

# Publication Report



## **Cancer Incidence Projections for Scotland**

**2013-2027**

**18 August 2015**

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## Introduction

Predictions of cancer incidence can help to plan cancer services for the future. The cancer incidence projections presented in this Information Services Division (ISD) publication are based on historical trends in cancer incidence and population estimates and projections for Scotland.

This publication provides cancer incidence projections for the period 2013-2027 and updates the previous projections that were produced by ISD in 2010. It also includes information on risk factors for cancer such as smoking, diet, alcohol and obesity.

## Cancer in Scotland

Between 2003 and 2013, the number of new cases of cancer (excluding non-melanoma skin cancer) in Scotland has increased from over 27,000 cases to over 31,000 cases. The analysis in this report assumes that recent trends in cancer incidence will continue and that predictions of the size and composition of the future population of Scotland are accurate. It is expected that the number of new cases of cancer in Scotland will continue to increase over time. Much of this increase can be explained by the ageing population in Scotland.

Please note that this report does not include information on non-melanoma skin cancer. This is because only the first occurrence of a basal cell carcinoma (the most common type of non-melanoma skin cancer) is collected in Scotland. Non-melanoma skin cancer is rarely fatal and many countries do not collect any data. This is consistent with other cancer publications produced by ISD.

## Key points

- The number of new cases of cancer (excluding non-melanoma skin cancer) is predicted to rise by 33% between 2008-2012 and 2023-2027, mainly as a result of the population growing older.
- The average number of new cases per year will increase from over 30,500 cases in 2008-2012 to over 40,000 cases in 2023-2027.
- Lung cancer is predicted to continue to be the most common cancer in 2023-2027.
- The number of new cases of lung cancer is predicted to increase by 29% for women and 12% for men between 2008-2012 and 2023-2027. It is predicted that more women than men will be diagnosed with lung cancer during 2013-2017. This reflects the historical patterns of smoking in the population.

## Results and Commentary

### Cancer incidence projections

Projections of cancer incidence were calculated for three 5-year periods: 2013-2017, 2018-2022 and 2023-2027. Estimates for all of these periods, together with actual data for 1983-2012 are available in the accompanying data [table](#). Table 1 summarises the projected changes in the number of cases of cancer between 2008-2012 and 2023-2027.

**Table 1. Percentage change in the number of new cases of cancer for all persons between 2008-12 and 2023-27; by cancer type; Scotland.**

Cancer type	Actual 2008-12	Projected 2023-27	Percentage change
All malignant neoplasms excluding non-melanoma skin cancer	152,898	204,064	33.5
Bladder <sup>1</sup>	8,905	11,366	27.6
Brain	2,145	2,590	20.8
Breast (female)	22,421	28,579	27.5
Cervix	1,594	2,225	39.6
Colorectal	19,833	28,298	42.7
Colon	13,478	20,049	48.8
Rectum	6,355	8,335	31.2
Uterus	3,235	5,016	55.1
Head and neck	5,908	8,106	37.2
Kidney	4,672	8,030	71.9
Leukaemias	3,307	2,931	-11.4
Lung	25,475	30,648	20.3
Hodgkin's Disease	835	1,198	43.5
Non-Hodgkin's Lymphoma	5,067	6,362	25.6
Malignant melanoma of the skin	5,913	9,462	60.0
Oesophagus	4,290	4,980	16.1
Ovary	3,207	3,439	7.2
Pancreas	3,733	5,596	49.9
Prostate	14,935	20,200	35.3
Stomach	3,706	3,599	-2.9
Testis	1,053	1,306	24.1
Other	17,604	26,023	47.8

Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED

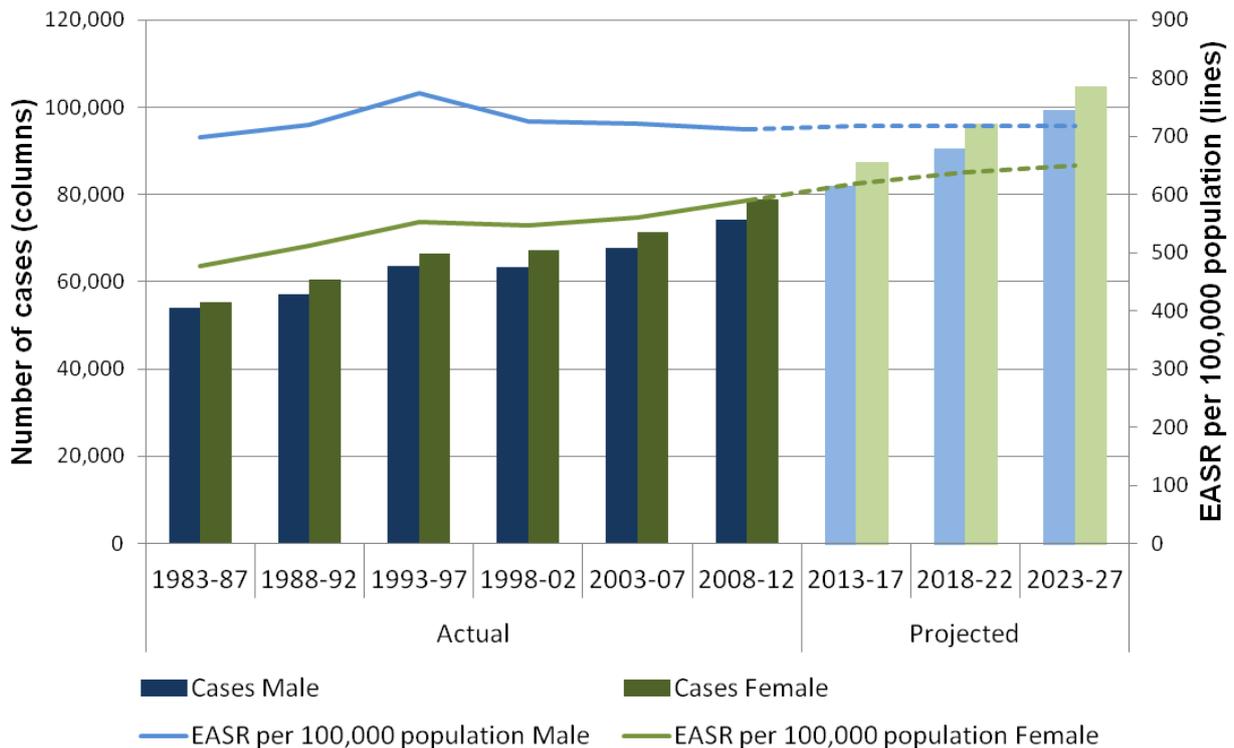
1. The projected figure for cancer of the bladder includes invasive bladder cancer, carcinoma in situ of the bladder and neoplasms of uncertain or unknown behaviour of the bladder. See [Appendix A1](#) for more details.

### All cancers (excluding non-melanoma skin cancer)

The number of new cases of cancer is predicted to rise from nearly 153,000 cases in 2008-12 to approximately 204,000 cases in 2023-2027, an increase of 33%. The average number of cases per year will increase from 30,580 to over 40,000 cases.

Figure 1 shows that the age-standardised incidence rate per 100,000 population for males is projected to remain fairly stable between 2008-2012 to 2023-27 with only a slight rise between 2008-2012 and 2013-217. For females, the rate is projected to increase from 590 per 100,000 population in 2008-12 to 650 per 100,000 in 2023-27.

**Figure 1. All cancers (excluding non-melanoma skin cancer). Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27**



Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED.

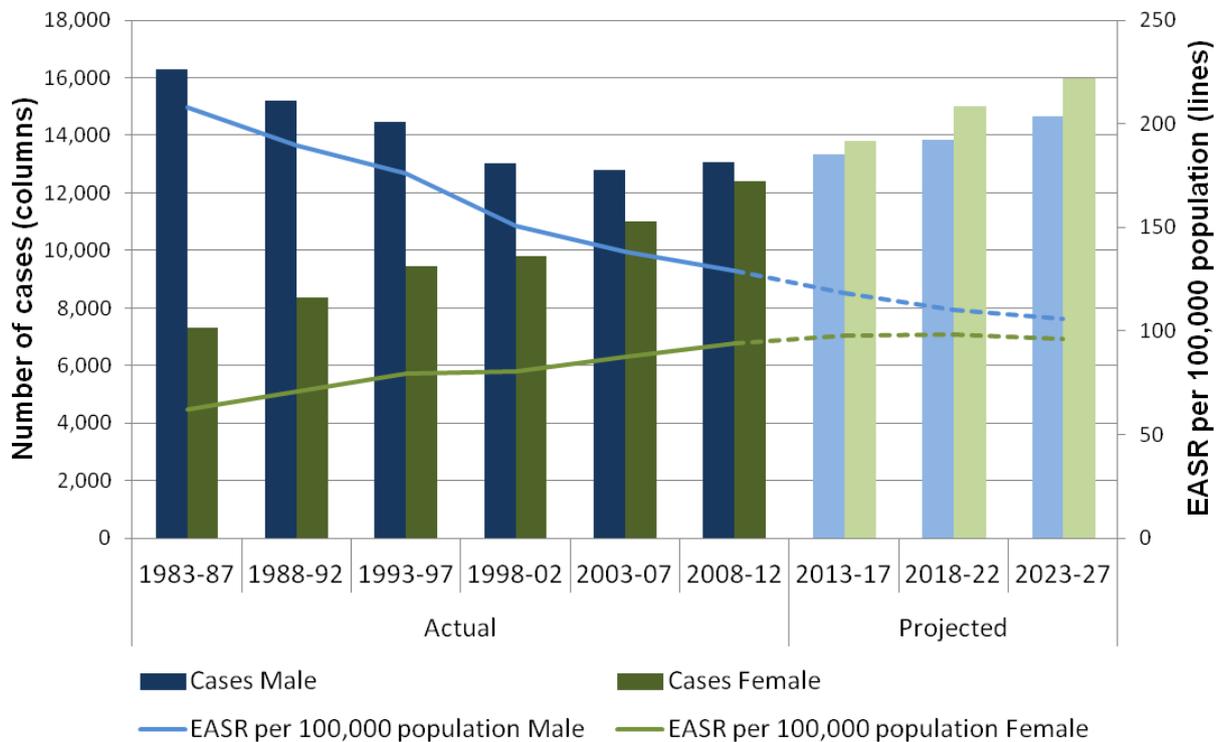
1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

## Cancer of the trachea, bronchus and lung

The number of new cases of lung cancer is projected to increase by 20% between 2008-12 and 2023-27. For females, the percentage increase is predicted to be 29%, in comparison to 12% for males. The number of cases of lung cancer in females is predicted to be more than in males for the first time in 2013-17. This reflects the historical patterns of smoking in the population.

Figure 2 below shows that the age-standardised incidence rate per 100,000 population is projected to decrease for men between 2008-12 and 2023-27. For females, the rate is projected to increase slightly between 2008-2012 and 2013-17 before levelling off to 2023-27.

**Figure 2. Cancer of the trachea, bronchus and lung. Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27.**



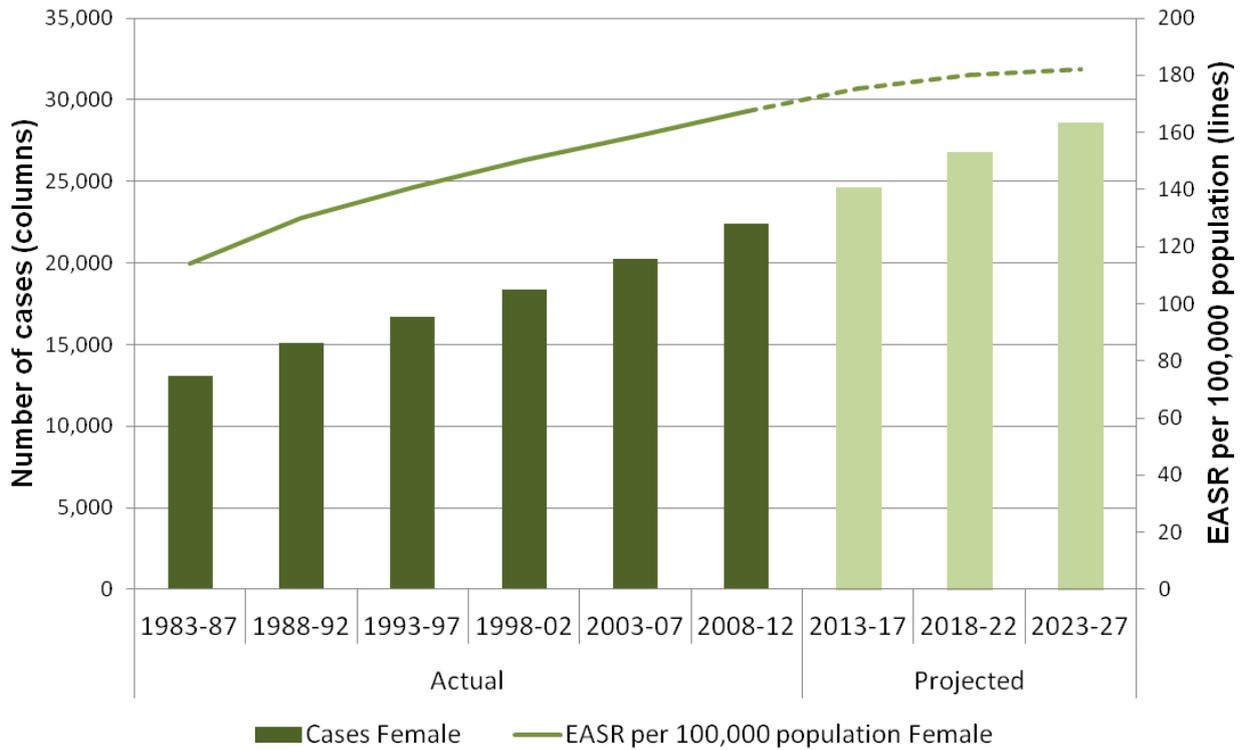
Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED.

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

### Cancer of the breast (female only)

The number of new cases of female breast cancer is projected to increase by 27% between 2008-12 and 2023-27, from just over 22,400 cases to nearly 28,600. The age-standardised incidence rate is also projected to increase over this period from 167 per 100,000 population to 182 per 100,000 population (Figure 3).

**Figure 3. Cancer of the breast (female only). Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27.**



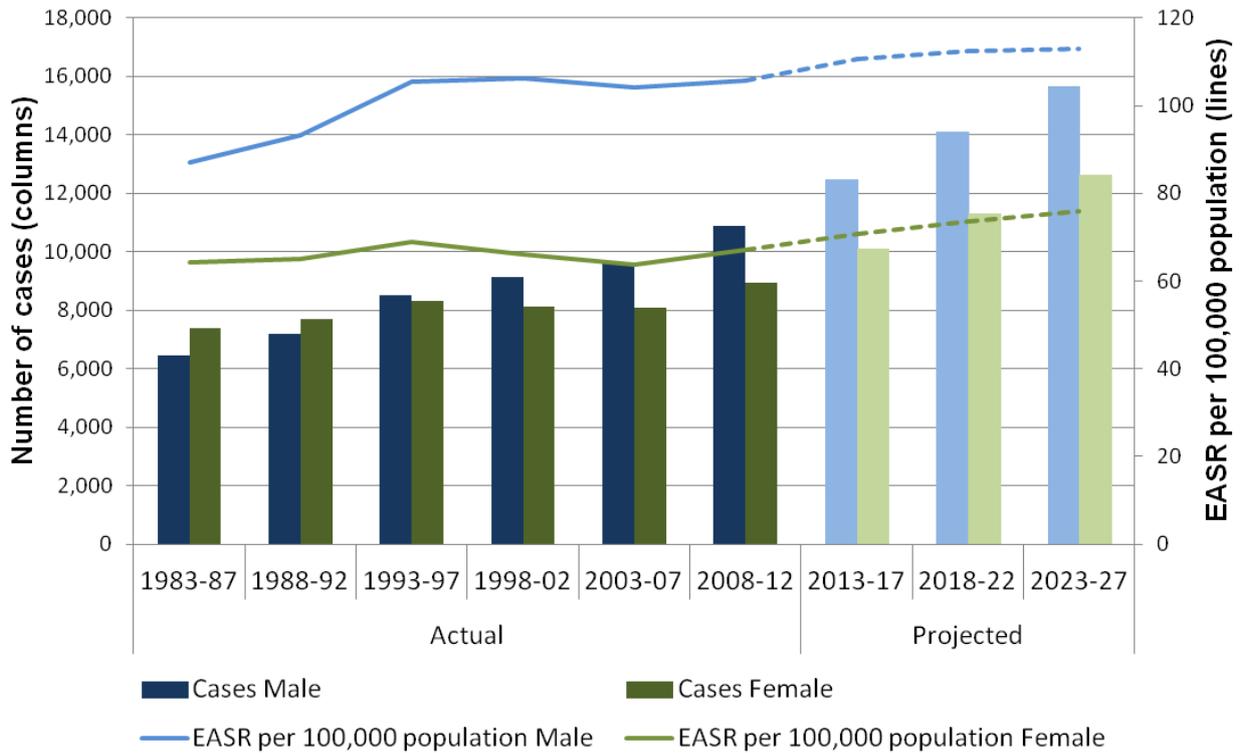
Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED.

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

## Colorectal cancer

The number of new cases of colorectal cancer is projected to increase by 43% between 2008-12 and 2023-27 (44% for males and 41% for females). The age-standardised incidence rate is also projected to increase for both males and females over this period, but the rate for males will remain the same between 2018-22 and 2023-27 (figure 4).

**Figure 4. Colorectal cancer. Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27.**



Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED.

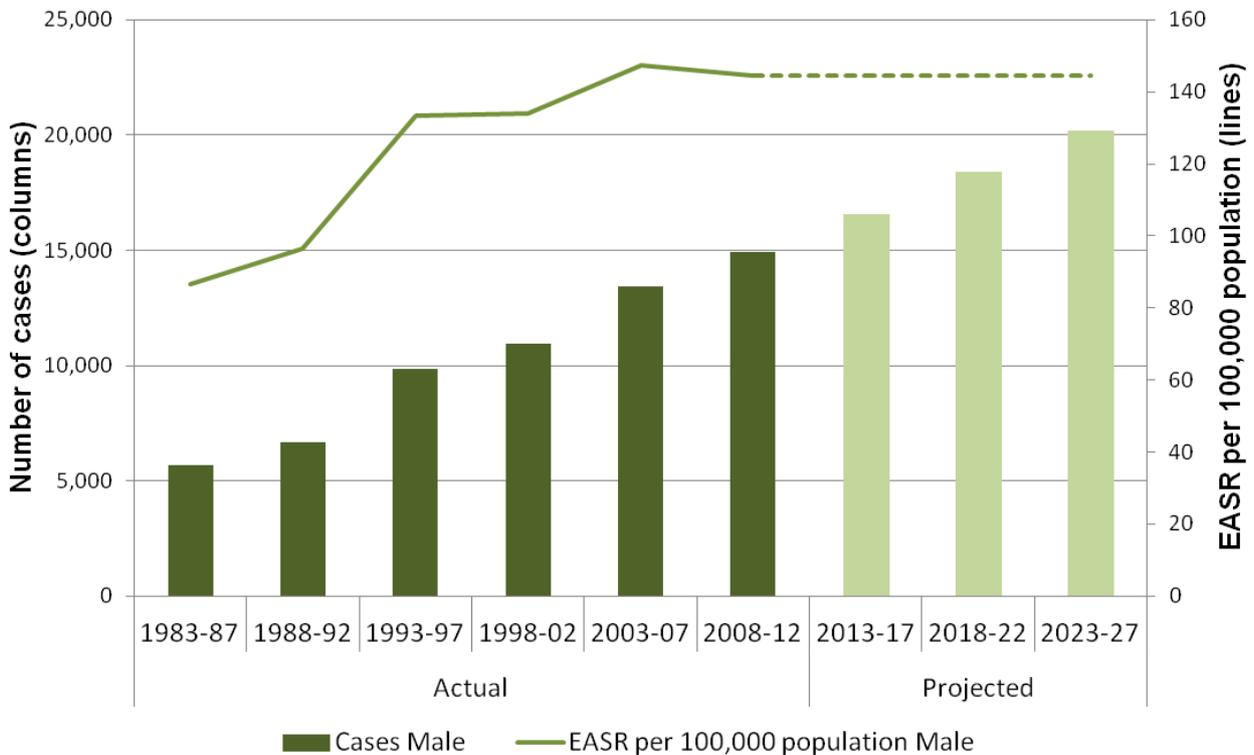
1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

## Cancer of the prostate

Projections of prostate cancer have been calculated in a different way to the other types of cancer included in this publication. The historical increase in the incidence rate for prostate cancer was influenced by the introduction of prostate-specific antigen (PSA) testing around 1990. In more recent years, the incidence rate has levelled off and actually reduced slightly in the ten years to 2013. To prevent the historical increase in the rate from producing an artificially large increase in the projections of prostate cancer incidence, it was assumed that there was no increase in the incidence rate between 2008-12 and 2023-27, so the increase in the number of cases purely reflects the increasing size and age of the population that is projected over this period (Figure 5). This was also the method used by Møller *et al* (2007)<sup>1</sup>.

The number of new cases of prostate cancer is projected to increase by 35% between 2008-12 and 2023-27. The projected growth in the older age groups is the reason for this increase (see the [discussion](#) on population projections to 2027).

**Figure 5. Cancer of the prostate. Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27.**



Source: Scottish Cancer Registry, National Records of Scotland.

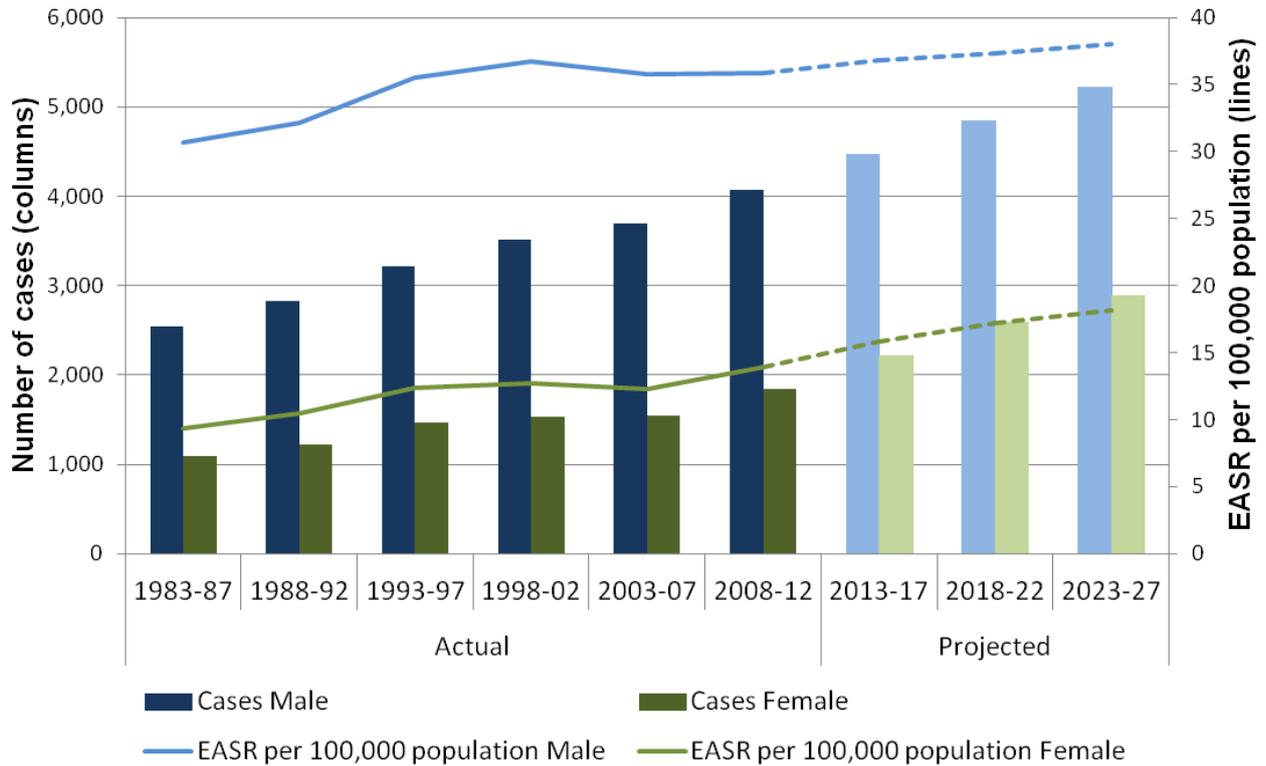
1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

<sup>1</sup> Møller H, Fairley L, Coupland V, Okello C, Green M, Forman D, Møller B, Bray F (2007). The future burden of cancer in England: incidence and numbers of new patients in 2020. *British Journal of Cancer* 96(9): 1484-1488.

### Cancer of the head and neck

Cancer of the head and neck is the fifth most common type of cancer in Scotland. The number of new cases is projected to increase by 37% between 2008-12 and 2023-27 (28% for males and 57% for females). The age-standardised incidence rate is also projected to increase for both males and females over this period, but the increase in the rate for females is expected to be larger than for males (6% increase for males and 31% for females) (figure 6).

**Figure 6. Cancer of the head and neck. Number of new cases and EASR (using ESP2013<sup>1</sup>) per 100,000 population; 1983-87 to 2023-27.**



Source: Scottish Cancer Registry, National Records of Scotland, NORDPRED.

1. The European Standard Population (ESP), which was first used in 1976, was revised in 2013. Figures using ESP1976 and ESP2013 are not comparable. The European Age Standardised Rate (EASR) is calculated using ESP2013 and 5 year age groups 0-4, 5-9 up to an upper age group of 85+.

## Factors influencing cancer incidence projections

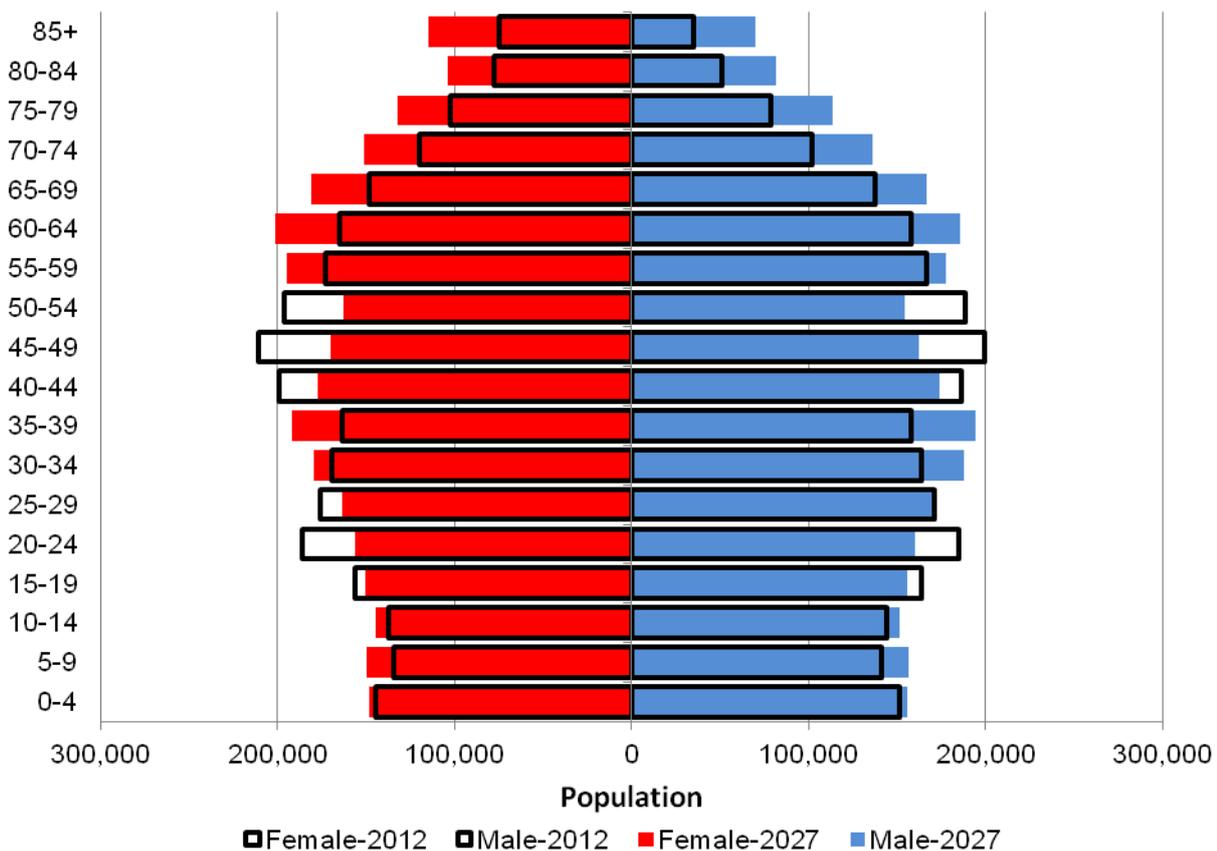
### Population projections

Population projections can be quite volatile, particularly for older age groups<sup>2</sup>. Figure 7 shows the projected change in the demographic structure of Scotland between 2012 and 2027, where the growth in the older population can be clearly seen.

Overall, the population is predicted to increase by 6% between 2012 and 2027. The percentage increase for age groups over 65 is predicted to be 35%. This increase in the older population is one of the main reasons for the projected increase in the number of cases of cancer as cancer is more common in older age groups.

Any future revisions in population projections for older people will have a substantial effect on cancer incidence projections. [More information on the accuracy of population projections can be found on the National Records of Scotland website.](#)

**Figure 7. Comparison of demographic structure of Scotland between 2012 population estimate and the projected population in 2027.**



Source: National Records of Scotland (2012-based population projections).

<sup>2</sup> Appleby J. Population projections: why they are often wrong. *British Medical Journal* 2014;349:g5184. doi: <http://dx.doi.org/10.1136/bmj.g5184> (accessed 23 July 2015).

## Risk factors

Future trends in cancer incidence may also be influenced by changes in the prevalence of risk factors associated with cancer over time.

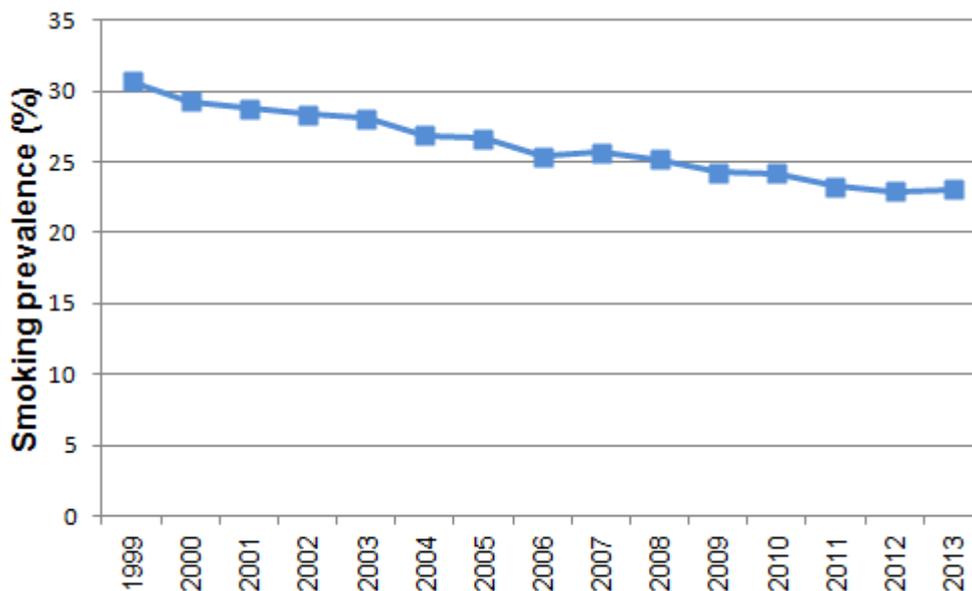
### Smoking

Lung cancer is predicted to remain the most common type of cancer in Scotland in 2023-27, accounting for 15% of all cancers.

Smoking is one of the major risk factors associated with lung cancer. It is also a risk factor associated with other cancers such as colorectal, oesophageal, pancreatic and kidney cancers. It has been estimated that smoking is responsible for nearly a fifth of all new cancer cases<sup>3</sup>.

The 2013 Scottish Household Survey reports that prevalence of smoking in Scotland has reduced from 31% in 1999 to 23% in 2013 (Figure 8), however, lung cancer incidence is influenced by the smoking prevalence 20-30 years in the past. Lung cancer incidence beyond 2027 depends largely on what happens to smoking prevalence in the longer term.

**Figure 8. Smoking prevalence among adults aged 16 years and over in Scotland, 1999-2013.**



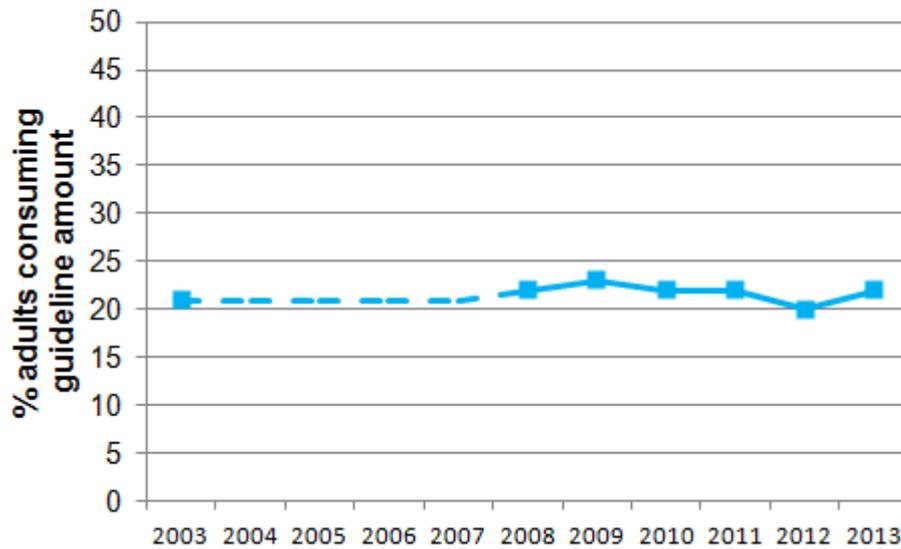
Source: Scottish Household Survey, ScotPHO.

<sup>3</sup> Parkin DM, Boyd L and Walker LC (2011). The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *British Journal of Cancer* 105(S2):S77-S81.

**Diet**

It is estimated that just over 9% of all new cancers are linked to diet (specifically not meeting the recommended intake levels of fruit and vegetables, red and processed meat, fibre and salt)<sup>3</sup>. The percentage of adults consuming the recommended daily amount of fruit and vegetables has been relatively stable between 2003 and 2013, according to the 2013 Scottish Health Survey (Figure 9). In 2013, 22% of adults consumed the recommended daily amount of five portions or more. Only 13% of children aged 2-15 consume the guideline amount.

**Figure 9. Percentage of adults aged 16 and over consuming five or more portions of fruit and vegetables per day, Scotland, 2003-2013<sup>1</sup>.**



Source: Scottish Health Survey.

1. The Scottish Health Survey was not carried out in 2004-2007.

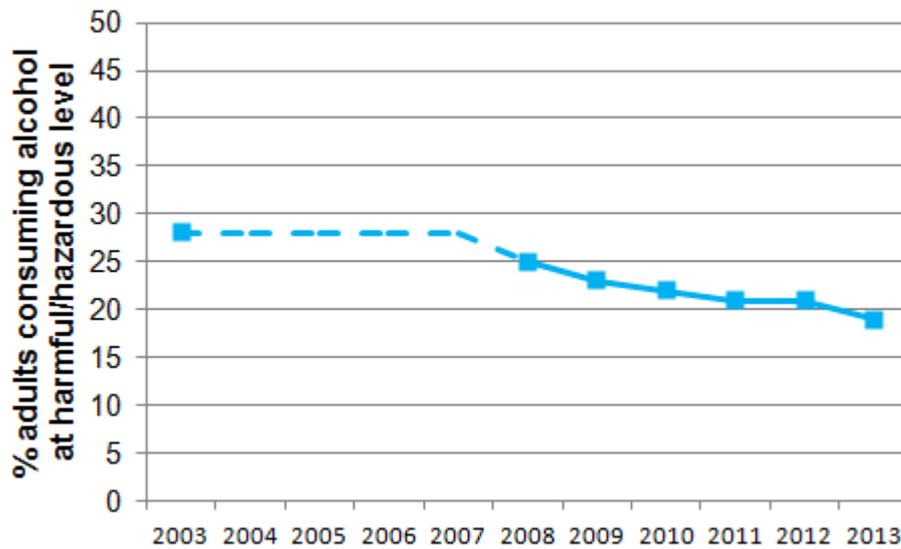
There is a difference in consumption of fruit and vegetables between the most and least deprived areas of Scotland. In the least deprived areas, 29% of adults consume the recommended daily amount of fruit and vegetables. In the most deprived areas, however, only 16% of adults do so.

### Alcohol

Alcohol consumption is a risk factor associated with oral, oesophageal, colorectal, liver and breast cancers. It is estimated that alcohol consumption is responsible for 4% of all new cancer cases<sup>3</sup>.

Prevalence of hazardous/harmful drinking has reduced in recent years. According to the 2013 Scottish Health Survey, the percentage of people whose estimated weekly alcohol consumption is at a hazardous/harmful level has fallen from 28% in 2003 to 19% in 2013 (Figure 10).

**Figure 10. Percentage of adults aged 16 and over with a hazardous/harmful level of weekly consumption of alcohol, Scotland, 2003-2013<sup>1</sup>.**



Source: Scottish Health Survey.

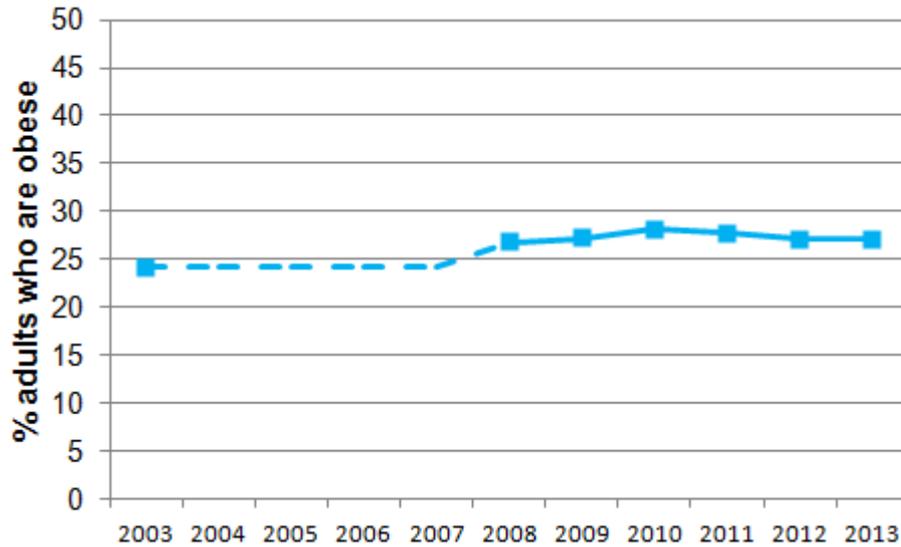
1. The Scottish Health Survey was not carried out in 2004-2007.

**Obesity**

Obesity is a risk factor for a number of types of cancers including breast, uterine, oesophageal adenocarcinoma and kidney cancers. It is estimated that being overweight or obese is responsible for just over 5% of all new cancer cases<sup>3</sup>.

According to the 2013 Scottish Health Survey, the percentage of adults aged 16 and over in Scotland who are obese or morbidly obese has increased from 24% in 2003 to 27% in 2013 (Figure 11). The mean Body Mass Index (BMI) for people aged 16-64 has increased from 25.8 kg/m<sup>2</sup> to 27.2 kg/m<sup>2</sup> between 1995 and 2013.

**Figure 11. Percentage of adults aged 16 and over with a BMI of 30 and over (obese/morbidly obese), Scotland, 2003-2013<sup>1</sup>.**



Source: Scottish Health Survey.

1. The Scottish Health Survey was not carried out in 2004-2007.

## Changes in cancer detection

Future trends in cancer incidence will also be influenced by a number of factors relating to the way in which cancer is detected.

### **Screening**

There are three cancer screening programmes in operation in Scotland:

The [Scottish Bowel Screening Programme](#) had a phased roll-out across Scotland. Following an initial pilot in three NHS Boards between April 2000 and May 2007, the programme was rolled out across Scotland between June 2007 and December 2009. The programme was therefore not fully rolled out during the last 5-year period of actual incidence data that was included in these projections (2008-2012). The effect of the bowel screening programme may not be fully reflected in the projections for colorectal cancer.

The [Scottish Breast Screening Programme](#) attained full national coverage in 1991. Until 2003/04, screening was offered to women age 50-64. The upper age limit was then increased to 70. This is a well-established programme and the incidence projections are likely to have been influenced by it.

Cervical screening was available in Scotland in the 1960s, but not as a population-based programme. The [Scottish Cervical Screening Programme](#) was introduced in 1988. Currently, women aged 20-60 are offered screening every 3 years. From April 2016, this will change to women aged 25-49 being offered screening every 3 years and women aged 50-64 being offered screening every 5 years. Again, this is a well-established programme and the incidence projections are likely to have been influenced by it.

All cancer screening programmes have the potential to identify cancers that might not otherwise have come to light during a person's lifetime. Obviously, the effect of this will be to increase cancer incidence. However, in the longer term, cervical screening (and possibly bowel screening) should result in decreases in incidence through detection and treatment of pre-cancerous lesions which do not then progress to become cancerous. By 2027, the current [HPV vaccination programme](#) may also be beginning to reduce the incidence of cervical cancer among younger age groups of women.

At present, no new cancer screening programmes are planned in Scotland. However, if any are introduced or large changes are made to existing programmes, this may affect the accuracy of the cancer incidence projections.

### **Changing diagnostic techniques**

New diagnostic techniques may have the effect of increasing the incidence rate for cancer if the technique results in cancers being diagnosed earlier. They may also result in the diagnosis of incidental cancers (a diagnosis made while investigating or treating another condition) that might not otherwise have presented during a person's lifetime. This will also increase the incidence rate for cancer.

For example, the introduction of the prostate-specific antigen (PSA) test almost certainly caused an increase in the observed incidence of prostate cancer, and advances in imaging may have resulted in larger numbers of cancers being diagnosed incidentally at a variety of anatomical sites.

## Glossary

BMI	Body Mass Index. A calculation based on weight in kilograms divided by height in metres squared. For epidemiological purposes, obesity is defined as BMI greater than or equal to 30kg/m <sup>2</sup> which is the level at which the risk of developing many diseases increases.
Cancer registry	The Scottish Cancer Registry is responsible for the collection of information on all new cases of cancer arising in residents of Scotland. More detailed information is available on the ISD website <a href="#">here</a> .
Crude rate	The number of cases divided by the population. The crude rate does not attempt to adjust for differences in age and sex structures between different populations (see European age-standardised rate below). Typically expressed as the number of cases per 100,000 population.
EASR	European Age Standardised Rate; the rate that would have been found if the population in Scotland had the same age-composition as the hypothetical standard European population. The 2013 European Standard Population (ESP2013) has been used to calculate EASRs within this publication.
ICD-10	The 10 <sup>th</sup> revision of the International Classification of Diseases produced by the World Health Organisation (WHO). It assigns codes to particular diseases and conditions.
Incidence	Incidence refers to the number of new cases of a condition in a defined population during a defined period and is typically expressed as the number of new cases per 100,000 population per year (or other suitable units).
Malignant tumour	Cancerous growth.
Mortality rate	The number of deaths as a rate per 100,000 population.
Neoplasm	Abnormal growth
Non-melanoma skin cancer (NMSC)	A type of cancer that usually develops slowly in the upper layers of the skin.
Percentage	A rate, number or amount in each hundred.
Prevalence	The number of people with a diagnosis of a particular condition who are alive at a given point in time.
Risk factor	Something that increases the likelihood of developing a particular disease.

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#">Cancer incidence projections</a>	1983-2027	Excel [1728kb]

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## Further Information

The Information Services Division published a wide range of cancer statistics. You can find all our cancer information at [www.isdscotland.org/Health-Topics/Cancer/](http://www.isdscotland.org/Health-Topics/Cancer/).

A Cancer Incidence Projections Excel workbook containing the data from this publication is available to [download](#).

The [Scottish Public Health Observatory](#), the [Scottish Health Survey](#) and the [Scottish Household Survey](#) provide further reading on the risk factors discussed in this report.

The next release of this report is expected to be in 2020.

## Rate this publication

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## Appendix

### A1 – Background Information

#### Sources of data

##### Scottish Cancer Registry

The Scottish Cancer Registry contains information on all new cases of cancer including primary malignant neoplasms, carcinoma in situ, neoplasms of unknown or uncertain behaviour and benign brain and spinal cord tumours. The Scottish Cancer Registry has collected data on cancer since 1958. More information is available on the ISD [website](#).

##### Mid-Year Population Estimates

National Records of Scotland produce annual estimates of the size of the Scottish population. These are available on the NRS [website](#) along with information on the [methodology](#) used to create the estimates.

##### Population Projections

National Records of Scotland also produce projections of the future size of the population of Scotland every two years. These are available on the NRS [website](#). More information is also available on the [uses and limitations of population projections](#). This publication uses the 2012-based population projections.

#### Previous cancer incidence projections

Cancer incidence projections for Scotland were included in [Cancer Scenarios: An Aid to Planning Cancer Services in Scotland in the Next Decade](#), which was published in 2001 by the Scottish Executive. The report modelled cancer incidence trends from 1960-1996 to enable projections up to the period 2010-2014.

The projections were then updated in 2004 in [Cancer in Scotland: Sustaining Change](#), which was again published by the Scottish Executive. The projections were updated to include the period 2016-2020. Projections from this report for the period 2011-2015 were also included in the 2006 report [Cancer in Scotland: Radiotherapy Activity Planning 2011-15](#).

The cancer incidence projections were then updated in 2010, using NORPRED<sup>4</sup>. The projections were not included in a publication on that occasion, but were available on the ISD [website](#). Cancer incidence was projected to the period 2018-2022.

#### Changes to coding of invasive bladder cancer

Over the period 1996 to 1999, there was a marked reduction in the numbers of registrations of invasive bladder carcinoma. This reflected a change in coding practice recommended by the European Network of Cancer Registries (ENCR) and subsequently by the United Kingdom Association of Cancer Registries (UKACR). Some cases classified and coded previously as invasive bladder cancer (ICD-10 C67) are now coded as carcinoma in situ of the bladder (ICD-10 D09.0) or neoplasms of uncertain or unknown behaviour of the bladder (ICD-10 D41.4).

In order to be consistent over the time period included in this analysis, it was necessary to combine invasive bladder cancer with carcinoma in situ of the bladder and neoplasms of uncertain or unknown behaviour of the bladder. The projected figure for bladder cancer

therefore includes all three of these categories. The actual incidence for invasive bladder cancer is expected to be less than the projected figure included in [Table 1](#).

### Calculation of projections

A software package developed by the Norwegian Cancer Registry was used to predict the number of new cases of cancer in the future. Nordpred<sup>4</sup> used age-period-cohort (APC) models to calculate predictions of cancer incidence, based on historical cancer incidence data for 1983-2012 (from the Scottish Cancer Registry) together with population estimates for 1983-2012 and population projections for 2013-2027 (both produced by National Records of Scotland).

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<sup>4</sup> NORDPRED software package (2006)  
<http://www.kreftregisteret.no/en/Research/Projects/Nordpred/Nordpred-software/> (accessed in October 2014)

## A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Incidence Projections 2013-2027
Description	Projections of cancer incidence in Scotland for 22 types of cancer and all cancers combined (excluding non-melanoma skin cancer).
Theme	Health and Social Care
Topic	Conditions and Diseases
Format	Excel workbook
Data source(s)	Scottish Cancer Registry (SMR06), National Records of Scotland (NRS) population estimates, NRS population projections
Date that data are acquired	November 2014
Release date	18 August 2015
Frequency	Occasional
Timeframe of data and timeliness	Historical cancer incidence data up to 31 December 2012. Time was required between acquiring data and release of data for analysis of the projections.
Continuity of data	Includes cancer incidence data from 1983 to 2012. 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 1989 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. 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 timeliness of data.
Revisions relevant to this publication	Not applicable.
Concepts and definitions	See <a href="#">glossary</a> and <a href="#">appendix A1</a> within this report.
Relevance and key uses of the statistics	The projections of cancer incidence allow planning for provision of cancer treatment services and palliative care planning. Key uses include: health needs assessment, planning and commissioning of cancer services.

Accuracy	Registry data are subject to validation at data entry and quality assurance procedures. See the <a href="#">Cancer Information FAQs</a> .
Completeness	At time of extraction, data for the most recent year are estimated to be at least 98% complete. See above note on Revisions.
Comparability	The European age standardised rates (EASRs) produced in this publication use the 2013 European Standard Population are not comparable with rates produced in previous years using the 1976 European Standard Population.
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	Statistics are presented within Excel spreadsheets. National figures are presented in tables as well as charts.
Value type and unit of measurement	Number of new cases of cancer as count; rates of cancer as crude, European age standardised (using the 2013 European Standard Population).
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official statistics
UK Statistics Authority Assessment	None
Last published	2010
Next published	2020
Date of first publication	2001
Help email	<a href="mailto:nss.isdcancerstats@nhs.net">nss.isdcancerstats@nhs.net</a>
Date form completed	22 July 2015

## **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.

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

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

## A4 – ISD and Official Statistics

### 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](#).