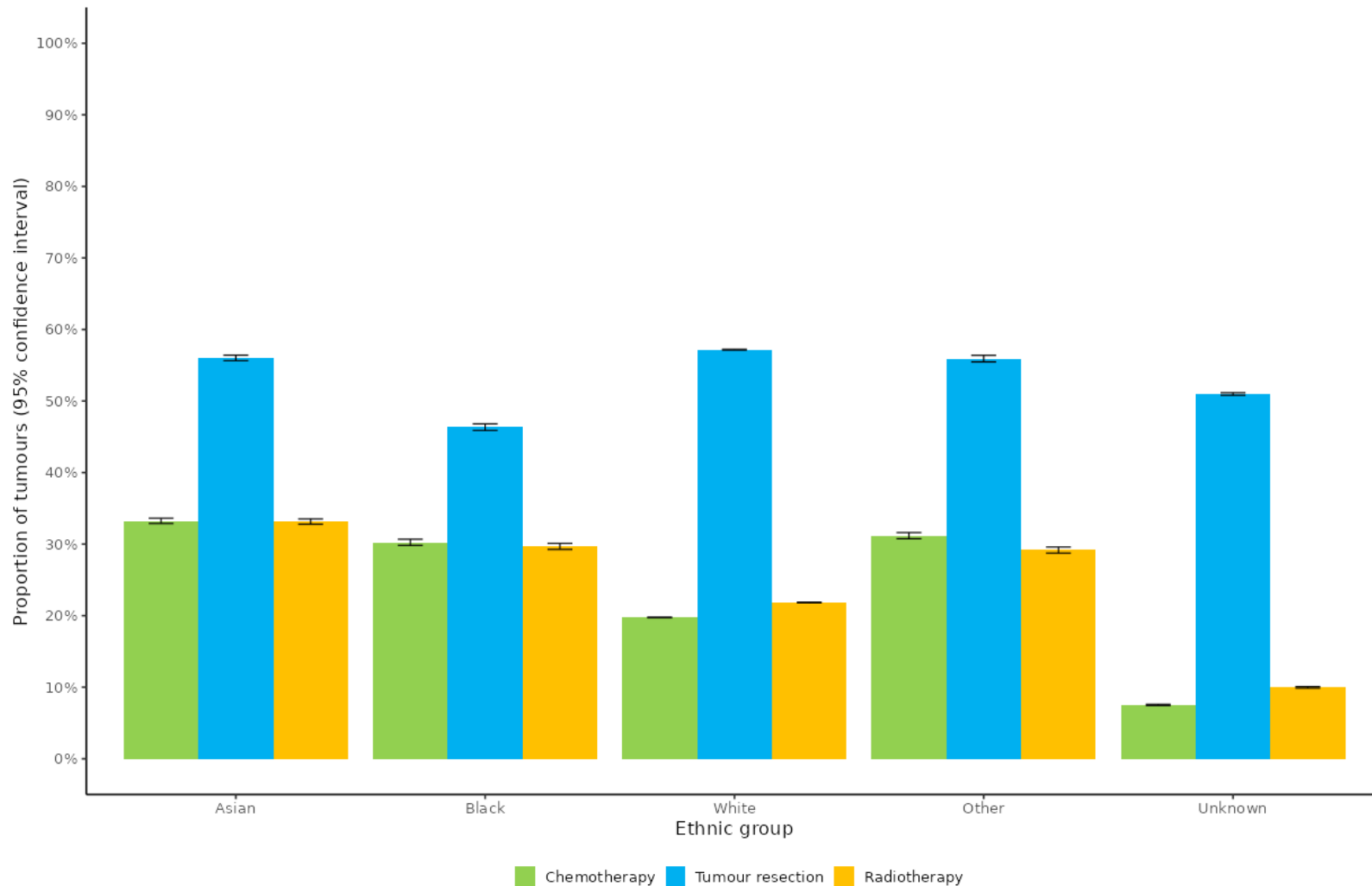
Topline takeaway:

The proportion of people treated with surgery (tumour resection) is lower for people with higher levels of deprivation

Follow link to see NDRS data by cancer type and treatment combination here

Treatment by ethnic group (all malignant neoplasms) - national 2013-2021

All malignant neoplasms with surgery defined
2013-2021
Treatments are presented independently



Topline takeaway:

A significantly lower proportion of people of black and unknown ethnicity were treated with surgery (tumour resection) that those of Asian, White or Other ethnicity

Follow link to see NDRS data by cancer type and treatment combination here

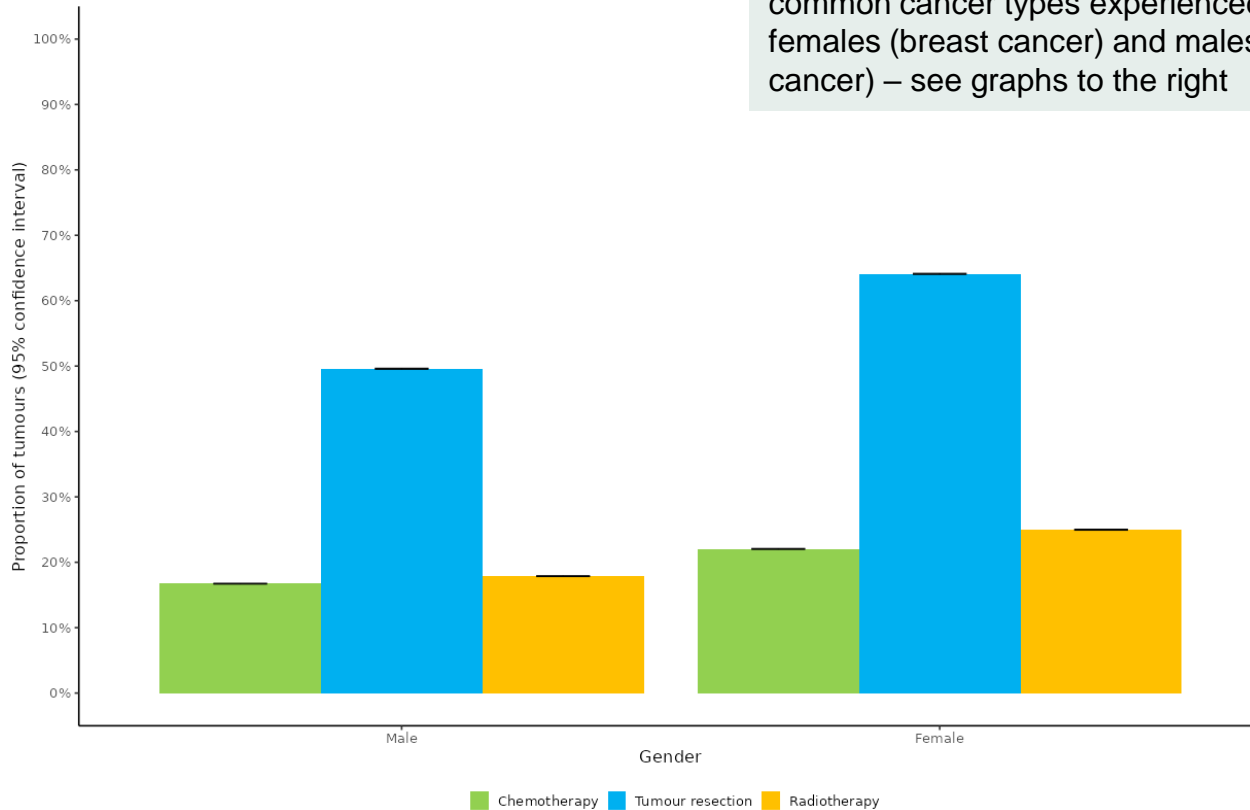
Treatment by gender (all malignant neoplasms) - national 2013-2021

Follow link to see NDRS data by cancer type and treatment combination here

Topline takeaway:

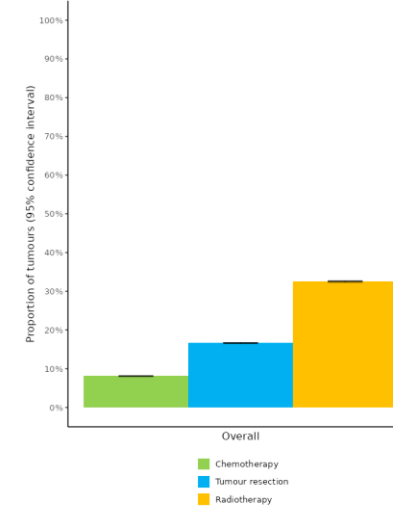
A higher proportion of women are treated surgically compared with men. This is likely driven in large part by the difference in treatment approaches between the two most common cancer types experienced by females (breast cancer) and males (prostate cancer) – see graphs to the right

All malignant neoplasms with surgery defined
2013-2021
Treatments are presented independently



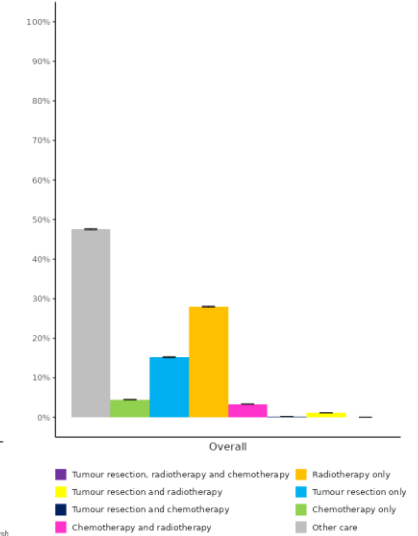
This work has been produced as part of the Cancer Research UK - NHS England Partnership

Prostate cancer
2013-2021
Treatments are presented independently

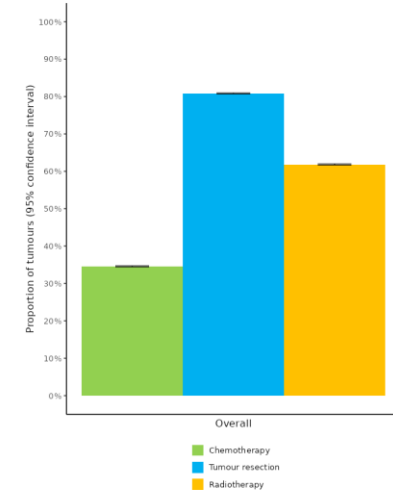


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Treatments are presented in combinations

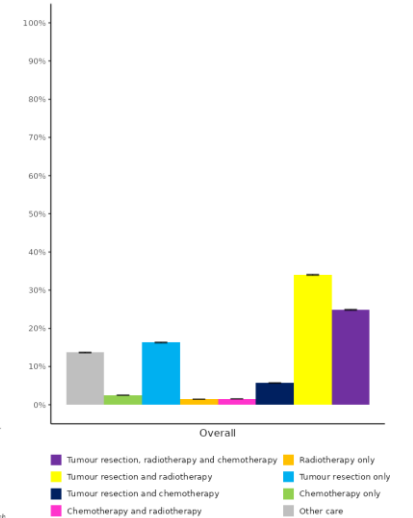


Breast cancer
2013-2021
Treatments are presented independently

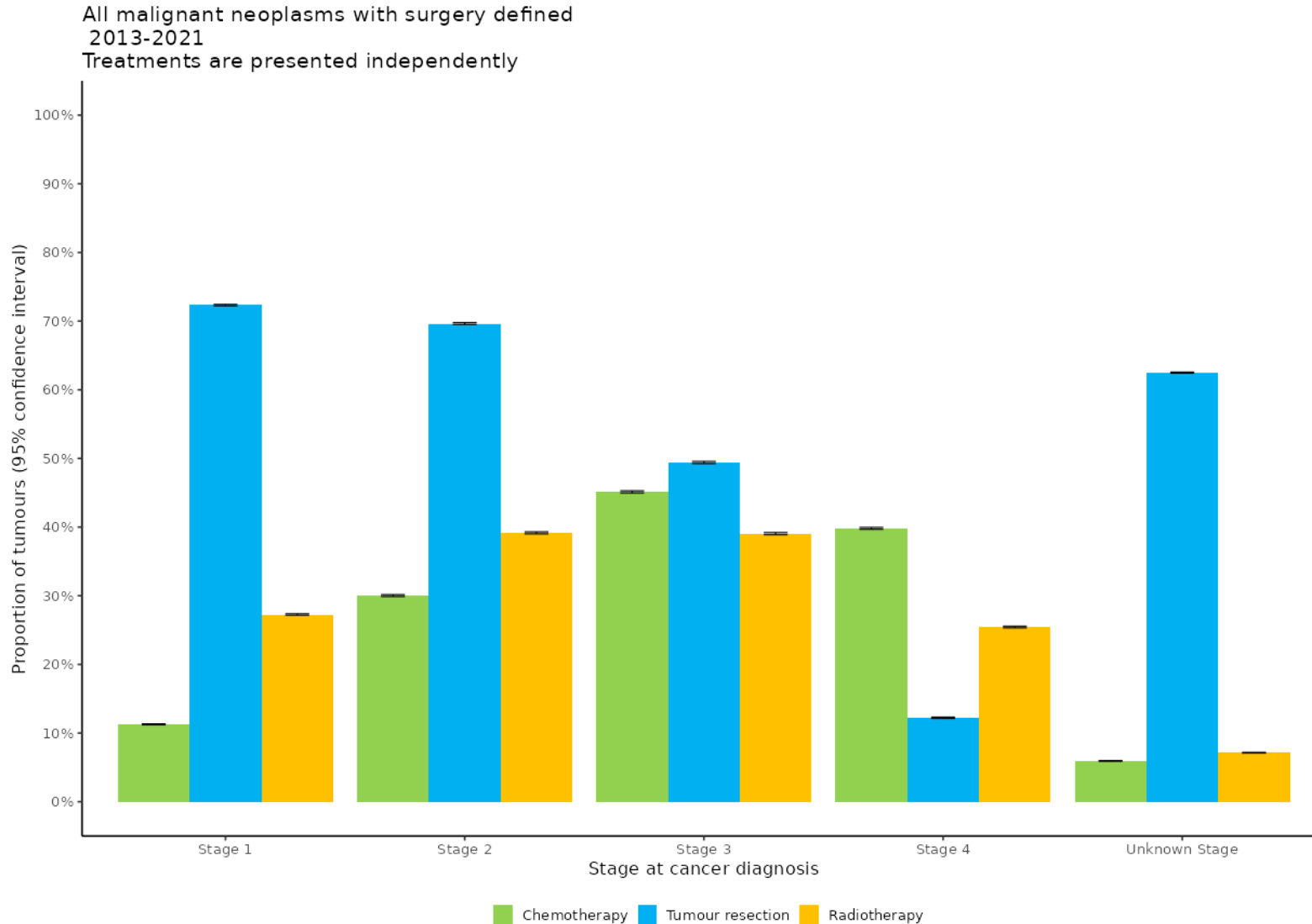


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Treatments are presented in combinations



Treatment by stage at diagnosis (all malignant neoplasms) - national 2013-2021



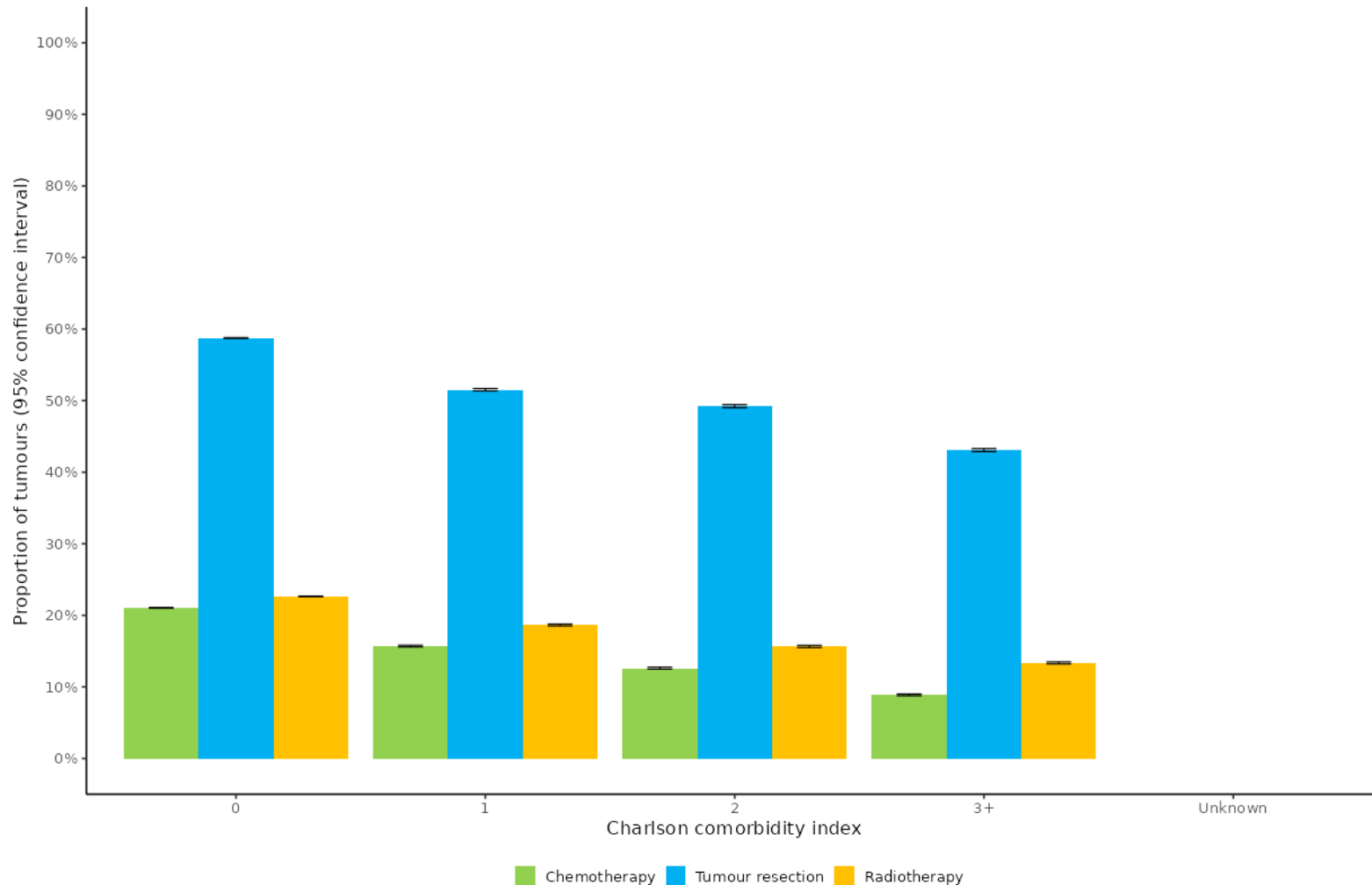
Topline takeaway:

A higher proportion of people diagnosed with early (S1/2) cancer receive surgical treatment than those at S3, and the lowest proportion at S4

Follow link to see NDRS data by cancer type and treatment combination here

Treatment by comorbidity status (Charlson comorbidity index) (all malignant neoplasms) - national 2013-2021

All malignant neoplasms with surgery defined
2013-2021
Treatments are presented independently



Topline takeaway:

A lower proportion of people with multiple comorbidities receive surgery than those with fewer/no comorbidities

Follow link to see NDRS data by cancer type and treatment combination here

About the data source

NDRS Treatment Breakdown by Geography, 2013-2021

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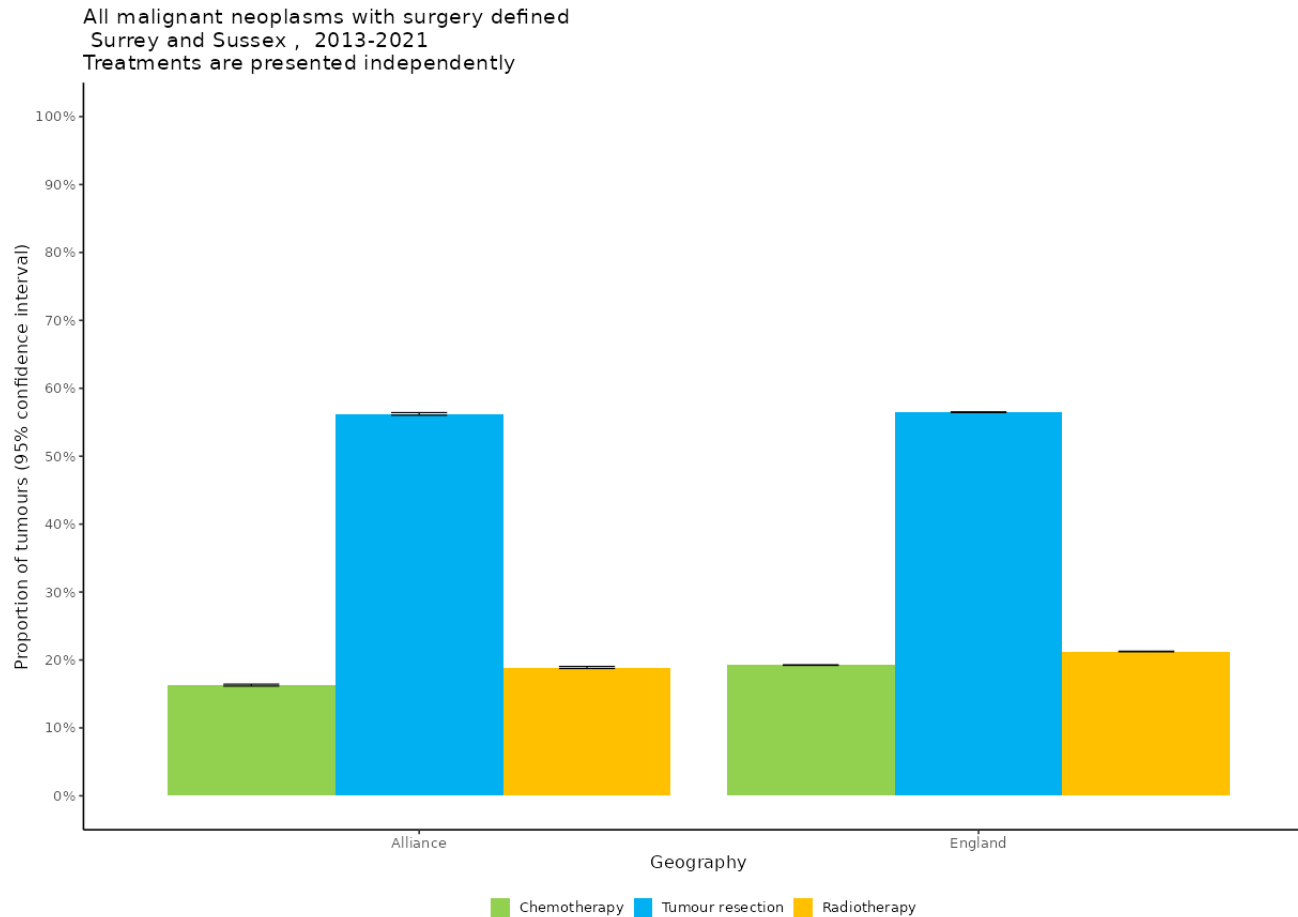
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Treatment by geography (Cancer Alliance level: Surrey & Sussex Cancer Alliance [SSCA] compared to England) - 2013-2021

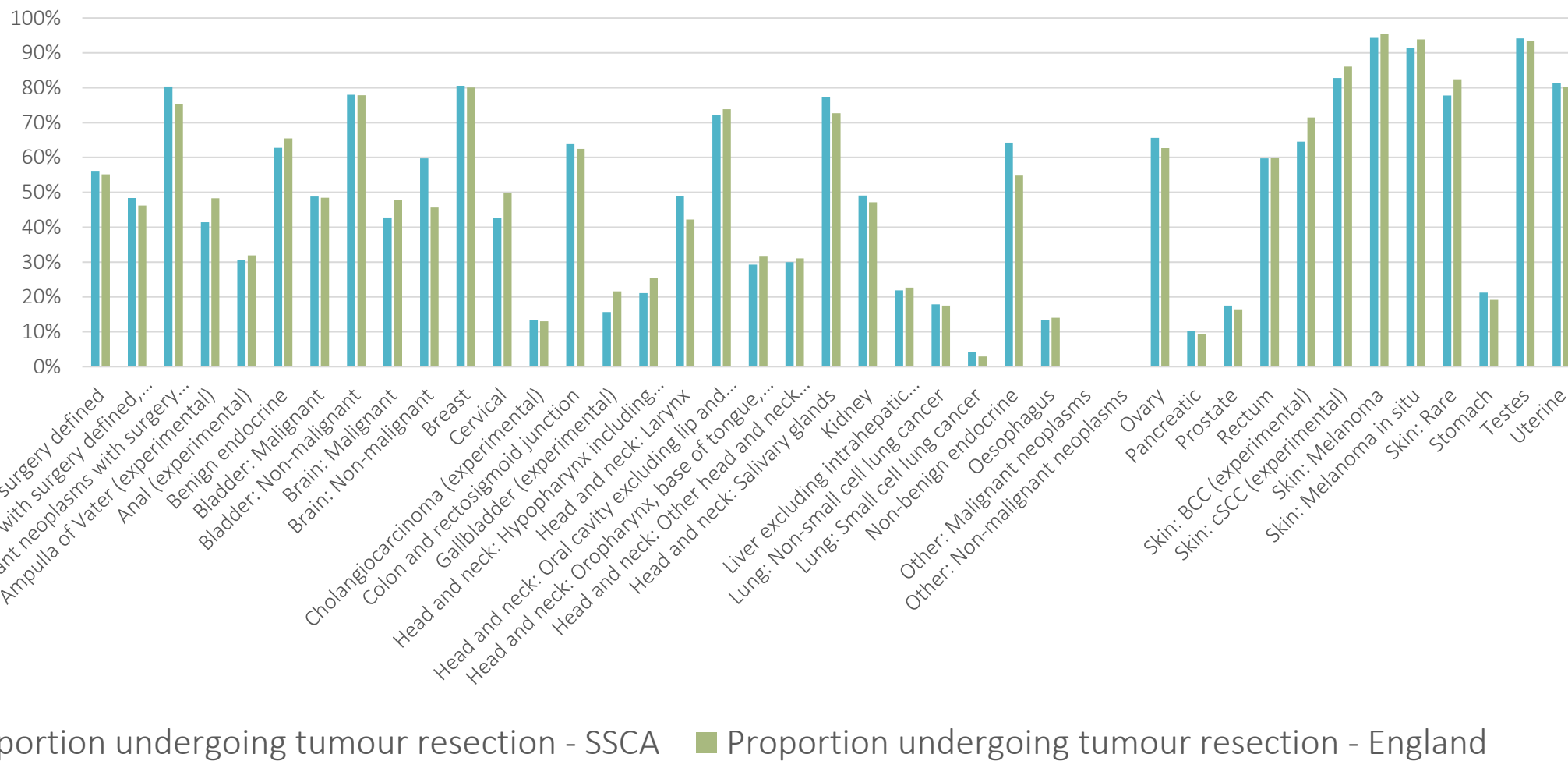


Topline takeaway:

The proportions treated by chemotherapy, tumour resection and radiotherapy are similar in SSCA compared with England

Follow link to see NDRS data by cancer type and treatment combination here

Treatment by geography (Cancer Alliance level: Surrey & Sussex Cancer Alliance [SSCA] compared to England) - 2019-2021 by cancer type – data on following slide



Treatment by geography (Cancer Alliance level: Surrey & Sussex Cancer Alliance [SSCA] compared to England) – proportion undergoing tumour resection (2019-2021) by cancer type – data table

Row Labels	SSCA (2019-2021)				England (2019-2021)				% point difference SSCA minus England value
	Tumour resection?		Grand Total	Proportion undergoing resection	Tumour resection?		Grand Total	Proportion undergoing resection	
	No	Yes			No	Yes			
All haematological malignancies (experimental)	6888		6888		102457		102457		
All malignant neoplasms with surgery defined	37364	47902	85266	56.18%	516941	636741	1153682	55.19%	0.99%
All malignant neoplasms with surgery defined, excluding BCC, cSSC and rare skin cancers	28072	26275	54347	48.35%	433102	372196	805298	46%	2.13%
All non-malignant neoplasms with surgery defined	837	3429	4266	80.38%	14749	45282	60031	75%	4.95%
Amputa of Vater (experimental)	41	29	70	41.43%	783	732	1515	48%	-6.89%
Anal (experimental)	214	94	308	30.52%	2764	1295	4059	32%	-1.38%
Benign endocrine	38	64	102	62.75%	833	1579	2412	65%	-2.72%
Bladder: Malignant	914	872	1786	48.82%	14071	13209	27280	48%	0.40%
Bladder: Non-malignant	424	1500	1924	77.96%	5833	20467	26300	78%	0.14%
Brain: Malignant	568	425	993	42.80%	7388	6762	14150	48%	-4.99%
Brain: Non-malignant	232	344	576	59.72%	6944	5830	12774	46%	14.08%
Breast	1938	8031	9969	80.56%	27654	110894	138548	80%	0.52%
Cervical	276	205	481	42.62%	3946	3932	7878	50%	-7.29%
Cholangiocarcinoma (experimental)	398	61	459	13.29%	7203	1076	8279	13%	0.29%
Colon and rectosigmoid junction	2128	3753	5881	63.82%	31443	52368	83811	62%	1.33%
Gallbladder (experimental)	129	24	153	15.69%	2373	655	3028	22%	-5.95%
Head and neck: Hypopharynx including pyriform sinus	86	23	109	21.10%	1354	462	1816	25%	-4.34%
Head and neck: Larynx	155	148	303	48.84%	3027	2211	5238	42%	6.63%
Head and neck: Oral cavity excluding lip and palate	166	430	596	72.15%	2204	6232	8436	74%	-1.73%
Head and neck: Oropharynx, base of tongue, and tonsil	496	205	701	29.24%	7375	3436	10811	32%	-2.54%
Head and neck: Other head and neck excluding lip	159	68	227	29.96%	2481	1118	3599	31%	-1.11%
Head and neck: Salivary glands	27	92	119	77.31%	483	1287	1770	73%	4.60%
Kidney	1228	1183	2411	49.07%	18455	16457	34912	47%	1.93%
Liver excluding intrahepatic cholangiocarcinoma (experimental)	535	150	685	21.90%	8547	2506	11053	23%	-0.77%
Lung: Non-small cell lung cancer	4818	1050	5868	17.89%	88485	18784	107269	18%	0.38%
Lung: Small cell lung cancer	455	20	475	4.21%	10105	302	10407	3%	1.31%
Non-benign endocrine	10	18	28	64.29%	225	273	498	55%	9.47%
Oesophagus	1318	202	1520	13.29%	19591	3191	22782	14%	-0.72%
Other: Malignant neoplasms	3873		3873	0.00%	56657		56657	0%	0.00%
Other: Non-malignant neoplasms	2577		2577	0.00%	33815		33815	0%	0.00%
Ovary	488	931	1419	65.61%	7755	13024	20779	63%	2.93%
Pancreatic	1902	218	2120	10.28%	25858	2674	28532	9%	0.91%
Prostate	7687	1630	9317	17.49%	106944	21030	127974	16%	1.06%
Rectum	773	1149	1922	59.78%	12128	18165	30293	60%	-0.18%
Skin: BCC (experimental)	7678	13974	21652	64.54%	68648	172111	240759	71%	-6.95%
Skin: cSCC (experimental)	1517	7313	8830	82.82%	14159	87586	101745	86%	-3.26%
Skin: Melanoma	205	3401	3606	94.32%	2013	41877	43890	95%	-1.10%
Skin: Melanoma in situ	143	1521	1664	91.41%	1139	17406	18545	94%	-2.45%
Skin: Rare	97	340	437	77.80%	1032	4848	5880	82%	-4.65%
Stomach	630	170	800	21.25%	13204	3130	16334	19%	2.09%
Testes	23	371	394	94.16%	377	5444	5821	94%	0.64%
Uterine	305	1322	1627	81.25%	4866	19670	24536	80%	1.09%

About the data source

NDRS Rapid Cancer Registration Data: Incidence and treatment dashboard

The information below is copied directly from the database above. For full information see [Rapid Cancer Registration Data: Incidence and treatment dashboard](#)

Introduction

[Rapid Cancer Registration Data \(RCRD\)](#) provides a quick, indicative source of cancer data. It is provided to support the planning and provision of cancer services.

The data is based on a rapid processing of cancer registration data sources, in particular the Cancer Outcomes and Services Dataset (COSD) information. In comparison, National Cancer Registration Data (NCRD) relies on additional data sources, enhanced follow-up with trusts and expert processing by cancer registration officers.

This tool provides cancer incidence, early-stage proportion and treatment proportion data, derived from RCRD.

Please read the [Uses and Limitations](#) page for details of how this can be used and how it compares to NCRD.

Data timeliness: The most recent update, released on 30 January 2025, is based on data available by 11 January 2025. We are currently undertaking some unavoidable internal system changes. This means that the next update is currently planned for 1 May 2025. If, for some reason, it is not possible to release on this date, it will be updated as soon as possible after this.

For this release, data is estimated to be near-complete for months up to: It is therefore important to note that the data is not 100% complete, particularly for diagnoses and treatments in more recent months.

Useful information on the data included

Patients - the tool includes all patients diagnosed or treated in England from all age groups.

Data period - the tool covers new diagnoses and their treatment, and also all surgical tumour resection activity for the period 1 January 2018 onwards.

Update frequency - the tool will be updated monthly to include the latest data on diagnosis, surgical tumour resection activity and treatment proportions. This will include updates to earlier months as the underlying data is updated regularly.

Incidence data - the tool reports the number of new cancer diagnoses of malignant cancer excluding non-melanoma skin cancer (ICD10 C00-C97, excluding C44), from RCRD, by date of diagnosis.

Early-stage proportion - the tool reports the proportion of staged cancers diagnosed at stage 1 or 2, from RCRD, by date of diagnosis. This data is presented by rolling 12-month period, which means, for example, that data presented for January 2019 is based on data for the 12-month period from February 2018 to January 2019.

Treatment proportions - the tool reports the proportion of patients in the RCRD incidence data who are recorded as having received treatment for their tumour, for each of chemotherapy, radiotherapy and surgical tumour resections, by date of diagnosis.

Surgical tumour resection activity - the tool separately reports the total number of surgical tumour resection procedures undertaken by date of activity, as a broader measure of surgical activity.

Cancer groups - these are defined by ICD10 on [Rapid Cancer Registration Data: Incidence and treatment dashboard](#)

1 Patients have been excluded where a sex-specific diagnosis code does not match the person-stated gender. This may have excluded some transgender and non-binary patients; more information about this is available on the [Inequalities in cancer page](#), of our website.

2 For more information on stage data availability, refer to the **Comparison to National Cancer Registration Data** section on the **Uses and limitations** page.

Demographic factors - data is available with breakdowns by demographic factors, namely:

•Age - age group at diagnosis (<50, 50-59, 60-69, 70-79, 80+)

•Gender

•Socio-economic deprivation - deprivation quintile from the [English indices of deprivation 2019](#), based on area of residence at diagnosis (from 1 - most deprived to 5 - least deprived)

•Ethnicity - broad ethnicity groups (Asian, Black, Mixed and Other, Unknown, White)

•Route to Diagnosis - Derived [Route to Diagnosis](#) based on available data (Grouped into Emergency presentation, GP referral, Screening, Urgent Suspected Cancer (USC) referral, Other outpatient and Other [combining Inpatient elective, Death Certificate Only (DCO) and Unknown routes]; not available for surgical tumour resection activity)

•Stage at diagnosis - TNM stage at diagnosis (only available for some cancer groups and/or for some of the cases within each cancer group, as detailed above; not available for surgical tumour resection activity)

Cancer Alliance is based on patient's postcode at diagnosis for incidence and treatment proportions data. For surgical tumour resection activity, cancer alliance is based on the provider recorded for the procedure.

Integrated Care Board (ICB) is based on patient's postcode at diagnosis for incidence and treatment proportions data. For surgical tumour resection activity, ICB is based on patient's postcode at the time of treatment.

Acknowledgement

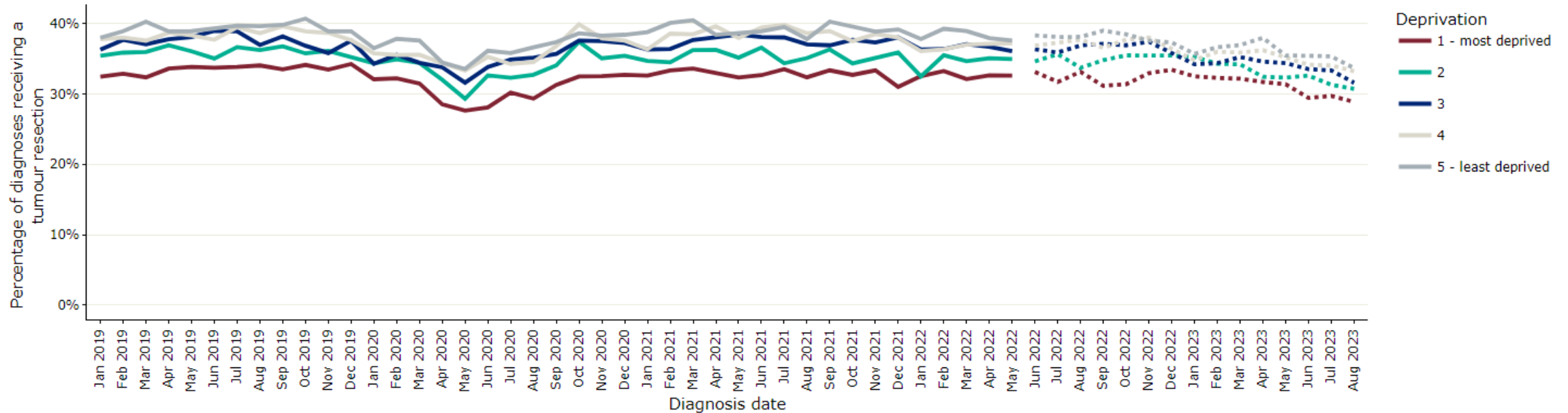
This work uses data that has been provided by patients and collected by the NHS as part of their care and support. The data is collated, maintained and quality assured by the National Disease Registration Service, which is part of NHS England (NHSE).

Rapid cancer registration data – all sites, by deprivation, national – tumour resection proportion

Tumour resection proportion, England, January 2019 to August 2023
Cancer group: All sites combined

Topline takeaway:

The proportion of people treated with surgery is lower for people with higher levels of deprivation



This work has been produced by the National Disease Registration Service (CAS2403).

CAVEAT: This data is not suitable for making straightforward 'like for like' comparisons between integrated care boards (ICBs) and cancer alliances and should not be used as a performance metric to compare activity between areas. In addition to the numerous clinical factors which typically inform a treatment decision, data for individual cancer alliances and ICBs will be affected by a range of other factors at this time, including:

- local arrangements for changing cancer services during this time (eg. introduction of cancer hubs in some areas, use of private hospitals),
- impact of COVID-19 for their trust, including number of cases admitted within their trust and staffing shortages,
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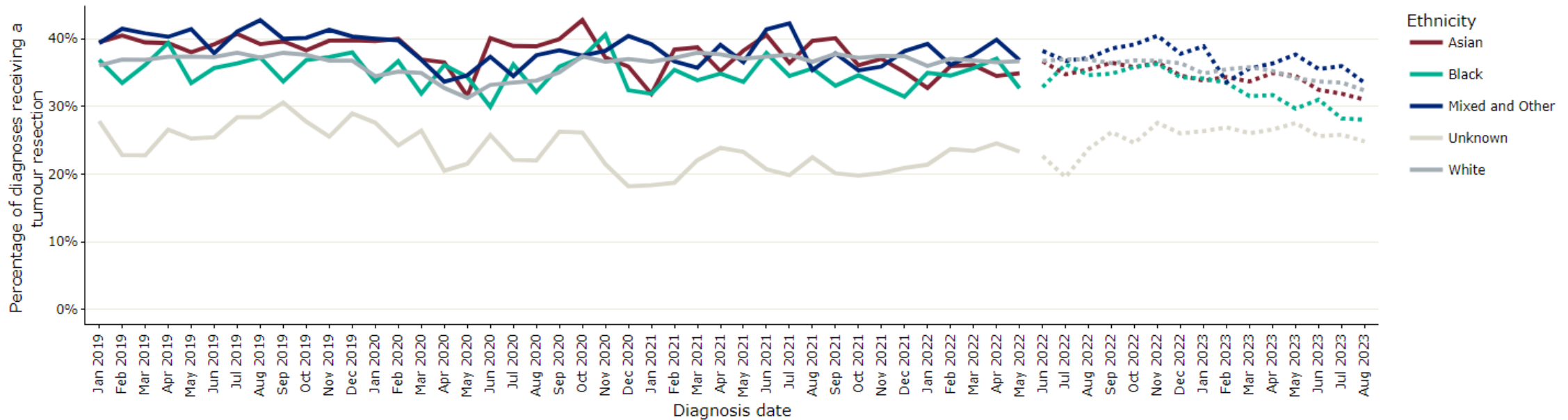
However, this data can be used by ICBs and cancer alliances, in conjunction with local knowledge, to understand the impact COVID-19 had on their services, to monitor recovery from the impact and to highlight areas where further, targeted service improvement measures may be beneficial.

Rapid cancer registration data – all sites, by ethnicity, national – tumour resection proportion

Topline takeaway:

The highest proportion of people of mixed, other and white ethnicity undergo tumour resection compared to people of black, Asian or unknown ethnicity

Tumour resection proportion, England, January 2019 to August 2023
Cancer group: All sites combined



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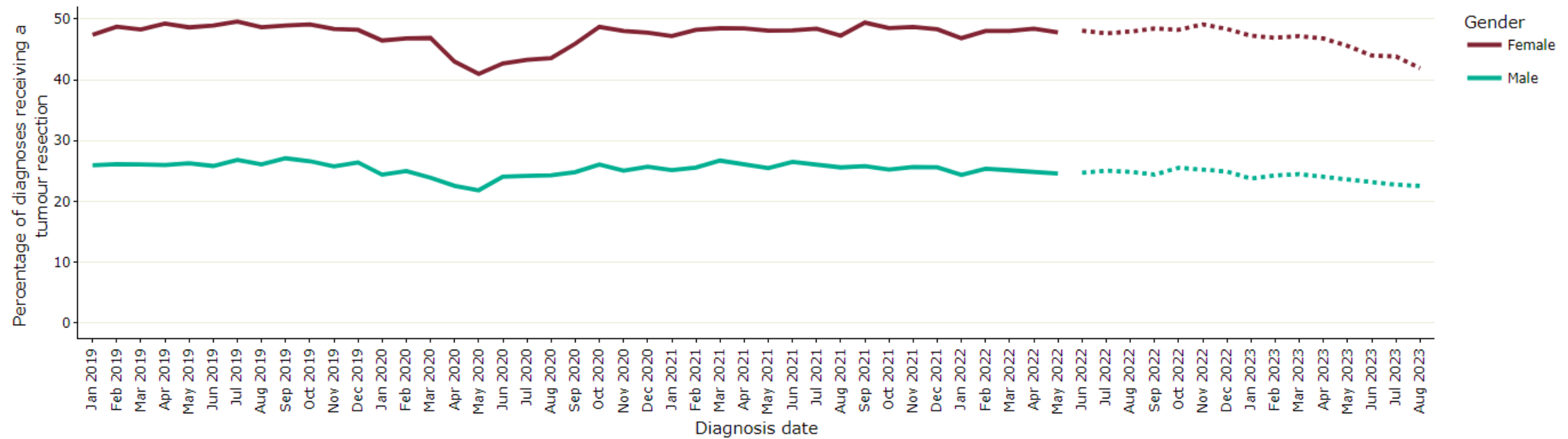
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Rapid cancer registration data – all sites, by gender, national – tumour resection proportion

Topline takehome:
A lower proportion of males than females undergo tumour resection (the same pattern for chemo/radiotherapy)

Tumour resection proportion, England, January 2019 to August 2023
Cancer group: All sites combined



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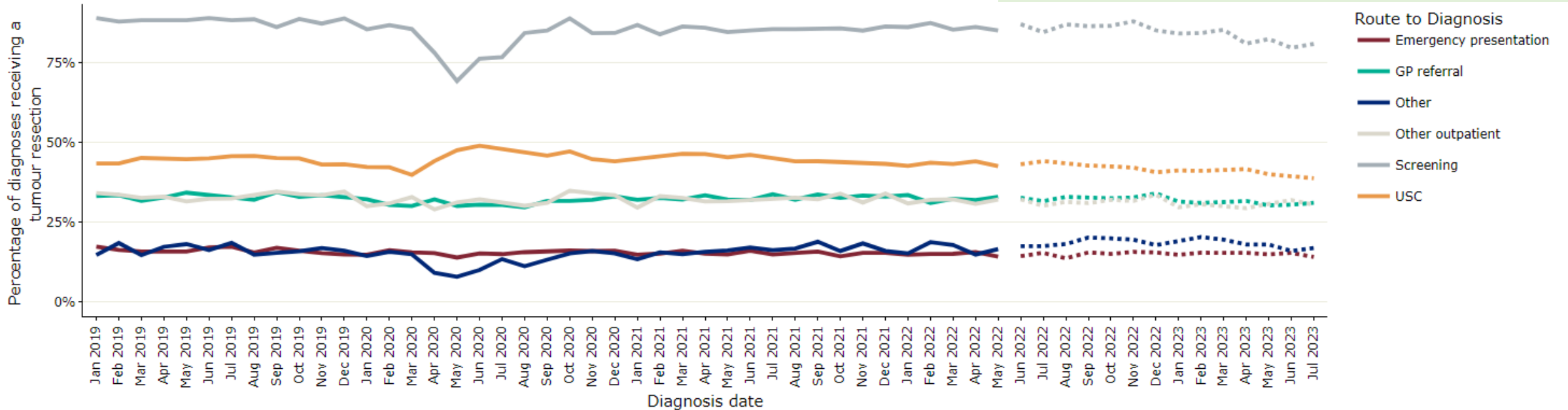
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Rapid cancer registration data – all sites, by route to diagnosis national – tumour resection proportion

Topline takehome:
A higher proportion of people diagnosed via screening undergo tumour resection compared to other routes to diagnosis

Tumour resection proportion, England, January 2019 to August 2023
Cancer group: All sites combined



This work has been produced by the National Disease Registration Service (CAS2403).

CAVEAT: This data is not suitable for making straightforward 'like for like' comparisons between integrated care boards (ICBs) and cancer alliances and should not be used as a performance metric to compare activity between areas. In addition to the numerous clinical factors which typically inform a treatment decision, data for individual cancer alliances and ICBs will be affected by a range of other factors at this time, including:

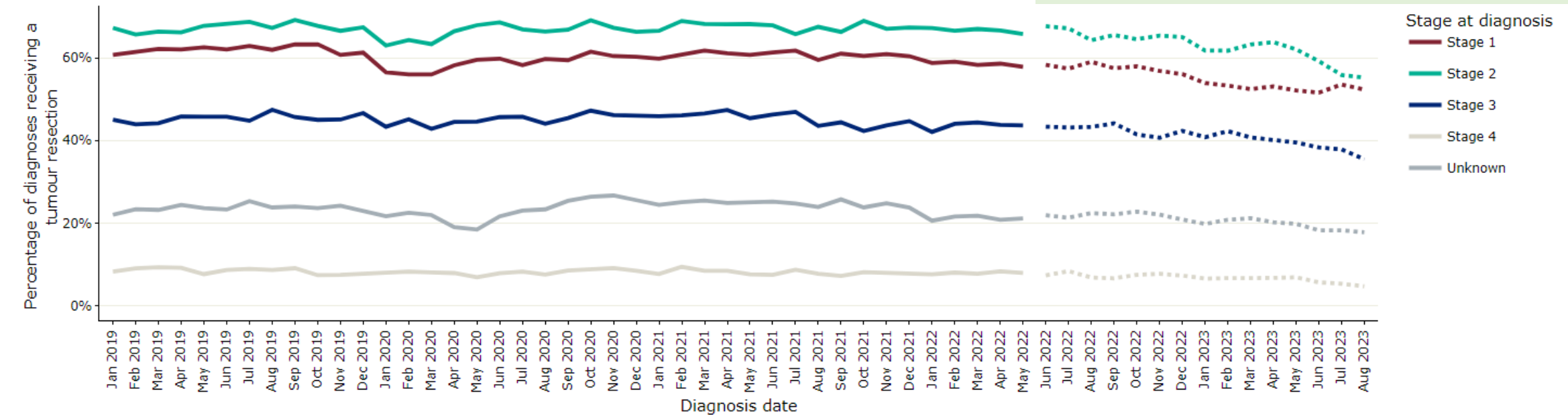
- local arrangements for changing cancer services during this time (eg. introduction of cancer hubs in some areas, use of private hospitals),
- impact of COVID-19 for their trust, including number of cases admitted within their trust and staffing shortages,
- the patient's socio-demographic characteristics and risk from COVID-19.

However, this data can be used by ICBs and cancer alliances, in conjunction with local knowledge, to understand the impact COVID-19 had on their services, to monitor recovery from the impact and to highlight areas where further, targeted service improvement measures may be beneficial.

Rapid cancer registration data – all sites, by diagnosis stage national – tumour resection proportion

Tumour resection proportion, England, January 2019 to August 2023

Cancer group: All sites combined*



Topline takehome:

A higher proportion of cancers diagnosed at stage 1/2 are resected compared to cancers diagnosed at stage 3 or 4, or at an unknown stage

This work has been produced by the National Disease Registration Service (CAS2403).

CAVEAT: This data is not suitable for making straightforward 'like for like' comparisons between integrated care boards (ICBs) and cancer alliances and should not be used as a performance metric to compare activity between areas. In addition to the numerous clinical factors which typically inform a treatment decision, data for individual cancer alliances and ICBs will be affected by a range of other factors at this time, including:

- local arrangements for changing cancer services during this time (eg. introduction of cancer hubs in some areas, use of private hospitals),
- impact of COVID-19 for their trust, including number of cases admitted within their trust and staffing shortages,
- the patient's socio-demographic characteristics and risk from COVID-19.

However, this data can be used by ICBs and cancer alliances, in conjunction with local knowledge, to understand the impact COVID-19 had on their services, to monitor recovery from the impact and to highlight areas where further, targeted service improvement measures may be beneficial.

Rapid cancer registration data – independent treatment proportion – comparison by cancer type – Surrey Heartlands and Frimley ICS (analysis from all complete data 2018 – 2024)

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
All sites combined			
Chemotherapy proportion	412902	1421565	29%
Radiotherapy proportion	413311	1635325	25%
Tumour resection proportion	574014	1607470	36%
Bladder			
Chemotherapy proportion	10137	47204	21%
Radiotherapy proportion	8807	51154	17%
Tumour resection proportion	7072	55147	13%
Bone and soft tissue			
Chemotherapy proportion	2822	12270	23%
Radiotherapy proportion	3726	13306	28%
Brain and CNS			
Chemotherapy proportion	8424	24365	35%
Radiotherapy proportion	10324	27972	37%
Tumour resection proportion	11530	31878	36%
Breast			
Chemotherapy proportion	78915	239416	33%
Radiotherapy proportion	161293	271338	59%
Tumour resection proportion	197918	255366	78%
Cervical			
Chemotherapy proportion	4746	12891	37%
Radiotherapy proportion	5457	13901	39%
Tumour resection proportion	4794	14907	32%
Colorectal			
Chemotherapy proportion	65712	185758	35%
Radiotherapy proportion	29874	202198	15%
Tumour resection proportion	113184	208923	54%
Endocrine			
Chemotherapy proportion	1012	14684	7%
Radiotherapy proportion	747	15962	5%
Tumour resection proportion	103	13930	1%
Gynaecological			
Chemotherapy proportion	28981	91474	32%
Radiotherapy proportion	13471	99182	14%
Tumour resection proportion	60933	107148	57%
Haematological			
Chemotherapy proportion	74891	123589	61%
Radiotherapy proportion	17330	134488	13%
Head and Neck			
Chemotherapy proportion	14866	46895	32%
Radiotherapy proportion	32091	53751	60%
Tumour resection proportion	21488	52851	41%

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
Hodgkin lymphoma			
Chemotherapy proportion	7084	8483	84%
Radiotherapy proportion	1914	9254	21%
Kidney			
Chemotherapy proportion	7241	44198	16%
Radiotherapy proportion	2149	48055	4%
Tumour resection proportion	25788	52160	49%
Lip, oral cavity and pharynx			
Chemotherapy proportion	12826	36540	35%
Radiotherapy proportion	24899	41987	59%
Tumour resection proportion	17167	41273	42%
Liver			
Chemotherapy proportion	6185	27511	22%
Radiotherapy proportion	920	30064	3%
Tumour resection proportion	6135	31139	20%
Lung			
Chemotherapy proportion	56790	196101	29%
Radiotherapy proportion	48671	212907	23%
Tumour resection proportion	36275	240838	15%
Lymphoid leukaemia			
Chemotherapy proportion	6681	18699	36%
Radiotherapy proportion	518	20360	3%
Melanoma			
Chemotherapy proportion	8581	70094	12%
Radiotherapy proportion	1067	75920	1%
Tumour resection proportion	67750	88044	77%
Multiple myeloma			
Chemotherapy proportion	16015	23181	69%
Radiotherapy proportion	3658	25311	14%
Myeloid leukaemia			
Chemotherapy proportion	10694	15804	68%
Radiotherapy proportion	429	17306	2%
Nasal cavity, sinuses and larynx			
Chemotherapy proportion	2040	10355	20%
Radiotherapy proportion	7192	11764	61%
Tumour resection proportion	4321	11578	37%
Non-Hodgkin lymphoma			
Chemotherapy proportion	30480	48082	63%
Radiotherapy proportion	9993	52125	19%
Oesophageal			
Chemotherapy proportion	21550	48092	45%
Radiotherapy proportion	13684	51687	26%
Tumour resection proportion	7710	48824	16%

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
Oesophago-gastric			
Chemotherapy proportion	29511	71586	41%
Radiotherapy proportion	15644	76839	20%
Tumour resection proportion	11825	72659	16%
Ovarian			
Chemotherapy proportion	16269	31549	52%
Radiotherapy proportion	364	34186	1%
Tumour resection proportion	19666	36830	53%
Pancreatic			
Chemotherapy proportion	12032	43522	28%
Radiotherapy proportion	2136	47202	5%
Tumour resection proportion	4756	48865	10%
Prostate			
Chemotherapy proportion	22940	228688	10%
Radiotherapy proportion	86129	263908	33%
Tumour resection proportion	38206	232591	16%
Stomach			
Chemotherapy proportion	7961	23494	34%
Radiotherapy proportion	1960	25152	8%
Tumour resection proportion	4115	23835	17%
Testicular			
Chemotherapy proportion	4868	9841	49%
Radiotherapy proportion	306	10500	3%
Tumour resection proportion	9608	11473	84%
Unknown			
Chemotherapy proportion	2840	26305	11%
Radiotherapy proportion	2012	28513	7%
Upper GI excl OG			
Chemotherapy proportion	23391	91240	26%
Radiotherapy proportion	3423	99251	3%
Tumour resection proportion	12007	102711	12%
Urological excl prostate			
Chemotherapy proportion	23967	110789	22%
Radiotherapy proportion	12160	120329	10%
Tumour resection proportion	45632	130155	35%
Uterine			
Chemotherapy proportion	7149	40037	18%
Radiotherapy proportion	6939	43490	16%
Tumour resection proportion	36473	47189	77%

Rapid cancer registration data – independent treatment proportion – comparison by cancer type – Surrey Heartlands ICS (analysis from all complete data only 2018 – 2024)

Row Labels	Sum of Numerator	Sum of Denominator	Proportion	Row Labels	Sum of Numerator	Sum of Denominator	Proportion	Row Labels	Sum of Numerator	Sum of Denominator	Proportion	
All sites combined				Lung				Urological excl prostate				
Chemotherapy proportion	7816	27441	28%	Chemotherapy proportion	969	2888	34%	Chemotherapy proportion	462	2232	21%	
Radiotherapy proportion	7579	31385	24%	Radiotherapy proportion	565	3092	18%	Radiotherapy proportion	236	2405	10%	
Tumour resection proportion	11362	30884	37%	Tumour resection proportion	524	3505	15%	Tumour resection proportion	1002	2588	39%	
Bladder				Melanoma				Uterine				
Chemotherapy proportion	186	862	22%	Chemotherapy proportion	217	1670	13%	Chemotherapy proportion	140	743	19%	
Radiotherapy proportion	156	919	17%	Radiotherapy proportion	14	1820	1%	Radiotherapy proportion	159	800	20%	
Tumour resection proportion	165	986	17%	Tumour resection proportion	1107	2107	53%	Tumour resection proportion	669	870	77%	
Brain and CNS				Multiple myeloma								
Chemotherapy proportion	201	537	37%	Chemotherapy proportion	302	414	73%					
Radiotherapy proportion	216	610	35%	Radiotherapy proportion	60	447	13%					
Tumour resection proportion	199	691	29%	Non-Hodgkin lymphoma								
Breast				Chemotherapy proportion				603	973	62%		
Chemotherapy proportion	1397	4961	28%	Radiotherapy proportion	158	1050	15%					
Radiotherapy proportion	3112	5571	56%	Oesophageal								
Tumour resection proportion	3952	5256	75%	Chemotherapy proportion	425	843	50%					
Colorectal				Radiotherapy proportion				206	904	23%		
Chemotherapy proportion	1215	3555	34%	Tumour resection proportion	150	853	18%					
Radiotherapy proportion	533	3862	14%	Oesophago-gastric								
Tumour resection proportion	2368	3991	59%	Chemotherapy proportion	556	1188	47%					
Gynaecological				Radiotherapy proportion				228	1275	18%		
Chemotherapy proportion	551	1655	33%	Tumour resection proportion	207	1205	17%					
Radiotherapy proportion	259	1772	15%	Ovarian								
Tumour resection proportion	1167	1914	61%	Chemotherapy proportion	322	593	54%					
Haematological				Radiotherapy proportion				8	628	1%		
Chemotherapy proportion	1407	2292	61%	Tumour resection proportion	434	678	64%					
Radiotherapy proportion	266	2502	11%	Pancreatic								
Head and Neck				Chemotherapy proportion				288	878	33%		
Chemotherapy proportion	324	889	36%	Radiotherapy proportion	46	926	5%					
Radiotherapy proportion	534	1022	52%	Tumour resection proportion	121	951	13%					
Tumour resection proportion	458	1003	46%	Prostate								
Kidney				Chemotherapy proportion				405	5029	8%		
Chemotherapy proportion	152	979	16%	Radiotherapy proportion	1778	5777	31%					
Radiotherapy proportion	52	1042	5%	Tumour resection proportion	900	5094	18%					
Tumour resection proportion	566	1132	50%	Unknown								
Lip, oral cavity and pharynx				Chemotherapy proportion				46	449	10%		
Chemotherapy proportion	287	723	40%	Radiotherapy proportion	47	490	10%					
Radiotherapy proportion	443	841	53%	Upper GI excl OG								
Tumour resection proportion	378	826	46%	Chemotherapy proportion	519	1698	31%					
Liver				Radiotherapy proportion				61	1821	3%		
Chemotherapy proportion	113	413	27%	Tumour resection proportion	236	1874	13%					
Radiotherapy proportion	11	452	2%									
Tumour resection proportion	93	471	20%									

Rapid cancer registration data – independent treatment proportion – comparison by cancer type – Frimley ICS (analysis from all complete data only 2018 – 2024)

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
All sites combined			
Chemotherapy proportion	4989	17226	29%
Radiotherapy proportion	4604	19789	23%
Tumour resection proportion	7219	19462	37%
Bladder			
Chemotherapy proportion	142	569	25%
Radiotherapy proportion	109	611	18%
Tumour resection proportion	74	670	11%
Brain and CNS			
Chemotherapy proportion	103	329	31%
Radiotherapy proportion	136	393	35%
Tumour resection proportion	121	442	27%
Breast			
Chemotherapy proportion	953	3210	30%
Radiotherapy proportion	2076	3646	57%
Tumour resection proportion	2556	3429	75%
Colorectal			
Chemotherapy proportion	811	2426	33%
Radiotherapy proportion	361	2635	14%
Tumour resection proportion	1364	2731	50%
Gynaecological			
Chemotherapy proportion	376	1105	34%
Radiotherapy proportion	167	1192	14%
Tumour resection proportion	756	1307	58%
Haematological			
Chemotherapy proportion	947	1521	62%
Radiotherapy proportion	195	1657	12%
Head and Neck			
Chemotherapy proportion	191	570	34%
Radiotherapy proportion	390	645	60%
Tumour resection proportion	258	640	40%
Kidney			
Chemotherapy proportion	110	720	15%
Radiotherapy proportion	28	781	4%
Tumour resection proportion	373	855	44%
Lip, oral cavity and pharynx			
Chemotherapy proportion	163	456	36%
Radiotherapy proportion	309	518	60%
Tumour resection proportion	199	514	39%
Liver			
Chemotherapy proportion	73	319	23%
Radiotherapy proportion	9	334	3%
Tumour resection proportion	72	342	21%

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
Lung			
Chemotherapy proportion	641	1932	33%
Radiotherapy proportion	311	2114	15%
Tumour resection proportion	395	2396	16%
Melanoma			
Chemotherapy proportion	128	929	14%
Radiotherapy proportion	11	1004	1%
Tumour resection proportion	910	1169	78%
Multiple myeloma			
Chemotherapy proportion	173	256	68%
Radiotherapy proportion	30	279	11%
Non-Hodgkin lymphoma			
Chemotherapy proportion	426	648	66%
Radiotherapy proportion	116	697	17%
Oesophageal			
Chemotherapy proportion	232	501	46%
Radiotherapy proportion	134	539	25%
Tumour resection proportion	84	509	17%
Oesophago-gastric			
Chemotherapy proportion	298	715	42%
Radiotherapy proportion	153	767	20%
Tumour resection proportion	107	725	15%
Ovarian			
Chemotherapy proportion	209	409	51%
Radiotherapy proportion	3	445	1%
Tumour resection proportion	250	475	53%
Pancreatic			
Chemotherapy proportion	119	481	25%
Radiotherapy proportion	7	513	1%
Tumour resection proportion	50	528	9%
Prostate			
Chemotherapy proportion	228	2553	9%
Radiotherapy proportion	837	2924	29%
Tumour resection proportion	553	2588	21%
Unknown			
Chemotherapy proportion	37	278	13%
Radiotherapy proportion	15	299	5%
Upper GI excl OG			
Chemotherapy proportion	265	1064	25%
Radiotherapy proportion	25	1140	2%
Tumour resection proportion	134	1173	11%

Row Labels	Sum of Numerator	Sum of Denominator	Proportion
Urological excl prostate			
Chemotherapy proportion	341	1549	22%
Radiotherapy proportion	149	1672	9%
Tumour resection proportion	640	1825	35%
Uterine			
Chemotherapy proportion	99	479	21%
Radiotherapy proportion	92	516	18%
Tumour resection proportion	451	574	79%

Time to treatment

From October 2023, the NHS moved to three waiting time standards for cancer diagnosis and treatment: the Faster Diagnosis Standard (at least 75% patients have cancer diagnosed or ruled out within 28 days of referral); 31-day treatment standard (at least 96% start treatment within 31 days of a decision to treat); 62-day treatment standard (at least 85% start treatment within 62 days of being referred or consultant upgrade). Public data to identify local variations by demographics are limited, however comparisons between Trusts in Surrey show variation by place and cancer site.

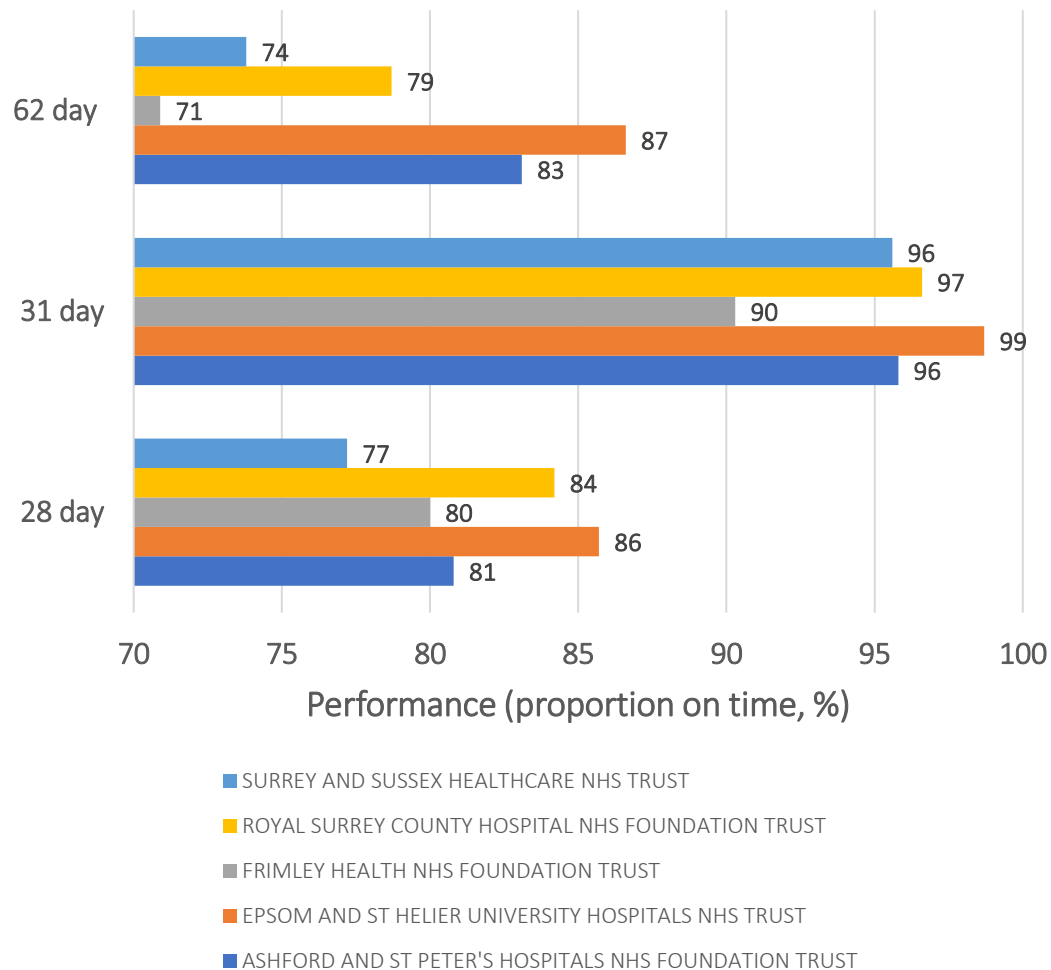
About the data source

[Data is available from NHS Statistics » Cancer Waiting Times: Cancer Waiting Times: Provider Time Series \(April 2021 to December 2024\)](#)

Basis:	Provider based stats including welsh cross-border patients and "unknowns"
Source:	Cancer Waiting Times Database (CWT-db)
Contact:	england.cancerwaitsdata@nhs.net
Footnotes:	For footnotes covering specific data quality issues for given providers, see main monthly provider workbooks
Status:	<p>This workbook contains final data for the periods Apr-21 to Sep-24</p> <p>This workbook contains provisional data for the periods Oct-24 to Dec-24</p>
Version 11.1:	The guidance for cancer waiting times was updated to version 11.1 in 2023. This replaced CWT Guidance (v.11.0) as well as incorporating & replacing interim guidance which had been put in place (Clarification of cancer waiting times guidance during COVID-19 pandemic, Dermatology Faster Diagnosis Standard clarification guidance and Advice and Guidance recommendations for cancer pathways). The changes will affect the scope and definition of the official statistics on cancer waiting times. Information on the effect of the changes are given in Annex B of the Statistical Release for July 2023.
Changes to Cancer Waiting Times Standards	<p>Following a consultation on the cancer waiting times standards, NHS England had approval from government in August 2023 to implement changes to the standards from 1 October 2023.</p> <p>In March 2022, NHS England published the recommendations for consultation. The consultation paper¹ set out the proposed new standards, the rationale for the changes, and the evidence collected in support of those proposals. Annex B of the consultation paper¹ showed the expected impact of the changes to performance standards.</p> <p>In August 2023, NHS England published a consultation response report².</p> <p>The statistics on cancer waiting times have been updated to ensure that they follow the changed operating framework for cancer, and address responses to the consultation on disaggregation of the standards. The updates to the statistics are described in annex B of the Oct 2023 official statistics provisional data statistical release.</p> <p>1. NHS England » Clinically-led review of NHS cancer standards: models of care and measurement</p> <p>2. NHS England » Cancer waiting times review – Models of care and measurement: consultation response</p>

Variation between NHS Trusts serving Surrey residents by Cancer Waiting Time target (data Jan – Dec 2024)

Variation in performance by NHS Trust in Surrey
(Jan-Dec 2024)



Faster Diagnosis Standard (at least 75% patients have cancer diagnosed or ruled out within 28 days of referral):

- Met by all 5 trusts in Surrey, ranging from 77% for SASH to 86% ESHU

31-day treatment standard (at least 96% start treatment within 31 days of a decision to treat):

- Met by all 3 trusts in Surrey Heartlands (96-97%); not met by Frimley (90%) and exceeded by ESHU (99%)

62- day treatment standard (at least 85% start treatment within 62 days of being referred or consultant upgrade):

- Not met by any trust in Surrey Heartlands (ranging 74% to 83%), or Frimley (71%). Only met by ESHU.

About the data source

The following insights into variations in 62-day treatment standard by cancer type and Trust are drawn from the following data extracts downloaded from [NHS Statistics » Cancer Waiting Times](#):

Data Extracts

The following files provide data by month from April 2022 to the most recent available data. These files provide levels of activity by standard, by provider or ICB sub location, and for the provider based data by cancer type.

Provider based

The provider extract adopts a consistent breakdown for the provider workbooks. For the 31 day combined standard, stage is available in combination with modality or cancer type, whilst modality by cancer type is not available. For the 62 day combined standard, route is available by modality or cancer type, whilst modality by cancer type is not available.

‘Cancer Type’ (for the 31 and 62 day combined standards) is based on a higher granularity from April 2022 to September 2023, than for October 2023 data onwards. Data for April 2023-September 2023 are given in a separate data file than data for October 2023 onwards. A technical explanation of the tumour classification adopted is available here: [Technical note on tumour classifications in 31 and 62 day combined standards](#)

[CWT CRS Oct 2024 to Jan 2025 Data Extract \(Provider\) \(XLSX, 1.46MB\)](#)

[CWT CRS Apr 2024 to Sep 2024 Data Extract \(Provider\) Final \(XLSX, 2.19MB\)](#)

[CWT CRS Oct 2023 to Mar 2024 Data Extract \(Provider\) Final \(XLSX, 2.7MB\)](#)

[CWT CRS Apr 2023 to Sep 2023 Data Extract \(Provider\) Final \(XLSX, 2.2MB\)](#)

[CWT CRS 2022-23 Data Extract \(Provider\) Final \(XLSX, 4.9MB\)](#)

Variation between NHS Trusts serving Surrey residents by cancer type (data Jan – Dec 2024): 62- day treatment standard

SURREY HEARTLANDS

ASPH				Royal Surrey				SASH			
Row Labels	Sum of WITHIN STANDARD	Sum of BREACHES	Proportion within standard	Row Labels	Sum of WITHIN STANDARD	Sum of BREACHES	Proportion within standard	Row Labels	Sum of WITHIN STANDARD	Sum of BREACHES	Proportion within standard
ALL CANCERS	1649	334.5	83.1	ALL CANCERS	1680.5	454	79%	ALL CANCERS	1736.5	618	73.8%
Breast	163	57.5	73.9	Breast	225	78	74.3%	Breast	175	96.5	64.5%
Gynaecological	37.5	19.5	65.8	Gynaecological	114	46	71.3%	Gynaecological	37	29.5	55.6%
Haematological - Lymphoma	54	18.5	74.5	Haematological - Lymphoma	55	13	80.9%	Haematological - Lymphoma	55	28.5	65.9%
Haematological - Other (a)	50.5	4	92.7	Haematological - Other (a)	39.5	0	100.0%	Haematological - Other (a)	40	8	83.3%
Head & Neck	22.5	15	60.0	Head & Neck	128.5	38	77.2%	Head & Neck	27.5	20.5	57.3%
Lower Gastrointestinal	113	56	66.9	Lower Gastrointestinal	237	58	80.3%	Lower Gastrointestinal	116.5	55	67.9%
Lung	72	39.5	64.6	Lung	172.5	65	72.6%	Lung	69	87.5	44.1%
Other (a)	20	5	80.0	Other (a)	40.5	9.5	81.0%	Other (a)	25	8.5	74.6%
Skin	689.5	35.5	95.1	Skin	98.5	20.5	82.8%	Skin	280.5	59.5	82.5%
Upper Gastrointestinal - Hepatobiliary	57	7	89.1	Upper Gastrointestinal - Hepatobiliary	88	32.5	73.0%	Upper Gastrointestinal - Hepatobiliary	58.5	9.5	86.0%
Upper Gastrointestinal - Oesophagus & Stomach	29	10	74.4	Upper Gastrointestinal - Oesophagus & Stomach	69	24.5	73.8%	Upper Gastrointestinal - Oesophagus & Stomach	27.5	6	82.1%
Urological - Other (a)	56.5	26.5	68.1	Urological - Other (a)	64.5	38	62.9%	Urological - Other (a)	65.5	42	60.9%
Urological - Prostate	284.5	40.5	87.5	Urological - Prostate	348.5	31	91.8%	Urological - Prostate	332.5	29.5	91.9%

ESHU				Frimley			
Row Labels	Sum of WITHIN STANDARD	Sum of BREACHES	Proportion within standard	Row Labels	Sum of WITHIN STANDARD	Sum of BREACHES	Proportion within standard
ALL CANCERS	1265.5	195.5	86.6	ALL CANCERS	2686.5	1100.5	70.9%
Breast	4.5	0	100.0	Breast	454	134	77.2%
Gynaecological	35	22.5	60.9	Gynaecological	90	61.5	59.4%
Haematological - Lymphoma	51	12	81.0	Haematological - Lymphoma	106	50	67.9%
Haematological - Other (a)	45.5	0	100.0	Haematological - Other (a)	93	15	86.1%
Head & Neck	24.5	11	69.0	Head & Neck	62	52	54.4%
Lower Gastrointestinal	164	26	86.3	Lower Gastrointestinal	259	192	57.4%
Lung	80.5	55.5	59.2	Lung	186	140.5	57.0%
Other (a)	8.5	8	51.5	Other (a)	58.5	21	73.6%
Skin	430	4.5	99.0	Skin	488	112	81.3%
Upper Gastrointestinal - Hepatobiliary	41.5	15.5	72.8	Upper Gastrointestinal - Hepatobiliary	118	39	75.2%
Upper Gastrointestinal - Oesophagus & Stomach	19.5	10.5	65.0	Upper Gastrointestinal - Oesophagus & Stomach	80	36.5	68.7%
Urological - Other (a)	53	14	79.1	Urological - Other (a)	226.5	129.5	63.6%
Urological - Prostate	308	16	95.1	Urological - Prostate	465.5	117.5	79.8%

Abbreviations:

RS=Royal Surrey NHS Foundation Trust;
SASH=Surrey and Sussex Healthcare NHS Trust;
FH=Frimley Health
 NHS Foundation Trust;
ASPH=Ashford & St Peter's Hospitals NHS
 Foundation Trust; **ESHU**= Epsom & St Helier University
 Hospitals NHS Foundation Trust.