

Statistics on cancer incidence 2024

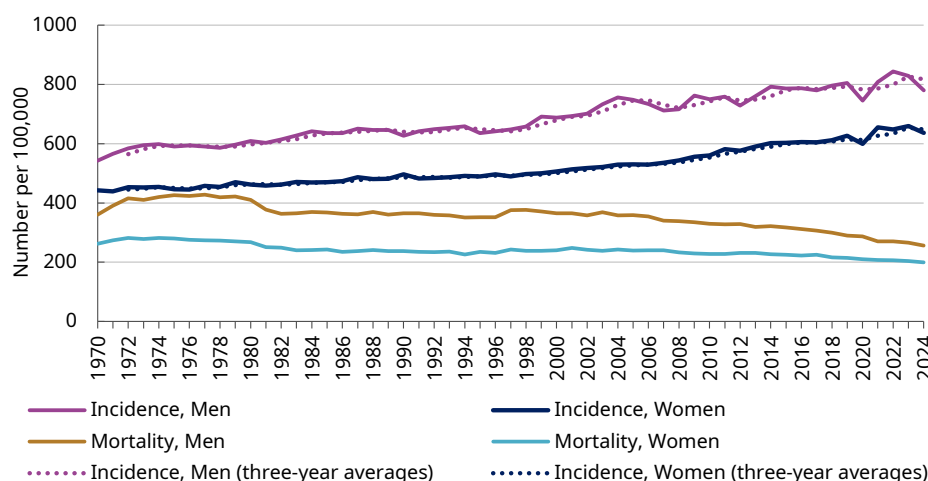
In 2024, a total of 80,764 malignant tumours in 73,861 individuals were reported to the Swedish National Cancer Register. Since 1970, the cancer incidence has increased while mortality has decreased. In particular, the incidence of skin cancer has increased during the past twenty years. Breast and prostate cancer are the most common cancers, and together with lung cancer these malignancies were the most common causes of cancer-related death. Differences in both incidence and mortality can be observed in areas with different socioeconomic conditions.

Cancer incidence has increased over time

In 2024, 34,996 women and 38,865 men were diagnosed with cancer. In the same year, 11,372 women and 12,142 men died from cancer. Both cancer incidence and cancer related deaths are more common in men than in women. During the period 1970–2024, the incidence of cancer increased while mortality decreased, regardless of sex. In particular, a decrease in mortality can be observed among men and today the sex differences in cancer mortality are smaller as compared with 1970 (Figure 1).

Figure 1. Cancer incidence and mortality, women and men, 1970–2024

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



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

In 2020, there was a decline in the number of reported cancer cases due to reduced diagnostics during the COVID-19 pandemic, followed by an increase in incidence in the following years. The decrease seen in 2024

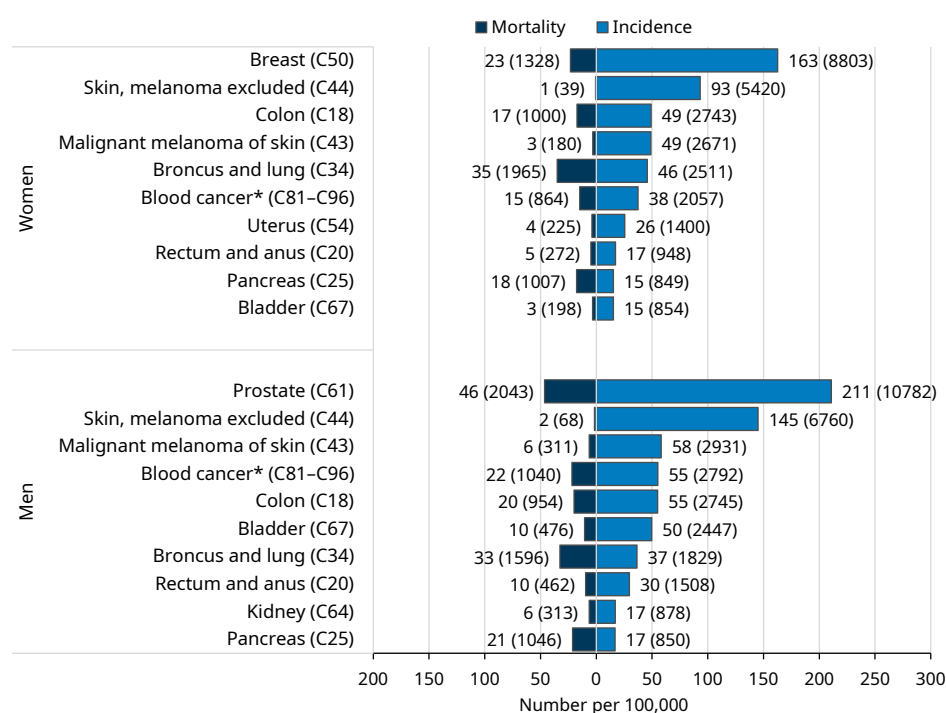
likely reflects a delay in reporting to the Cancer Register. Despite the variations observed in recent years, the average increase in incidence seems to have returned to the pre-pandemic trend, as illustrated by the dashed line in Figure 1.

Most cases diagnosed as breast or prostate cancer

Among women, breast cancer was the most common cancer diagnosis in 2024, with 8,803 diagnosed and 1,328 deceased individuals. Among men, prostate cancer was the most common cancer with 10,782 incident cases and 2,043 deaths, respectively. Non-melanoma skin cancer was the second most common cancer in both women and men, but is markedly more common in men. The third most common cancer was colon cancer among women and malignant melanoma among men. Together with breast and prostate cancer, cancer in the lung and pancreas were the most common cancer-related causes of death (Figure 2).

Figure 2. The ten most common cancers, women and men, 2024

Number of diagnosed individuals and number of deaths from cancer per 100,000 in the population, age-standardised numbers (absolute numbers in parentheses). ICDO-2 and ICD10.



*The group includes lymphomas, leukaemias and related cancers. Source: The National Cancer Register and the National Cause of Death Register, the National Board of Health and Welfare

Note that those who have died of cancer in a given year may have had their cancer diagnosed several years earlier. Nevertheless, comparing the

incidence for a year with the mortality in the same year can still give an overall picture in relation to the incidence of the various cancers.

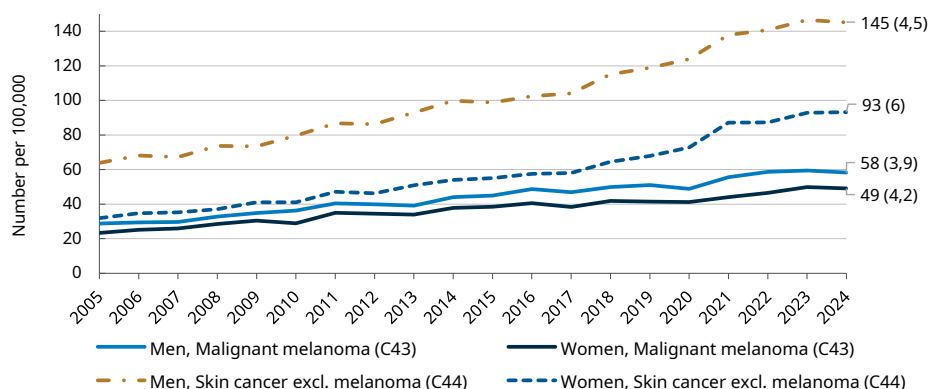
Large increase in the incidence of skin cancer

For several cancers, the incidence has increased or remained relatively constant over the past twenty years, while the incidence of some cancers has decreased. One way to measure change over time is to estimate the average annual percentage change for each cancer (see fact box). The figures below show incidence over time for a selection of the ten most common cancers, where the average annual change has been most pronounced between 2005 and 2024 (Figure 3 A-C).

Both malignant melanoma and other skin cancer has increased steadily over time [1]. During the past twenty years, the average annual increase has been largest for skin cancer – both non-melanoma skin cancer and malignant melanoma, regardless of sex. Skin cancer (excluding malignant melanoma) has increased on average by 6 per cent per year among women as compared with 4.5 per cent among men. The increase for malignant melanoma was 4.2 per cent in women and 3.9 per cent in men (Figure 3A). Despite the slightly higher increase among women, sex differences remain large, particularly for skin cancer other than malignant melanoma.

Figure 3A. Incidence of non-melanoma skin cancer and malignant melanoma, women and men (average annual percentage change in parentheses), 2005–2024

Number of diagnosed individuals per 100,000 in the population, age-standardised numbers. ICDO-2.



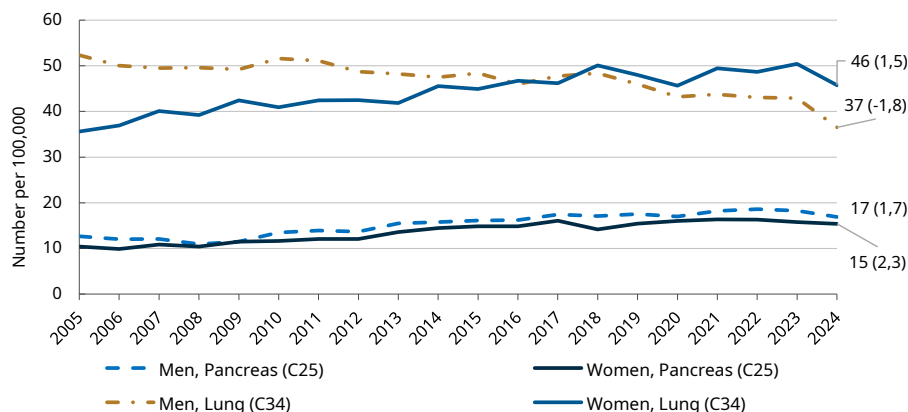
Source: The National Cancer Register, the National Board of Health and Welfare

Historically, lung cancer has been more common among men [2]. Today, lung cancer is more common in women since the incidence has increased with a yearly average of 1,5 per cent over the past twenty years, compared to an annual decrease of 1.8 per cent in men. During the same period,

pancreatic cancer has increased in both women and men, by 2.3 and 1.7 per cent yearly, respectively (Figure 3B).

Figure 3B. Incidence of cancer in the pancreas and lung, women and men (average annual percentage change in parentheses), 2005–2024

Number of diagnosed individuals per 100,000 in the population, age-standardised numbers. ICDO-2.

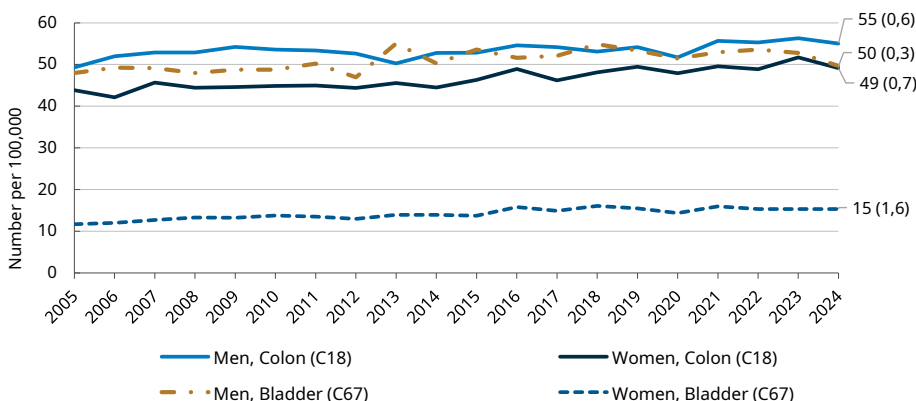


Source: The National Cancer Register, the National Board of Health and Welfare

Bladder cancer is more common among men (Figure 3C). Since 2005, the annual percentage change in incidence has remained relatively stable among men (0.3 per cent), while the incidence has increased in women (1.6 per cent). The trend for colon cancer incidence was similar among women and men, with an average annual increase of 0.6–0.7 per cent.

Figure 3C. Incidence of cancer in the colon and bladder, women and men (average annual percentage change in parentheses), 2005–2024

Number of diagnosed individuals per 100,000 in the population, age-standardised numbers. ICDO-2.



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

In addition to the time trends of incidence 2005–2024 presented in Figure 3A-C, there has also been changes in incidence over time for other common cancers. Among men, the incidence of prostate cancer decreased by 1 per cent and the incidence in kidney cancer increased by 1.2 per cent. During the same period, the incidence of uterine cancer in women decreased by 0.9 per

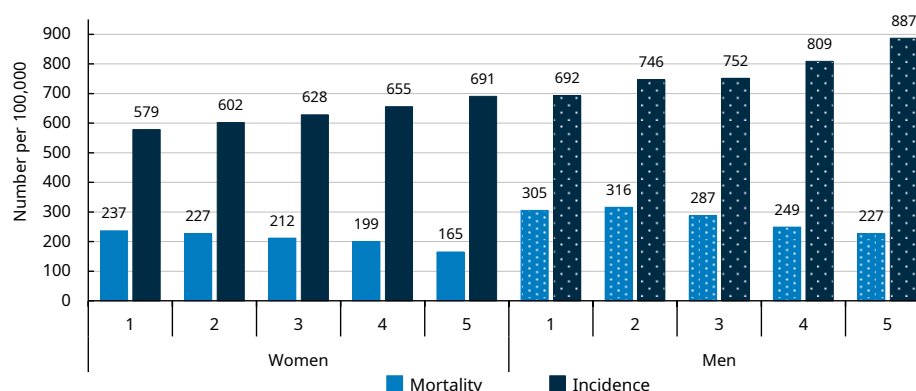
cent annually. Cancer in the rectum and blood-forming tissue, as well as breast cancer among women, increased by an average of 0.2–0.6 per cent yearly (not shown in figures).

Differences in cancer incidence and mortality in residential areas with different socioeconomic conditions

It is known that there are socioeconomic differences in cancer incidence and mortality, disparities that may reflect not only differences in exposure to risk factors, but also early cancer detection and treatment. Figure 4 shows incidence and mortality in women and men by socioeconomic residential area type (see fact box)¹. Among residents in areas with very good socioeconomic conditions, it was more common to be diagnosed with cancer (all cancers combined) compared with residents in areas with major socioeconomic challenges. This pattern is largely driven by a higher incidence of the most common cancers (prostate, breast, and skin cancer) in individuals with better socioeconomic conditions. In contrast, the pattern was reversed for cancer-related mortality, with higher mortality in areas with poorer socioeconomic conditions.

Figure 4. Cancer incidence and mortality by socioeconomic area type, women and men, 2024

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



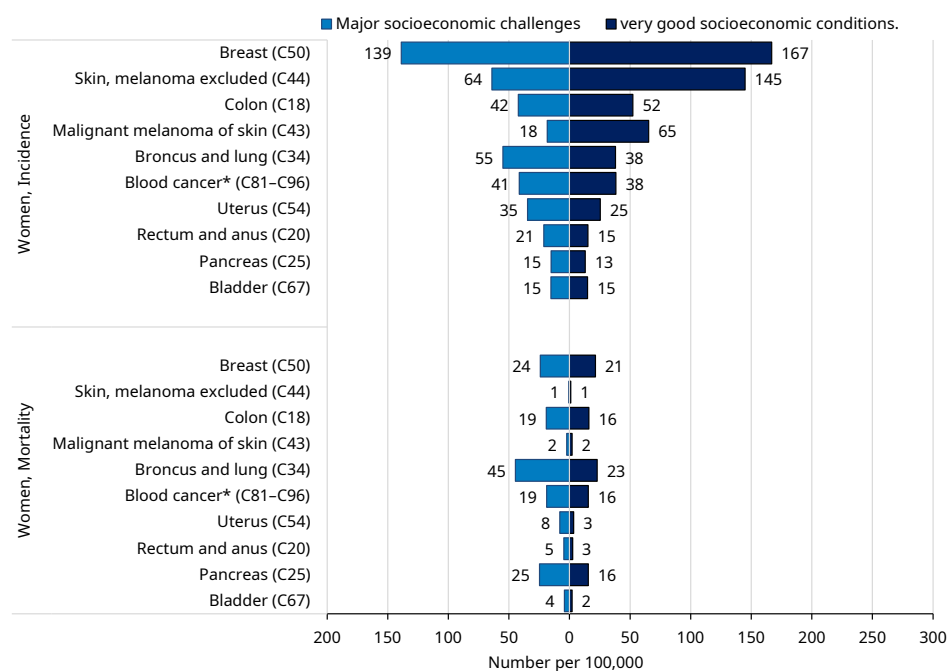
Area type: 1 – major socioeconomic challenges, 2 – socioeconomic challenges, 3 – socioeconomically mixed areas, 4 – good socioeconomic conditions, 5 – very good socioeconomic conditions. Source: The National Cancer Register and the National Cause of Death Register, the National Board of Health and Welfare;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

¹ Statistics on area type by stage at diagnosis were presented for a selection of cancers in Statistics on Cancer Incidence 2023 (National Board of Health and Welfare, 2024) [2].

When cancer incidence and mortality for the ten most common cancers are compared between area types, differences can be observed among both women and men (Figure 5A-B).

Figure 5A. The ten most common cancers among women, by socioeconomic area types 1 and 5, 2024

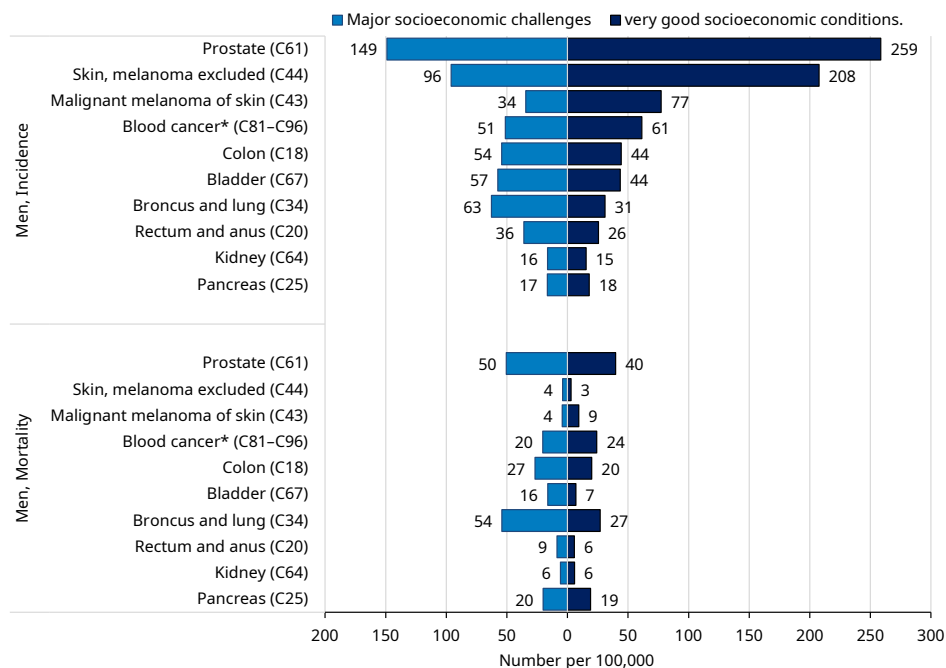
Number of diagnosed individuals and number of deaths from cancer per 100,000 in the population, age-standardised numbers, ICDO-2 and ICD10.



*The group includes lymphomas, leukaemias and related cancers. Source: The National Cancer Register and the National Cause of Death Register, the National Board of Health and Welfare; Statistics Sweden

Figure 5B. The ten most common cancers among men, by socioeconomic area types 1 and 5, 2024

Number of diagnosed individuals and number of deaths from cancer per 100,000 in the population, age-standardised numbers, ICDO-2 and ICD10.



*The group includes lymphomas, leukaemias and related cancers. Source: The National Cancer Register and the National Cause of Death Register, the National Board of Health and Welfare; Statistics Sweden

The incidence of malignant melanoma and non-melanoma skin cancer, as well as breast and colon cancer, was higher in women in areas with very good socioeconomic conditions (Figure 5A). While the incidence of both skin cancers was more than twice as common than in areas with better socioeconomic conditions, skin cancer mortality was similar in both area types. In areas with poorer socioeconomic conditions it was more common to be diagnosed with, and to die from, cancer in the lung, uterus and rectum with mortality rates about twice as high compared with areas with very good socioeconomic conditions. Differences between the areas could also be observed for pancreas cancer with higher mortality in areas with major socioeconomic challenges.

Among men residing in areas with very good socioeconomic conditions it was more than twice as common to be diagnosed with malignant melanoma and non-melanoma skin cancer (Figure 5B). The incidence of prostate cancer was also notably higher. In areas with major socioeconomic challenges, it was more common to be diagnosed with and to die from lung and bladder cancer, as well as colon and rectal cancer, than in areas with better socioeconomic conditions. The incidence and mortality for lung cancer, as well as the mortality for bladder cancer, was about twice as high in these areas. In areas with better socioeconomic conditions, malignant melanoma was twice as common as cause of death.

About the statistics

The fact sheet describes newly diagnosed cancer cases in 2024, that is, the number of individuals diagnosed with cancer and/or number of diagnosed tumours during the year. The statistics include malignant tumours as well as certain benign tumours that, based on their localisation, are marked as malignant in the register (see Appendix 1 in Coding in the Cancer Register [3]). Unless otherwise specified, the number of diagnosed individuals (incidence) is reported in the statistics. The fact sheet also reports the number of deaths due to cancer (mortality) and time series based on 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 2024 will be slightly adjusted upwards in the upcoming year (see also the quality declaration).

The measures of **incidence** and **mortality** are reported as the number of cases and deaths per 100,000 in the 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 2024. For the statistics on **socioeconomic area type**, the population was based on 2023 and children younger than 1 year were excluded.

Socioeconomic area type is a socioeconomic grouping based on regional statistical areas developed by Statistics Sweden (RegSO; 3,363 geographical areas)². Area type is defined by a socioeconomic index estimated for each RegSO. The index is constructed by the mean value for three indicators: the proportion (of the population in each area) with pre-secondary education (20–64 years), with low economical prerequisites (irrespective of age), and receiving financial subsidies and/or that are long-term unemployed (20–64 years). The higher the value of the index, the poorer the socioeconomic conditions. Based on the number of standard deviations from the mean, area type is created, 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 2024 and 2023, respectively. Both RegSO and area type for year 2023 was 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>

Average annual per cent change has been calculated for each sex and cancer by calculating the percentage change from one year to another, summing these, and dividing by the number of years in the time series -1.

More information

You can find more tables, graphs, and information here (select Tillhörande bilagor): <https://www.socialstyrelsen.se/en/statistics-and-data/registers/national-cancer-register/> (in Swedish, but with English list of terms).

If you want to use our statistical database:

<https://www.socialstyrelsen.se/en/statistics-and-data/statistics/statistical-databases/>

References

1. National Board of Health and Welfare (2023). Statistics on newly diagnosed cancer cases 2022. Art. No. 2023-12-8901.
2. National Board of Health and Welfare (2024). Statistics on newly diagnosed cancer cases 2023. Art. No. 2024-10-9299.
3. National Board of Health and Welfare (2025). Coding in the Cancer Register 2025 – Working document for coding in ICD-O/3 for staff at Regional Cancer Centres (RCC). Art. No. 2025-2-9458.

Contact information:

Sasha Pejicic and Johanna Jonsson (questions regarding statistics)

Phone: +46 (0)75-247 30 00

E-mail: Sasha.Pejicic@socialstyrelsen.se,
Johanna.Jonsson@socialstyrelsen.se

Mats Lambe (questions regarding the subject)

The Cancer Register's consulting physician

E-mail: Mats.Lambe@ki.se