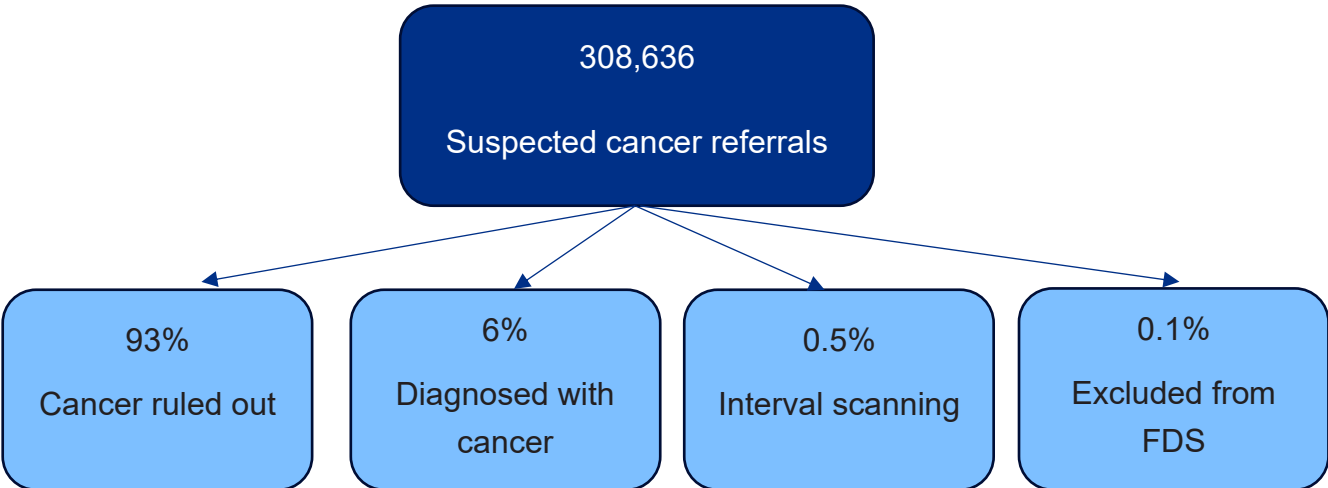


# **Cancer Waiting Time Statistics: Faster Diagnosis Standard: Statistics on End Reason**

# Faster Diagnosis Standard

- 1. The Faster Diagnosis Standard (FDS) is one of the three Operational Standards for Cancer Performance in the NHS. It came into operation in 2021 following earlier announcements in the 2015 Cancer Taskforce report and the 2019 NHS Long Term Plan and is currently set at 75% (due to increase to 80% in March 2026). It aims to ensure that patients who are referred for suspected cancer receive a timely diagnosis, within 28 days of being urgently referred to the NHS by their GP – be it that they are diagnosed with cancer or have cancer definitively ruled out.
- 2. Whilst the number of those urgently referred for suspected cancer has steadily grown over the period since the introduction of the FDS standard from 211,835 in April 2021<sup>1</sup> to 308,636 in July 2025, the proportions in each of the categories has remained relatively stable. Figure 1 below shows the approximate proportion in each of the four possible categories currently:

Figure 1: FDS Activity split by End Reason, July 2025



*Note: Due to rounding, proportions may not necessarily add up to 100%*

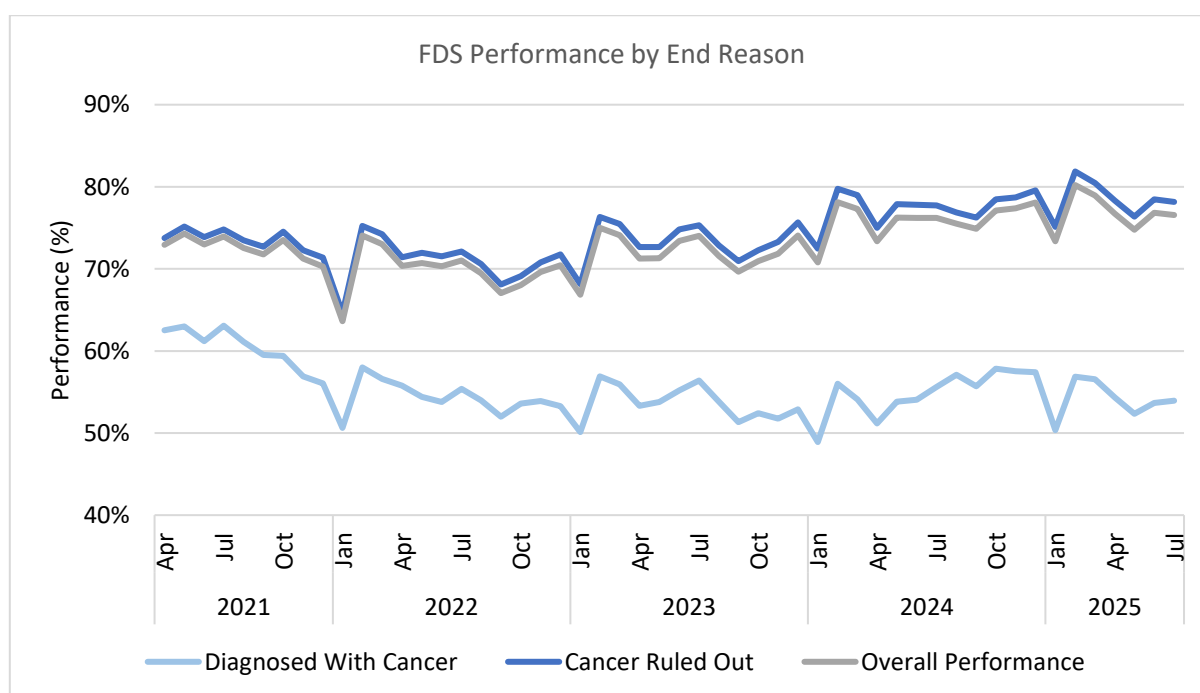
- 5. For the vast majority of patients covered by this Standard, they will receive either a diagnosis of cancer or told that cancer has been ruled out. Only a small proportion of patients will either be placed on interval scanning – that is monitoring with a periodic test to monitor prognosis - or excluded from the standard for one of six patient-initiated reasons<sup>[1]</sup>. Given the small size of these latter two categories, we cannot accurately calculate performance trends over time for them, so the remainder of this brief focuses on the main two categories.

<sup>1</sup> Whilst we assess the data for early 2021 to be of sufficient quality, coverage and robustness to include in this analysis, it is worth noting that it can take time for data submitters to submit consistent data.

## Overall FDS Performance by End Reason

6. We define performance as the proportion of all those, in each time period, who have received notification of whether they do (or do not) have cancer within 28 days. Figure 2 shows that overall performance has increased from 73.0% in April 2021 to 76.6% in July 2025. Performance has increased steadily over the last three years.
7. In order to determine whether a patient does, or does not, have cancer, they will undergo a series of diagnostic tests (dependent on the part of the body where cancer is suspected). It is easier to rule out cancer in initial tests whereas diagnosing cancers may require more complex procedures and multiple tests. As this is likely to take longer, the proportion of patients diagnosed with cancer who receive their diagnosis within 28 days will be noticeably lower than the proportion who are told they do not have cancer within 28 days.
8. FDS performance for those with cancer ruled out has steadily increased since 2022 to nearly 80% presently whilst performance for those diagnosed with cancer has slightly decreased to below 60% resulting in the difference in performance levels between the two populations increasing slightly.

Figure 2: FDS Performance by End Reason, April 2021 – July 2025






## Suspected Tumour Level FDS Performance by End Reason

9. Performance varies by individual tumour and the pathway involved in diagnosing or ruling out cancer. We have analysed the data by suspected tumour site and draw out the main trends for larger volume tumour sites below. Annex A contains the activity and performance figures for all suspected tumour sites in July 2025 and for those with sufficiently large numbers each month we have included graphs in Annex B. This note is also accompanied by a data extract to enable replication of this analysis. For the larger volume tumour sites, the key points are:

- Suspected Skin Cancer: Performance for both End Reasons is at similar levels due to the short nature of the pathway and reflects seasonal trends. In recent years, performance for those diagnosed with cancer has been around 80% whilst for those with cancer ruled out it has been around 85% resulting in a gap of around 5% pts between the two – one of the smallest at the suspected tumour level.
- Suspected Breast Cancer: Since 2022, performance for both End Reasons has followed a similar pattern maintaining the gap in performance between them at around 20% pts. Performance for those with cancer ruled out has remained stable around 90% whilst performance for those diagnosed with cancer has fluctuated between 65% and 75%.
- Suspected Lower GI Cancer: Performance levels have increased for both End Reasons from mid 2022 onwards. For those with cancer ruled out, it has increased from around 50% to 67% whilst it has increased from around 45% to 55% for those diagnosed with cancer. The gap between the two end reasons has remained at around 10% pts across the period.
- Suspected Gynaecological Cancer – Performance in both End Reason cohorts decreased during 2021-23 but then started to increase. For those with cancer ruled out, performance has increased slightly over time to 67.5% whilst for those diagnosed with cancer it has increased slightly to 36.5%. This suspected tumour site has consistently had one of the largest gaps between performance for those two cohorts at around 30% pts.
- Suspected Head and Neck Cancer – Performance for those with cancer ruled out has remained steady since 2021 at around 75%. For those diagnosed with cancer, performance has decreased slightly from 41% to 34% currently which has slightly increased the performance gap between the two cohorts but still maintaining a large gap of around 40% pts.
- Suspected Upper GI Cancer – Both End Reason cohorts have experienced similar growths in performance since 2023 with those diagnosed with cancer increasing



from around 60% to 67% and those with cancer ruled out increasing from 67%-78%. These increases have maintained one of the smallest gaps in performance for the two cohorts in any suspected tumour site.

- Suspected Urological Cancer (excluding Testicular) – After little change in the period prior to 2024, for those with cancer ruled out performance has increased slightly to just under 70%. However, for those diagnosed with cancer, performance has been decreasing steadily over the period from around 40% in 2021 to 28.6% in July 2025. The performance gap between the two cohorts is one of the largest at a tumour level at around 35 – 40% pts.
- Exhibited (non-cancer) breast symptoms – The performance trends for these two End Reason cohorts are very similar to those seen for suspected breast cancer. For those with cancer ruled out, performance has remained reasonably stable at around 90% in recent years whilst for those diagnosed with cancer (a much smaller cohort through this route) performance has fluctuated between 55%-70% which has also resulted in a varying gap in performance over time.
- Suspected Lung Cancer – Performance for those with cancer ruled out has increased slightly since 2023 to 84.5% currently. However, in the same period, performance for those diagnosed with cancer has remained relatively stable at around 55%-60%. As a result, the gap in performance between the two cohorts has increased slightly over time to around 30% pts.
- Suspected Cancer with Non-Specific Symptoms – Since its introduction as a category in 2023, performance for those with cancer ruled out has risen slightly to around 80% in 2025 whilst for those diagnosed with cancer, performance has decreased slightly to 47.2%. This has resulted in a slight increase in the performance gap between the two cohorts.
- Suspected Haematological Cancer (excluding Acute Leukaemia) - Performance for the two End Reason cohorts has differed over time. Whilst performance has increased for those with cancer ruled out (by approximately 11% pts) to 65.3%, for those diagnosed with cancer it has decreased by approximately 5% pts. This has resulted in an increase in the gap in performance for the two cohorts.

10. In summary, whilst the overall trends show a slight increase in performance levels between the two End Reason cohorts, the picture is mixed when viewed at a suspected tumour level. For some, there are large gaps between the two levels of performance such as Suspected Gynaecological Cancers and Suspected Urological Cancers (excluding Testicular) whilst for others, the gap is small. There are some suspected tumours, such as Suspected Head and Neck Cancers, the gap has continued to be consistently large. There have been improvements in performance for those with Suspected Lower and Upper GI cancers.



## Future Plans

11. As part of our development plans ([Statistics » Developments](#)) in responding to the Office of Statistics Regulation's review of our wider Cancer Waiting Times publications, we indicated that we would publish FDS end reason data initially at an England level by suspected tumour this month. Additionally, as part of our wider response to the recommendations, we are currently exploring the expansion of all our regular Cancer Waiting Time statistics to include further tumour and treatment modality breakdowns. We are intending to include publishing further geographical data on FDS end reason as part of this in the coming months. We would welcome user engagement and feedback in this process. Please contact [england.cancerwaits@nhs.net](mailto:england.cancerwaits@nhs.net) for further details if you are interested.

## Annex A

### FDS Activity and Performance by End Reason and Suspected Tumour, July 2025

Suspected Tumour	Diagnosed with Cancer			Cancer Ruled Out		
	Total Told	Within Standard	Performance (%)	Total Told	Within Standard	Performance (%)
Suspected skin cancer	3,942	2,933	74.4%	72,328	60,681	83.9%
Suspected breast cancer	4,390	2,893	65.9%	49,430	43,908	88.8%
Suspected lower gastrointestinal cancer	2,017	1,110	55.0%	46,074	30,708	66.6%
Suspected gynaecological cancer	816	298	36.5%	29,203	19,703	67.5%
Suspected head and neck cancer	1,017	342	33.6%	27,720	21,160	76.3%
Suspected upper gastrointestinal cancer	879	591	67.2%	18,694	14,594	78.1%
Suspected urological cancer (excluding testicular)	4,550	1,302	28.6%	18,014	12,499	69.4%
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	135	82	60.7%	9,563	8,366	87.5%
Suspected cancer - referral to non-specific symptom clinic	115	50	43.5%	4,768	3,645	76.4%
Suspected lung cancer	1,036	611	59.0%	4,664	3,942	84.5%
Suspected haematological malignancies excluding acute leukaemia	451	213	47.2%	1,514	989	65.3%
Suspected sarcoma	102	33	32.4%	1,413	1,072	75.9%
Suspected children's cancer	4	2	50.0%	1,230	1,113	90.5%
Suspected brain or central nervous system tumour	17	16	94.1%	1,079	917	85.0%
Suspected testicular cancer	72	56	77.8%	951	793	83.4%
Suspected acute leukaemia	14	13	92.9%	26	22	84.6%
Other suspected cancer (not listed)	25	16	64.0%	299	200	66.9%
Missing or invalid	20	9	45.0%	80	61	76.3%

## Annex B

### FDS Performance by End Reason and Suspected Tumour, April 2021 – July 2025

