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Statistics on Cancer Incidence 2025

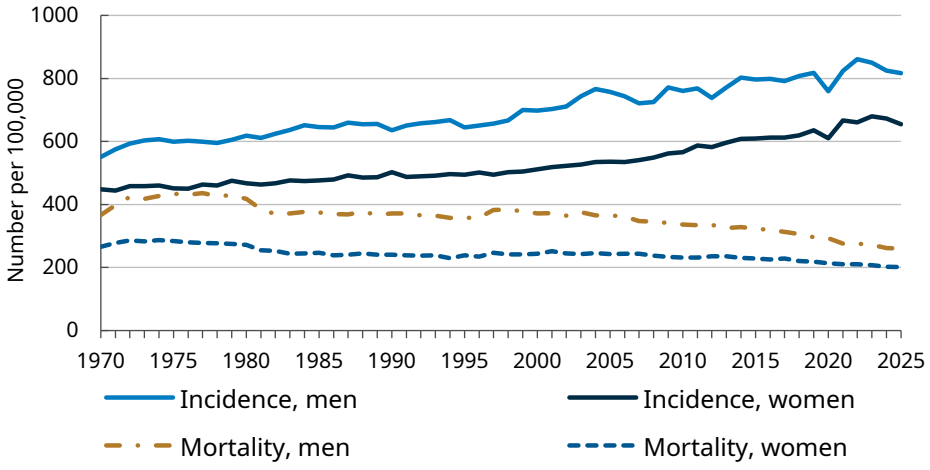
In 2025, a total of 84,675 malignant tumours in 76,868 individuals were reported to the Swedish Cancer Registry. Since 1970, annual cancer incidence has increased while cancer mortality has decreased. Breast and prostate cancer are the most common cancers and, together with lung cancer, these malignancies are the most common causes of cancer-related deaths. Early-onset cancer in adults aged 18 to 49 is also increasing. Over the last 20 years, the incidence of breast, colorectal and kidney cancers has increased at a higher rate in this age group than among adults aged 50 and older.

Cancer incidence has increased over time, while mortality has decreased

In 2025, 36,038 women and 40,830 men were diagnosed with cancer. In the same year, 11,517 women and 12,379 men died from cancer. Both cancer diagnoses and cancer-related deaths are more common among men. Between 1970 and 2025, cancer incidence increased, while mortality decreased, for both sexes. The decline in cancer-related deaths has been greater among men, and the difference in mortality between the sexes in 2025 was among the smallest since 1970 (Figure 1). The observed decline in incidence in 2025 (Figure 1) most likely reflects a delay in reporting to the National Cancer Register.

Figure 1. Cancer incidence and mortality, 1970–2025

Number of diagnosed individuals and number of deaths from cancer per 100,000 population, age-standardised



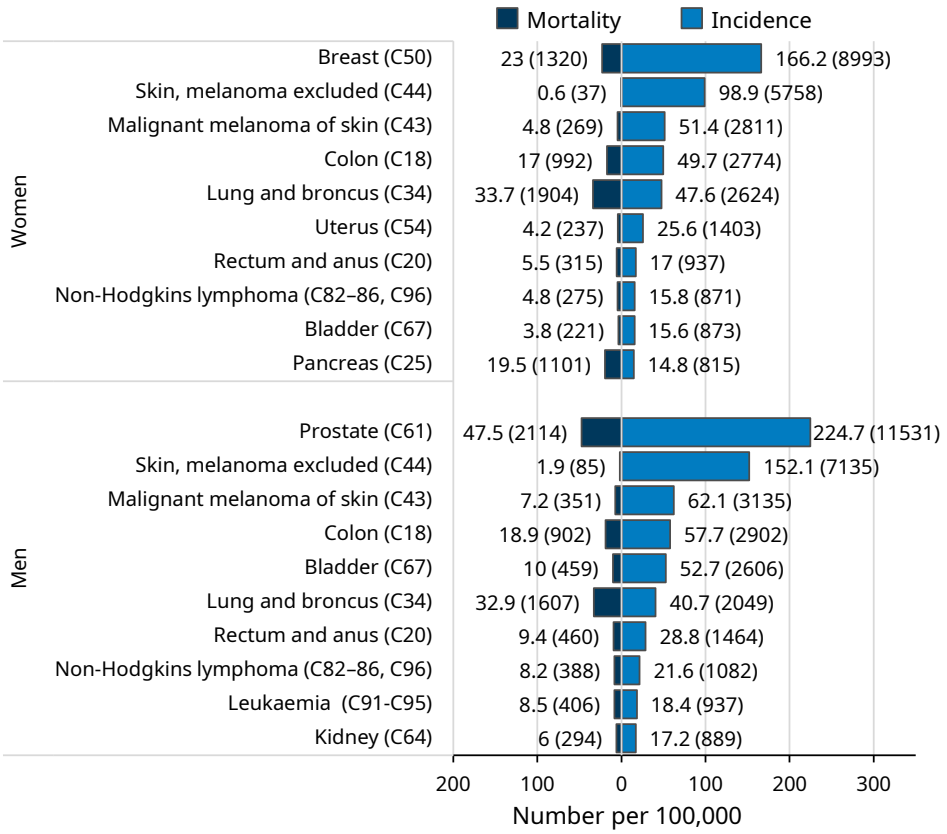
Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare

Breast and prostate cancer are the most common cancers

Among women, breast cancer was the most common cancer diagnosis in 2025, with 8,993 newly diagnosed individuals (age-standardised incidence of 166.2 per 100,000), while the highest mortality was observed for lung cancer (age-standardised mortality of 33.7 per 100,000). Among men, prostate cancer was both the most common cancer diagnosis, with 11,531 new cases (age-standardised incidence of 224.7 per 100,000), and the most common cause of cancer mortality, with 2,043 deaths in 2025. In both sexes, non-melanoma skin cancer was the second most common diagnosis and malign melanoma the third most common (Figure 2). Both types of cancer are more common among men.

Figure 2. The ten most common cancers in 2025

Age-standardised incidence (number of newly diagnosed individuals per 100,000 population) and mortality (number of cancer deaths per 100,000 population). Absolute numbers in parentheses.



Cancers were grouped based on the variable ICDO10 in the Cancer Register. Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare.

Those who die from cancer in a given year may have been diagnosed with the disease years earlier. Nevertheless, presenting disease incidence for one year alongside mortality in the same year provides an overall comparison of the relation between incidence and mortality for the various cancers.

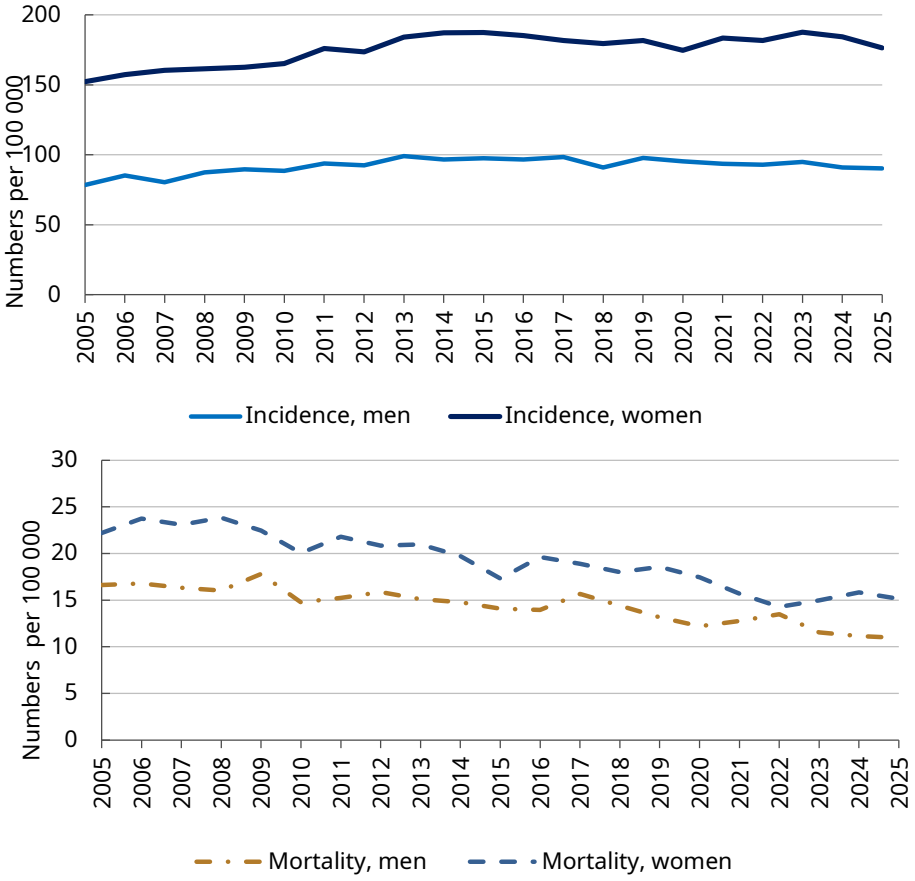
Increase in cancer incidence among adults younger than 50 years

Cancer is more common among the elderly (median age at diagnosis 72 years). However, in recent years, a rise in early-onset cancers (in adults younger than 50 years) has been observed in several countries, including the Nordic countries [1,2].

In 2025, 3,694 women and 1,976 men in the age group 18–49 years were diagnosed with cancer, and 317 women and 239 men died from cancer. In contrast to the overall figures for all ages, cancer incidence and mortality were higher among women than men in this age group (Figure 3). This difference can be attributed to the earlier onset of breast cancer (median age 64 years, interquartile range 53–74; see fact box), compared to prostate cancer (median age 70 years, interquartile range 64–76). Over the last 20 years, cancer incidence increased while cancer mortality decreased in this age group, for both sexes (Figure 3).

Figure 3: Cancer incidence and mortality, 2005–2025, in the age group 18–49 years

Number of incident cancer cases and number of cancer-related deaths per 100,000 population, age-standardised. Note the different scales on the y-axes.

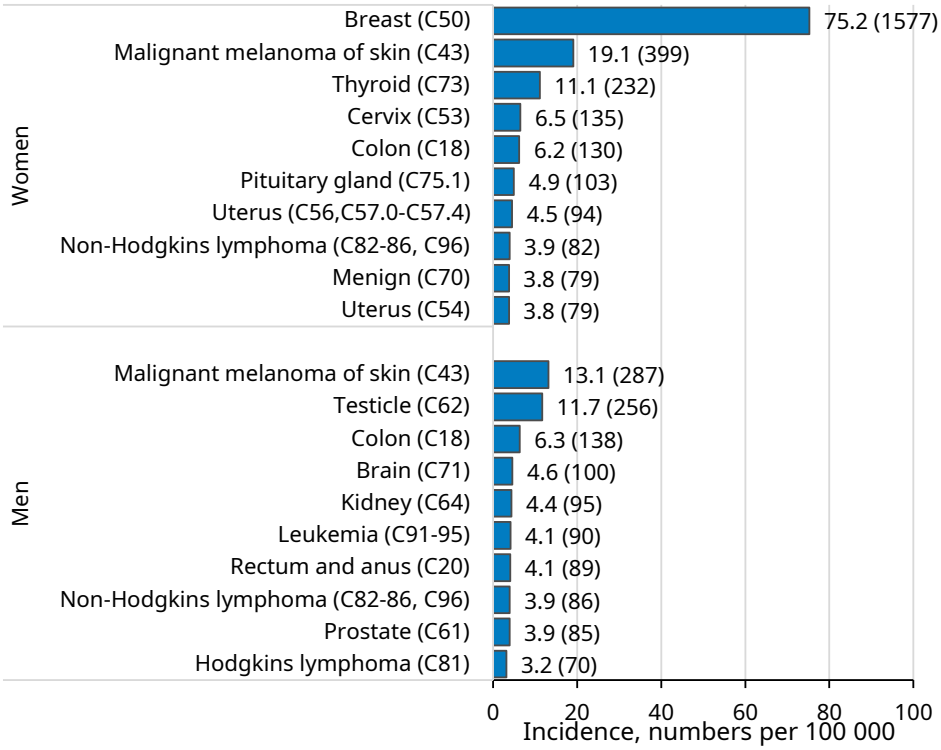


Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare

Of the total number of incident cancer cases in 2025, the age group 18–49 years accounted for one-tenth of cases among women and one-twentieth among men. Breast cancer accounted for almost half (43%) of reported cases among women aged 18–49 years and was the most common cancer diagnosis in this age group. Among men aged 18–49 years, malignant melanoma (15% of incident cases) and testicular cancer (13% of incident cases) were the most common cancers (Figure 4).

Figure 4. The ten most common cancers in 2025 in the age group 18–49 years

Age-standardised incidence (number of incident cancer cases per 100,000 population) and mortality (number of cancer-related deaths per 100,000 population). Absolute numbers in parentheses.



Cancers were grouped based on the variable ICDO10 in the Cancer Register. Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare.

Incidence of some cancers are increasing at a faster rate among adults younger than 50 years

For several types of cancer, incidence has increased over the past 20 years, while for others it has remained relatively constant or decreased. The reasons behind the increase in diagnosed cases are not fully known and most likely differ between cancer types. Factors suggested to contribute include changes in lifestyle habits such as diet, smoking and alcohol consumption, physical activity and reproductive patterns [3]. In addition, more frequent use

of improved diagnostics may partly explain some of the increase in incidence.

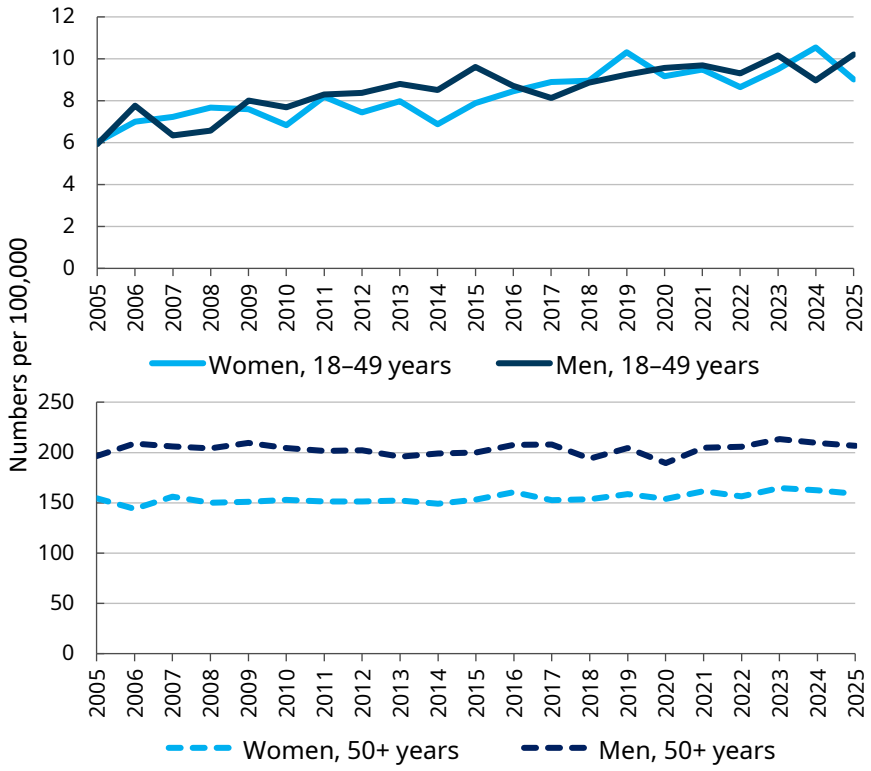
Relatively large increases in the incidence of colorectal, breast and kidney cancers have previously been reported among adults under the age of 50 years [1,2]. The figures below show trends in incidence over time for these three types of cancer in the age group 18–49 years. For comparison, the corresponding trends among adults aged 50 years and older are also presented.

Colorectal cancer incidence rises in the age-group 18–49 years, with similar rates in both sexes

In both women and men in the age group 18–49 years, colorectal cancer incidence increased two percent annually between 2005 and 2025 (estimated annual percentage change; see fact box). This rate of increase was higher than among adults aged 50 years and older, although the number of cases remains significantly lower among younger individuals (Figure 5A). In contrast to older adults, there is no clear difference in colorectal cancer incidence between the sexes in the age group 18–49 years.

Figure 5A: Incidence of colorectal cancer, 2005–2025, in the age groups 18–49 years and 50 years and older

Number of incident cancer cases per 100,000 population per year, by sex and age group, age-standardised. Note the different scales on the y-axes.



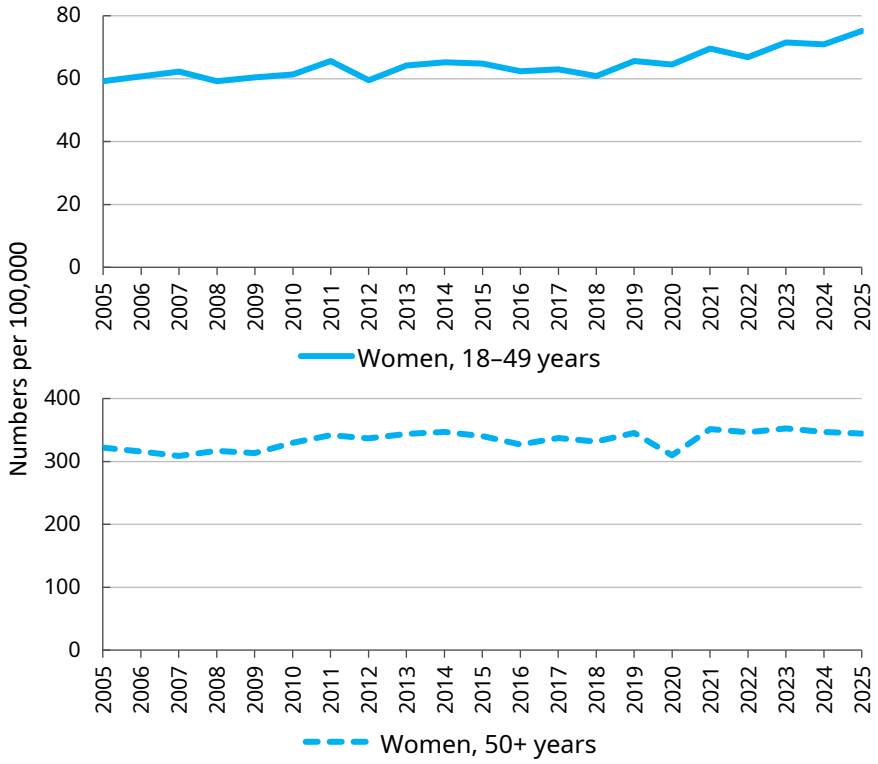
Grouping based on ICDO10 variable in the Cancer Register (codes C18–C20). Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare.

Breast cancer incidence increases at a higher rate among women younger than 50 years

One-sixth of all incident breast cancer cases among women in 2025 were in the age group 18–49 years. Between 2005 and 2025, breast cancer incidence increased by 27 percent in the age group 18–49 years (from 59.2 to 75.2 per 100,000), while the increase among women 50 years and older was 7 percent (from 321.8 to 344.0 per 100,000). The estimated annual percentage change during this period in the younger age group was almost twice that of the older age group (0.9 versus 0.5 percent annual increase).

Figure 5B: Incidence of breast cancer, 2005–2025, in the age groups 18–49 years and 50 years and older

Number of incident cancer cases per 100,000 population per year, by age group, age-standardised. Note the different scales on the y-axes.



Grouping based on ICDO10 variable in the Cancer Register (code C50). Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare.

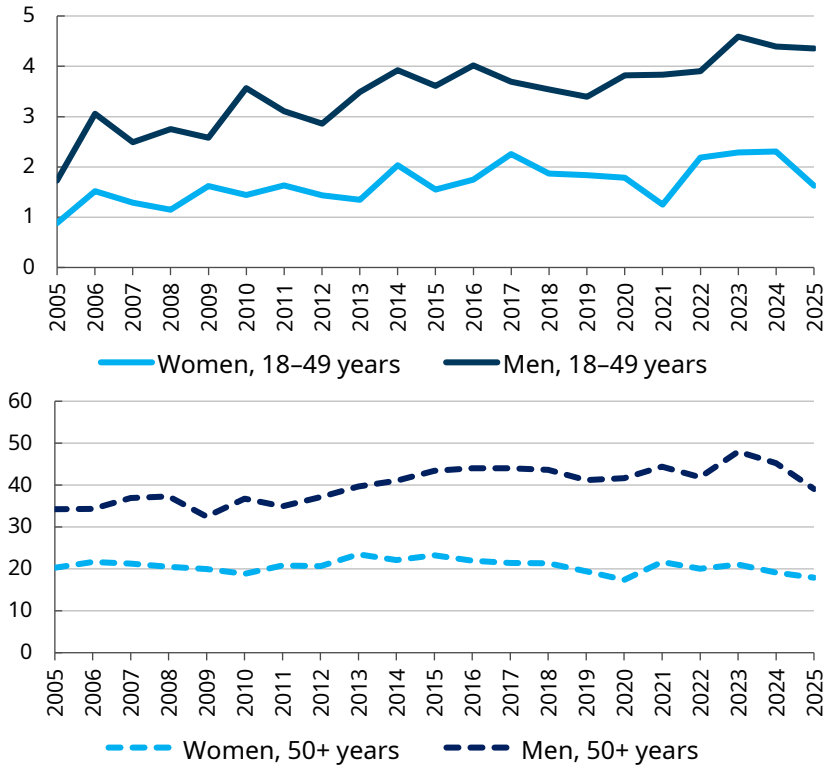
Kidney cancer incidence increases the most among men younger than 50 years

Kidney cancer incidence is higher among men than women in both the younger and older age groups (Figure 5C). Since 2005, the incidence of kidney cancer has increased the most among women and men in the age group 18–49 years, with the largest annual increase observed among men (estimated annual percentage change of more than three percent). During the

same period, kidney cancer incidence increased among men aged 50 years and older, while it decreased slightly among women in this age group.

Figure 5C: Incidence of kidney cancer, 2005–2025, in the age groups 18–49 years and 50 years and older

Number of incident cancer cases per 100,000 population per year, by sex and age group, age-standardised. Note the different scales on the y-axes.



Grouping based on ICDO10 variable in the Cancer Register (code C64). Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare.

Lower cancer incidence but higher cancer mortality in areas with socioeconomic challenges

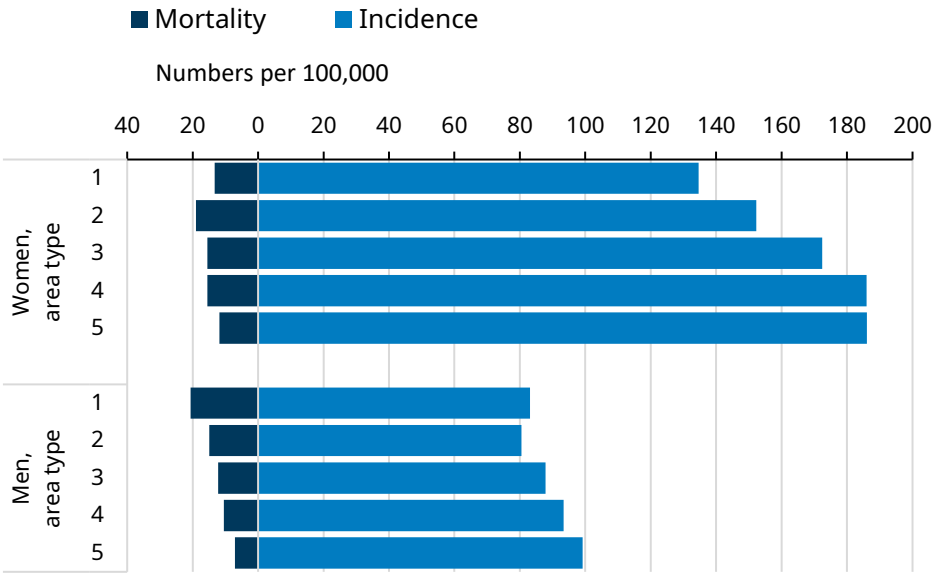
Differences in cancer incidence and mortality related to socioeconomic factors are well documented[1]. These differences reflect both variations in exposure to risk factors and disparities in early cancer detection and treatment. Figure 6 shows cancer incidence and mortality in 2025 among women and men aged 18 to 49 years, grouped by socioeconomic area type (see fact box). Cancer diagnoses were more common in areas with good and very good socioeconomic conditions, among both women and men. Although cancer mortality was low in this age group, socioeconomic

[1] Statistics on differences in cancer incidence and mortality in different area types for all ages was included in Statistics on cancer incidence 2024 [4].

disparities were observed among men, with higher cancer mortality in areas facing greater socioeconomic challenges.

Figure 6. Cancer incidence and mortality in 2025 in the age group 18–49 years, by socioeconomic area type

Number of incident cases and number of cancer-related deaths per 100,000, age-standardised, all cancers.



Area type: 1 – major socioeconomic challenges, 2 – socioeconomic challenges, 3 – socioeconomically mixed areas, 4 – good socioeconomic conditions, 5 – very good socioeconomic conditions. Source: The National Cancer Register and the National Cause of Death Register, National Board of Health and Welfare; Statistics Sweden.

About the statistics

This fact sheet describes newly diagnosed cancer cases in 2025, that is, the number of individuals diagnosed with cancer and/or number of tumours diagnosed during the year. The statistics include malignant tumours as well as certain benign tumours that, based on their location, are marked as malignant in the register (see Appendix 1 in Coding in the Cancer Register [5]). Unless otherwise specified, the statistics report the number of individuals diagnosed (incidence).

The fact sheet also reports the number of deaths due to cancer (mortality) and time series showing incidence and mortality by year. Note that there is a slight lag in reporting to the Cancer Register, which means that the number of tumours reported in 2025 will be revised slightly upwards in the coming year (see also the quality declaration).

Incidence and **mortality** are reported as the number of cases and deaths, respectively, per 100,000 population. **Age standardisation** of these measures makes it possible to compare groups or time periods with different age distributions. Standardisation was based on the Swedish population in 2025. For the statistics on **socioeconomic area type,** the population was based on 2024 figures, and children younger than 1 year were excluded.

Interquartile range is the distance between the first (25 percent of values are below this value) and third (75 percent of values are below this value) quartiles.

Median is the middle value in a set of values that have been sorted in order of magnitude.

Estimated annual percentage change is calculated for each cancer type and sex by transforming age-standardised incidence to a logarithmic scale and fitting a straight line (regression line) through the data points for the time period. The slope of the line indicates the estimated annual change.

Socioeconomic area type is a socioeconomic classification based on regional statistical areas developed by Statistics Sweden (RegSO; 3,363 geographical areas)[2]. Area type is determined by a socioeconomical index calculated for each RegSO. The index is based on the average of three indicators: the proportion of the population in each area with pre-secondary education (20–64 years), the proportion with low economical resources (regardless of age), and the proportion receiving financial assistance and/or experiencing long-term unemployment (aged 20–64 years). The higher the index value, the poorer the socioeconomic conditions. Based on the number of standard deviations from the mean, the areas are classified into five types, ranging from major socioeconomic challenges (area type 1) to very good socioeconomic conditions (area type 5). The most recent years for RegSO and area type are 2025 and 2024, respectively. Both RegSO and area type for 2024 were used to produce the area type statistics presented in the fact sheet.

[2] https://www.scb.se/hitta-statistik/regional-statistik-och-kartor/regionala-indelningar/regso---regionala-statistikomraden/regso-tabellerna-i-statistikdatabasen---information-och-instruktioner

More information
You can find more tables, diagrams and additional information here: https://www.socialstyrelsen.se/en/statistics-and-data/registers/national-cancer-register/ (in Swedish, with an English list of terms).

If you would like to carry out your own searches in the statistical database: https://www.socialstyrelsen.se/en/statistics-and-data/statistics/statistical-databases/

References

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2. Johansson A.LV., Kønig S.M., Cardoso R. et al. Trends in early-onset cancer incidence rates in the Nordic countries (2003–2022): a population-based study. The Lancet Regional Health – Europe 2026; 70: 101858
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