

# Publication Report



## Cancer Incidence in Scotland (2010)

Publication date – 24 April 2012



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## About ISD

Scotland has some of the best health service data in the world, combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

## Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

## Introduction

The [Scottish Cancer Registry](#) has been collecting information on cancer since 1958. Data collected by the Registry are published by ISD and are used for a wide variety of purposes including: public health surveillance; health needs assessment, planning and commissioning of cancer services; evaluation of the impact of interventions on incidence and survival; clinical audit and health services research; epidemiological studies; and providing information to support genetic counselling and health promotion.

The updated figures show cancer incidence (1986-2010) for many types of cancer, and replace information previously available on the ISD Scotland website. Cancer registrations are believed to be essentially complete (>98% at time of analysis) for the year 2010, but it is important to note that the cancer registration database is dynamic. In common with cancer registries in other countries, cancer incidence rates in Scotland can take up to five years after the end of a given calendar year to reach 100% completeness and stability, due to the continuing accrual of late registrations coming to light through death certification, for example.

It may be misleading to focus too much attention on any apparent changes in incidence between 2009 and 2010; it is more informative to examine trends in incidence observed over a number of years. Striking changes from one year to the next may occur in the case of rare cancers, but these are likely to reflect random fluctuation caused by small numbers of cases. In such cases it is even more important to examine incidence rates for a number of years aggregated together, rather than focussing on a single year of incidence.

## Key points

- In recent years, the overall age-standardised incidence rates have fallen in males and increased significantly in females.
- Incidence rates and trends in incidence rates show considerable variation between different types of cancer.
- Actual numbers of cases of cancer have risen over the last decade, largely due to an ageing population.

## Results and Commentary

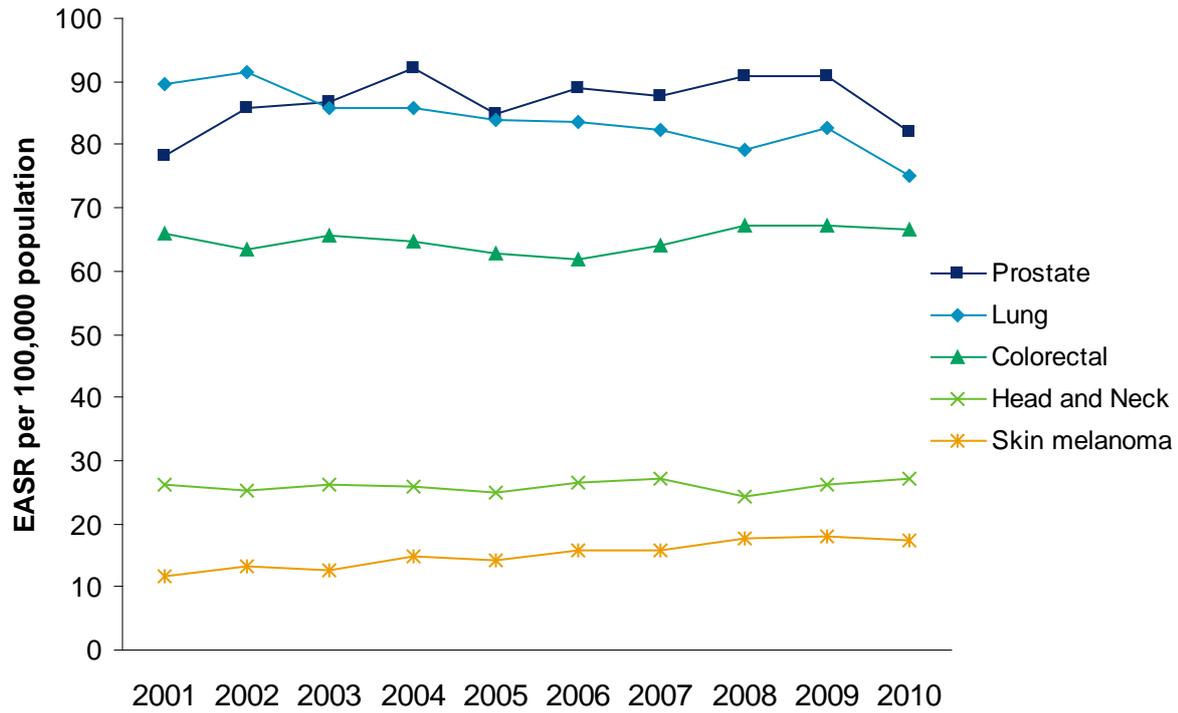
Please note that details of these statistics can be found by cancer site on the [Cancer website](#). A summary is included alongside cancer mortality, risk, prevalence and survival in the [Cancer in Scotland Summary report](#).

### Cancer Incidence

Approximately 14,000 males and 15,400 females were diagnosed with cancer in 2010. Non-melanoma skin cancers (of which there were 10,100 registered in 2010) are excluded from this analysis because the registration of this tumour is believed to be incomplete. The number of cancers diagnosed in Scotland has increased over the last 10 years from 26,169 cases in 2000 to 29,449 in 2010.

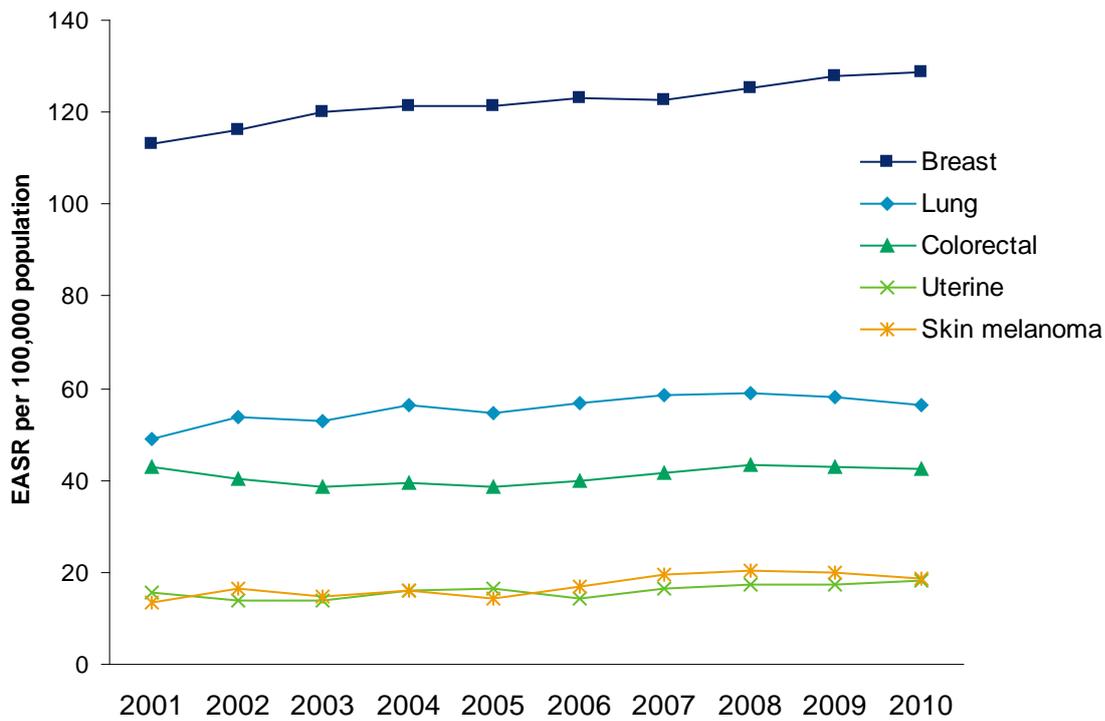
For males, the most common cancers are prostate, lung and colorectal cancers, collectively accounting for 52% of cancers in men (Figure 1). For females, the most common cancers are breast, lung and colorectal cancers, accounting for 56% of cancer in women (Figure 2).

**Figure 1. Trends in new cancer registrations in Scottish males, 2001-2010: European Age Standardised Rate**



Source: Scottish Cancer Registry

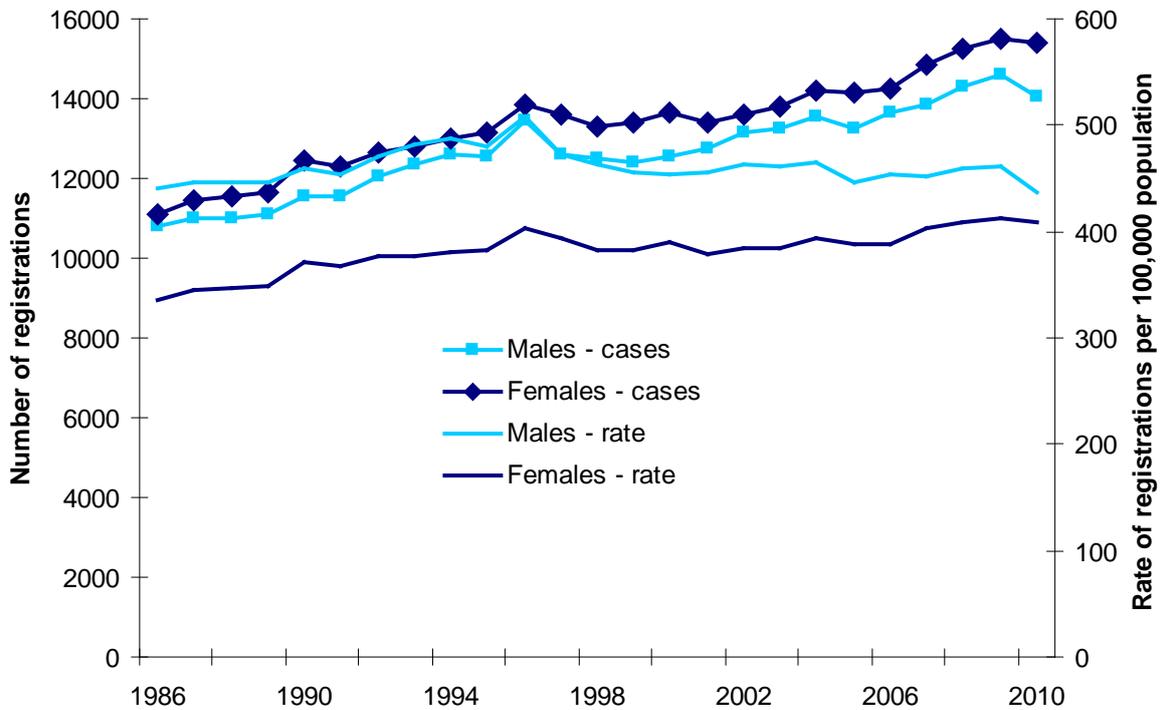
**Figure 2. Trends in new cancer registrations in Scottish females, 2001-2010: European Age Standardised Rate**



Source: Scottish Cancer Registry

Over the decade up to 2010, the age-standardised incidence rate of cancer has fallen for males (a 3% decrease) and shows a significant, increasing trend for females (8% increase) (Figure 3).

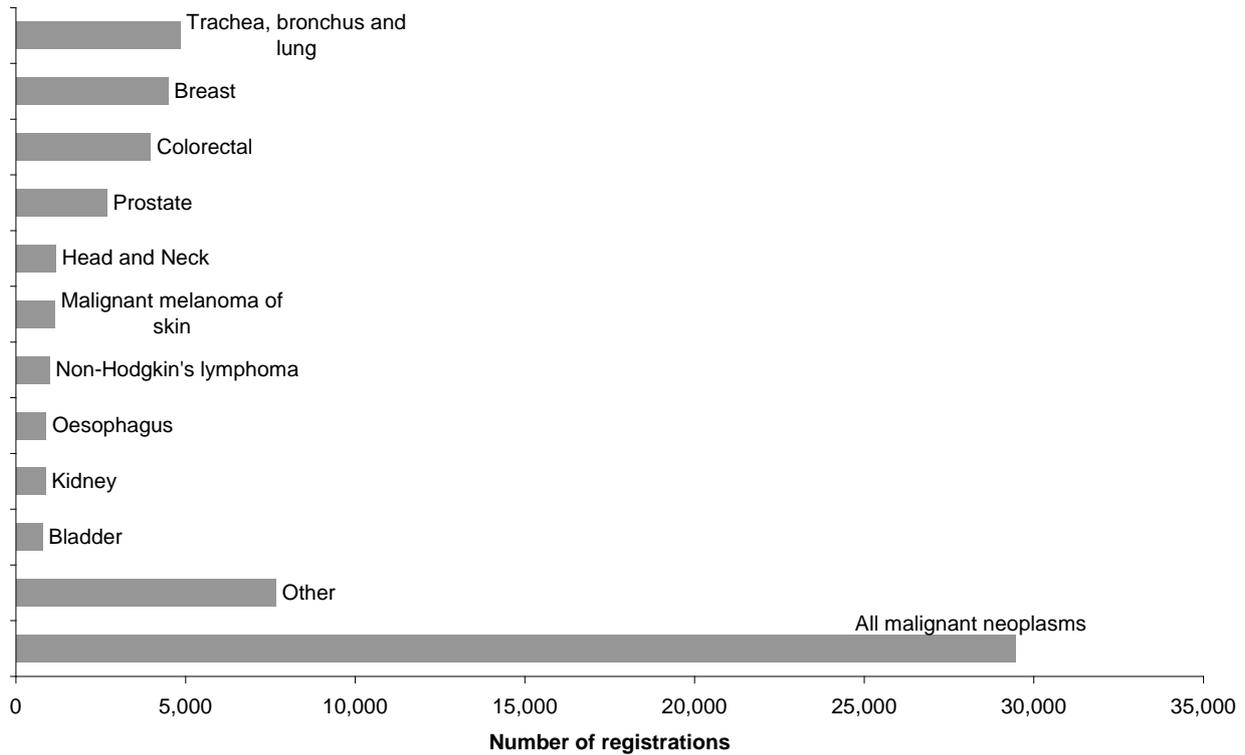
**Figure 3. New cancer<sup>1</sup> registrations in Scotland, 1986-2010: number of cases and age standardised rate<sup>2</sup>**



1 All cancers excluding non-melanoma skin cancers (ICD-10 C00-C97 excl C44)  
 2 European Age Standardised Rate  
 Source: Scottish Cancer Registry

For males and females in Scotland (combined), lung cancer is still the most common cancer overall (Figure 4), with 4,800 cases diagnosed in 2010 (16% of all cancers), compared to about 4,500 cases (15%) of female breast cancer and just under 4,000 cases of colorectal cancer (14%). The ranks and percentages of the three most common cancers are largely unchanged from 2009.

**Figure 4. Most common cancers in Scotland, 2010; all persons**



All cancers excluding non-melanoma skin cancers (ICD-10 C00-C97 excl C44)

Source: Scottish Cancer Registry

Table 1 shows the numbers of cases in 2010, percentage frequency and percentage change over ten years for the most common cancers. A p-value of less than 0.05 for the 10 year change indicate that this is statistically significant. While many cancers are decreasing in incidence (Table 1), the incidence rate of malignant melanoma of the skin has increased considerably over the last decade, by approximately 66% in males and 60% in females. The apparent fall in bladder cancer incidence is an artefact due to a change in classification and coding practice across all cancer registries in Europe; around a quarter of bladder tumours are no longer coded as invasive bladder cancers. The long-term decline seen in the incidence rate of lung cancer in males has continued, with a significant fall in the incidence rate of 15% over the last ten years. Lung cancer incidence rates in females continue to increase, with a 17% increase over the last ten years. To a large extent, these trends reflect historic trends in the prevalence of smoking, which have differed between men and women.

**Table 1. Most common cancers in Scotland in 2010**

**Males**

Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p-value
1	Prostate (C61)	2,679	19.1%	+7.4	0.1949
2	Trachea, bronchus and lung (C33-C34)	2,490	17.7%	-15.0	<0.0001
3	Colorectal (C18-C20)	2,177	15.5%	+1.0	0.6912
4	Head and Neck (C00-C14, C30-C32)	828	5.9%	+2.2	0.5128
5	Oesophagus (C15)	550	3.9%	-1.4	0.7003
6	Bladder (C67)	542	3.9%	-19.6	<0.0001
7	Malignant melanoma of skin (C43)	524	3.7%	+66.2	<0.0001
8	Kidney (C64-C65)	502	3.6%	+31.2	<0.0001
9	Non-Hodgkin's lymphoma (C82-C85)	496	3.5%	+5.4	0.1924
10	Stomach (C16)	439	3.1%	-31.5	<0.0001
	Other malignant neoplasms	2,809	20.0%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	14,036	100.0%	-2.8	0.0354

**Females**

Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p-value
1	Breast (C50)	4,457	28.9%	+12.0	<0.0001
2	Trachea, bronchus and lung (C33-C34)	2,349	15.2%	+16.5	<0.0001
3	Colorectal (C18-C20)	1,790	11.6%	+1.4	0.5808
4	Corpus uteri (C54)	649	4.2%	+30.5	<0.0001
5	Malignant melanoma of skin (C43)	617	4.0%	+59.8	<0.0001
6	Ovary (C56)	613	4.0%	-10.1	0.0041
7	Non-Hodgkin's lymphoma (C82-C85)	490	3.2%	+11.9	0.0283
8	Kidney (C64-C65)	361	2.3%	+47.5	<0.0001
9	Pancreas (C25)	353	2.3%	+5.3	0.3333
10	Head and Neck (C00-C14, C30-C32)	345	2.2%	+5.5	0.4181
	Other malignant neoplasms	3,389	22.0%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	15,413	100.0%	+7.6	<0.0001

**All persons**

Rank	ICD-10 site grouping	Number	Frequency	10 year % change <sup>1</sup>	p-value
1	Trachea, bronchus and lung (C33-C34)	4,839	16.4%	-3.7	0.8646
2	Breast (C50)	4,480	15.2%	x	x
3	Colorectal (C18-C20)	3,967	13.5%	+1.2	0.2594
4	Prostate (C61)	2,679	9.1%	x	x
5	Head and Neck (C00-C14, C30-C32)	1,173	4.0%	+3.1	0.1564
6	Malignant melanoma of skin (C43)	1,141	3.9%	+62.8	<0.0001
7	Non-Hodgkin's lymphoma (C82-C85)	986	3.3%	+8.2	0.0048
8	Oesophagus (C15)	885	3.0%	-2.7	0.6210
9	Kidney (C64-C65)	863	2.9%	+36.8	<0.0001
10	Bladder (C67)	778	2.6%	-17.3	<0.0001
	Other malignant neoplasms	7,658	26.0%	x	x
	All malignant neoplasms excluding non-melanoma skin cancer	29,449	100.0%	+1.9	0.0007

'x' = not applicable.

<sup>1</sup> Calculated using Poisson regression analyses.

<sup>2</sup> Percentage change in incidence is not shown here for cancers occurring mainly or in only one sex.

Source: Scottish Cancer Registry, ISD Date extracted: March 2012

Breast cancer is the most common cancer in women, with the incidence rate continuing to rise. Over the last decade the incidence rate has increased by 12%; this is partly due to increased detection by the Scottish Breast Screening Programme, which has seen a rise in attendance over the same time period, and an extension in the age range invited for screening to include women up to the age of 70 years, phased in over the 3-year period beginning 1st April 2003. However, increases in the incidence of breast cancer might also be anticipated with higher prevalence of known risk factors among the female population, such as increases in the mother's age at the birth of her first child, decreases in family size, increases in post-menopausal obesity, and increases in alcohol consumption.

Prostate and lung cancers are the most common cancers in men with relative frequencies of 19% and 18% respectively, but the incidence rate of lung cancer has been generally decreasing while the incidence rate of prostate cancer has risen approximately 7% over the last decade. The increased prostate cancer incidence rate is due, at least in part, to increased detection through use of the prostate specific antigen (PSA) test, and is not necessarily due to a genuine increase in the risk of developing the cancer.

Malignant melanoma of the skin is the seventh most common cancer in men and the fifth most common in women. Incidence rates continue to rise significantly, with a steep increase of 66% in males and 60% in females over the last decade. The primary recognised risk factor for melanoma of the skin is exposure to natural and artificial sunlight, especially but not exclusively at a young age.

Cancers of the kidney, while lesser in absolute numbers, continue to show significant increases in incidence rates over the last 10 years of 31% and 48% for males and females, respectively. The increase has occurred primarily in cancers of the renal parenchyma (ICD-10 C64) rather than of the renal pelvis (C65). The reason for this increase is not clear. Established risk factors include obesity and smoking, but advances in medical imaging may also have led to an increase in incidental diagnosis of some tumours.

Cancers of the cervix uteri, or cervical cancers, have historically decreased since the introduction of the Scottish Cervical Screening Programme in 1988 (see [Chart](#)). In the past few years the incidence rate has begun to increase, following a slight decrease in uptake of the cervical smear test (see annual uptake statistics on the [Cervical Screening page](#)), although some of the decrease in uptake may have been due to a change in recording practice in 2007.

The incidence of cancer of the body of the uterus (corpus uteri) has increased significantly (by 31%) over the decade 2000-2010. The majority of cancers at this anatomical site affect the endometrium or lining of the womb. The increase in incidence may be due, at least in part, to longstanding changes in fertility (since childbearing appears to protect against endometrial cancer), and increases in levels of obesity (which increase risk). A further contributing factor may be a decrease in rates of hysterectomy, which leaves a larger population at risk of developing uterine cancer.

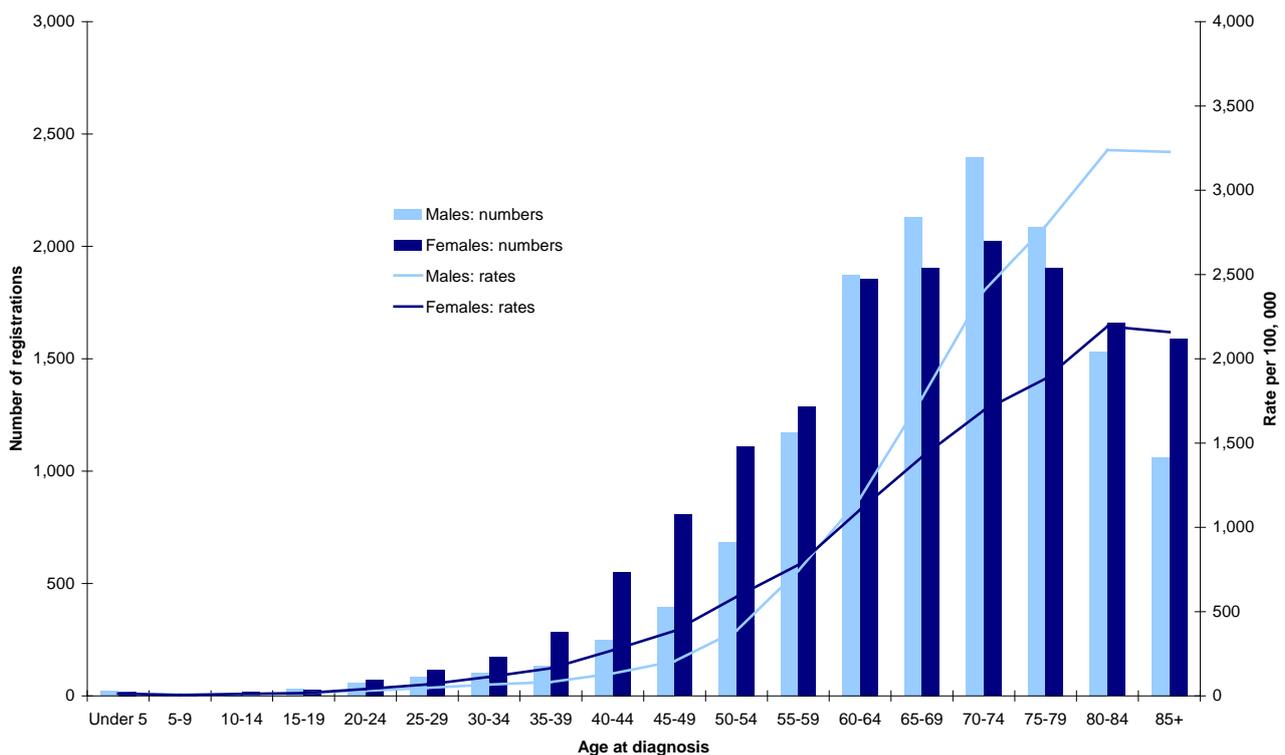
While still relatively small in absolute numbers, the incidence rate of cancer of the liver in males has increased by approximately 60% in the last decade (see [liver statistics page](#)), probably reflecting a variety of factors, including greater levels of chronic exposure to hepatitis viruses, alcohol abuse, and other causes of cirrhosis, as well as improvements in diagnosis through advances in imaging.

Cancers for which incidence rates have fallen significantly over the past ten years include [stomach](#) (32% in males and 37% in females), cancer of the [larynx](#) in males (19% decrease); cancer of the ovary in females (10% decrease) (Table 1), and [leukaemias](#) in both sexes (26% decrease in males, 28% decrease in females).

The decline in bladder cancer incidence since 1998 is an artefact due to a change in coding practice across cancer registries in the UK. Around a quarter of bladder tumours are no longer coded as invasive bladder cancers. This decrease is large enough to have an impact on the figures for all cancers combined.

The incidence of cancer increases with age in both sexes (Figure 5), to age 70-74, and then declines thereafter as the population diminishes at older ages. The greater increase in the rate of cancer diagnoses in males relative to females in older age groups is partly reflective of the greater number of females in the population at those age groups.

**Figure 5: Number of registrations and age-specific rates per 100,000, all malignant neoplasms diagnosed in 2010, by sex**



## Glossary

Colorectal cancer	Bowel cancer
Neoplasm	abnormal growth/cancer

## List of Tables

Table No.	Cancer Incidence by year	Time period	File & size
0	<a href="#">Cancer in Scotland Summary</a>	1986-2010	PDF [264 kb]
1	<a href="#">All Cancers</a>	1986-2010	Excel [724 kb]
2	<a href="#">Bladder</a>	1986-2010	Excel [737 kb]
3	<a href="#">Bone and Connective Tissues</a>	1986-2010	Excel [1502 kb]
4	<a href="#">Brain and CNS</a>	1986-2010	Excel [2040 kb]
5	<a href="#">Breast</a>	1986-2010	Excel [1105 kb]
6	<a href="#">Colorectal</a>	1986-2010	Excel [1419 kb]
7	<a href="#">Female Genital Organs</a>	1986-2010	Excel [1215 kb]
8	<a href="#">Head and Neck</a>	1986-2010	Excel [3292 kb]
9	<a href="#">Hodgkins Disease</a>	1986-2010	Excel [757 kb]
10	<a href="#">Kidney</a>	1986-2010	Excel [741 kb]
11	<a href="#">Leukaemias</a>	1986-2010	Excel [2215 kb]
12	<a href="#">Liver</a>	1986-2010	Excel [743 kb]
13	<a href="#">Lung and Mesothelioma</a>	1986-2010	Excel [1083 kb]
14	<a href="#">Male Genital Organs</a>	1986-2010	Excel [737 kb]
15	<a href="#">Multiple Myeloma</a>	1986-2010	Excel [741 kb]
16	<a href="#">Non-Hodgkins Lymphoma</a>	1986-2010	Excel [730 kb]
17	<a href="#">Oesophagus</a>	1986-2010	Excel [731 kb]
18	<a href="#">Pancreas</a>	1986-2010	Excel [733 kb]
19	<a href="#">Skin</a>	1986-2010	Excel [1753 kb]
20	<a href="#">Stomach</a>	1986-2010	Excel [728 kb]

Table No.	Summarised Cancer Incidence	Time period	File & size
21	<a href="#">All Cancers</a>	2006-2010	Excel [169 kb]
22	<a href="#">Bladder</a>	2006-2010	Excel [170 kb]
23	<a href="#">Bone and Connective Tissues</a>	2006-2010	Excel [247 kb]
24	<a href="#">Brain and CNS</a>	2006-2010	Excel [283 kb]
25	<a href="#">Breast</a>	2006-2010	Excel [207 kb]
26	<a href="#">Colorectal</a>	2006-2010	Excel [243 kb]
27	<a href="#">Female Genital Organs</a>	2006-2010	Excel [221 kb]
28	<a href="#">Head and Neck</a>	2006-2010	Excel [433 kb]
29	<a href="#">Hodgkins Disease</a>	2006-2010	Excel [170 kb]
30	<a href="#">Kidney</a>	2006-2010	Excel [169 kb]
31	<a href="#">Leukaemias</a>	2006-2010	Excel [322 kb]
32	<a href="#">Liver</a>	2006-2010	Excel [170 kb]
33	<a href="#">Lung and Mesothelioma</a>	2006-2010	Excel [207 kb]
34	<a href="#">Male Genital Organs</a>	2006-2010	Excel [170 kb]
35	<a href="#">Multiple Myeloma</a>	2006-2010	Excel [170 kb]
36	<a href="#">Non-Hodgkins Lymphoma</a>	2006-2010	Excel [169 kb]
37	<a href="#">Oesophagus</a>	2006-2010	Excel [169 kb]
38	<a href="#">Pancreas</a>	2006-2010	Excel [169 kb]
39	<a href="#">Skin</a>	2006-2010	Excel [280 kb]
40	<a href="#">Stomach</a>	2006-2010	Excel [169 kb]

<b>Table No.</b>	<b>Other updated tables</b>	<b>Time period</b>	<b>File &amp; size</b>
41	<a href="#">Incidence and Mortality by ICD-10 code</a>	2001-2010	Excel [275 kb]
42	<a href="#">Cervical cancer incidence timeline</a>	1975-2010	Excel [29 kb]
43	<a href="#">Cancer Treatment summary</a>	2006-2010	Excel [40 kb]

## Contact

### Susan Jensen

Principal Information Analyst

[Susan.Jensen@nhs.net](mailto:Susan.Jensen@nhs.net)

0131 275 6125

### Paula McClements

Senior Statistician

[Paula.McClements@nhs.net](mailto:Paula.McClements@nhs.net)

0131 275 7666

## Further Information

A summary table showing numbers of cases and age-standardised incidence rates for each cancer, sex and year (2001-2010) can be found [here](#)

Detailed numbers and rates by age band, sex and health board for approximately 50 cancer sites and for all cancers combined over the period 1986-2010 can be found within the cancer-specific categories listed on the [Cancer pages](#) of ISD.

A summary of the most recent [Cancer Incidence Projections \(2008\)](#). A more comprehensive report from 2001 is available [here](#)

Cancer incidence statistics for England can be found on the [National Statistics hub](#).

Comparative data on incidence and mortality for the UK and Ireland can be found in the [Cancer Atlas](#) produced by Office of National Statistics, or by using the [Cancer eAtlas](#) produced by the National Cancer Intelligence Network.

Information about other health statistics produced by ISD Scotland can be found on the [ISD website](#)

## Rate this publication

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Appendix

## A1 – Background Information

Note that cancer registrations are not the same as hospital admissions due to cancer, which are reported on the ISD website under [Hospital Care](#).

Comparisons of cancer statistics across the UK are regularly produced by Cancer Research UK, and the most recent [incidence report](#) can be found on their [CancerStats page](#). The interactive, web-based [Cancer e-Atlas](#) produced by the National Cancer Intelligence Network is also a good source.

Comparison of Scottish and UK cancer data to that of other countries is a complex process because of the wide variation amongst data collection and coding practices, as well as variation in the quality and completeness of data. The International Agency for Research on Cancer maintain an online database, [Cancer Mondial](#), that is searchable for comparative data.

Although cancer registrations are believed to be essentially complete for the year 2010, it is important to note that the cancer registration database is dynamic. In common with other cancer registries, cancer incidence rates in Scotland can take up to five years after the end of a given calendar year to stabilise due to the continuing accrual of late registrations coming to light, for example through death certification. At this stage, it may be misleading to focus too much attention on any apparent changes in incidence between 2009 and 2010; it is more informative to examine trends in incidence observed over a number of years. Striking changes from one year to the next may occur in the case of rare cancers, but these are likely to reflect random fluctuation caused by small numbers of cases - in such cases, it is even more important to examine incidence rates for a number of years aggregated together, rather than focusing on a single year of incidence.

Note that cancer registrations differ from recorded hospital admissions for cancer, the statistics for which can be found on the [Hospital Care](#) pages on the [ISD Website](#). An individual diagnosed with a new primary cancer would have a single registration for that cancer, whereas he/she might have multiple admissions to hospital for the cancer. Moreover, the diagnosis and treatment of cancer does not inevitably lead to hospital admission in every case.

**A2 – Publication Metadata (including revisions details)**

<b>Metadata Indicator</b>	<b>Description</b>
Publication title	<b>Cancer Incidence</b>
Description	Annual and 5 year summaries of new incidence cases of cancer in Scotland, by Cancer Network Region and Health Board. Within Scotland and Network levels of reporting, the incidence figures are broken down by age group and sex.
Theme	Health and Social Care
Topic	Conditions and Diseases
Format	Excel workbooks
Data source(s)	Scottish Cancer Registry (SMR06)
Date that data were acquired	2 March 2012
Release date	24 April 2012
Frequency	Annual
Timeframe of data and timeliness	Data up to 31 December 2010. No delays between data availability and processing of data for publication.
Continuity of data	Reports include data from 1986 to 2010. Coding of cancer registrations moved from ICD-9 to ICD-10 and from ICD-O to ICD-O2 in incidence year 1997, then to ICD-O3 in incidence year 2006. ICD codes have been back-mapped to 1985 for continuity of reporting. The range of statistics provided does mean that the continuity will vary, and while considered to be very high, any notable discontinuities (eg for specific conditions) will be highlighted within the published data.
Revisions statement	As with other population-based cancer registries, the Scottish Cancer Registry is dynamic, with ongoing updating of records. Each year's release includes a refresh of the previous years, and as new registrations from previous years come to light, or changes in the coding are taken into account, the numbers may change. The timing of the release is intended to balance the likelihood of significant revision with timeousness of data.
Revisions relevant to this publication	As above
Concepts and definitions	See the <a href="#">Cancer Information FAQs</a>
Relevance and key uses of the statistics	The number and type of cancer registrations, by sex and geography, allow planning for provision of cancer treatment services and palliative care planning. Permits indirect measure of success of public health measures and interventions over the longer term.
Accuracy	Registry data are subject to validation at data entry and quality assurance procedures. See the <a href="#">Cancer Information FAQs</a> . Reported data are compared to previous years' figures and to expected trends.
Completeness	At time of extraction, data for the most recent year are estimated to be at least 98% complete. See above note on Revisions. Routine indicators of data quality are compared to the rest of the UK and to other countries, and are

	available at <a href="http://www.ukacr.org">www.ukacr.org</a> . There have been adhoc studies of data completeness in the past. See the <a href="#">Cancer Information FAQs</a> .
Comparability	Cancer incidence data are regularly compared with the UK and other countries, for example in the publication Cancer Incidence in Five Continents: <a href="http://www-dep.iarc.fr/CI5_IX_frame.htm">http://www-dep.iarc.fr/CI5_IX_frame.htm</a>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	All Cancer tables are accessible via the <a href="#">Cancer pages on the ISD website</a> . Cancer sites are presented within Excel spreadsheets of cancer groupings, where appropriate. This should minimise the number of spreadsheets a user has to go through to find data, as well as ensure that they are selecting the correct data. Geographical hierarchies are also presented using drop down menus. Spreadsheets may require the user to manipulate drop-down menus, to avoid a frequent problem of confounding data on males and females, and geographical designations.
Value type and unit of measurement	Number of new cases of cancer as count; rates of cancer as crude, European age standardised, World Age standardised, and as Standardised incidence ratios. Number, eg 1.1
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	May 2010
Last published	August 2011
Next published	April 2013
Help email	<a href="mailto:nss.isdcancerstats@nhs.net">nss.isdcancerstats@nhs.net</a>
Date form completed	April 2012

## **A3 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

#### **Standard Pre-Release Access:**

Scottish Government Health Department  
NHS Board Chief Executives  
NHS Board Communication leads

#### **Extended Pre-Release Access**

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)