Mesothelioma statistics for Great Britain, 2026

July 2026

Contents

Summary

The information in this document relates to Health and Safety Statistics published by the Health and Safety Executive in 2026.

Mesothelioma is a form of cancer that takes many years to develop following the inhalation of asbestos fibres but is usually rapidly fatal following symptom onset. Annual deaths in Britain increased steeply over the last 50 years, with many deaths attributed to past occupational asbestos exposures because of the widespread industrial use of asbestos during 1950-1980.

- There were 2,146 mesothelioma deaths in Great Britain in 2024. This is lower than the 2,255 deaths in 2023 and substantially lower than the average of 2,508 deaths per year over 10-year period 2011 to 2020.
  - There were 1,771 male deaths in 2024 compared with 1,833 in 2023 and an average of 2,091 deaths per year over the period 2011-2020.
  - There were 375 female deaths in 2024 compared with 422 in 2023 and an average of 417 deaths per year over the period 2011-2020.
- Updated projections incorporating the latest data to 2024 show that deaths in males are expected to reduce during the 2020s whereas in females a decline may not be clear until towards the end of the 2020s.
- An earlier decline in annual male deaths may be due to particularly heavy asbestos exposures in certain industries that mainly affected men (such as shipbuilding) being eliminated first – whereas exposures due to the use of asbestos in construction, which affected many men, but also some women – continued after 1970.
- Over 70% of annual deaths for both males and females now occur in those aged over 75 years. Annual deaths in this age group continue to increase while deaths below age 65 are decreasing.
- There were 1,680 new cases of mesothelioma assessed for Industrial Injuries Disablement Benefit (IIDB) in 2024 of which 195 were female. This compares with 1,605 new cases in 2023, of which 205 were female.
- Men who worked in the building industry when asbestos was used extensively in the past continue to be most at risk of mesothelioma.

Figure 1 Annual mesothelioma deaths, IIDB cases and projected future deaths to 2040 in GB

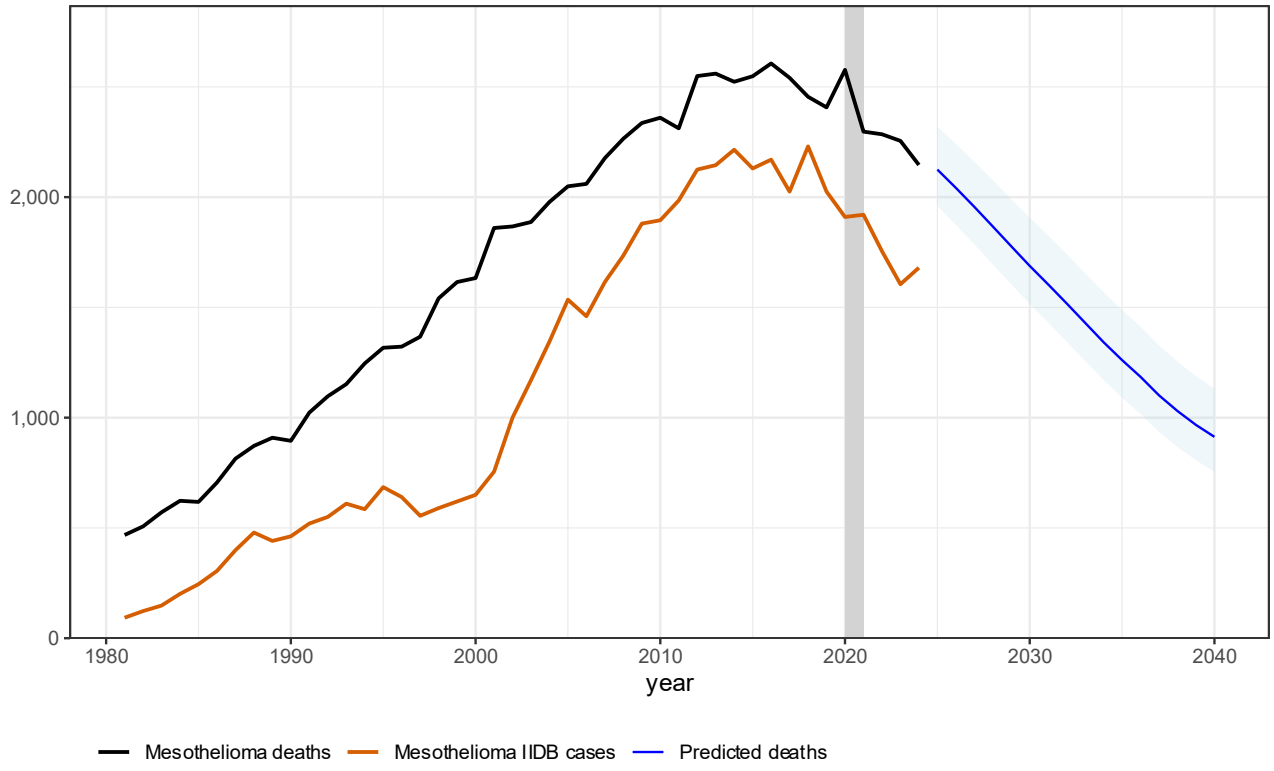


Chart notes:

- Latest available data is for 2024 for deaths and 2024 for IIDB cases.
- Data for 2020 and 2021 (shown inside the shaded grey column) may have been particularly affected by the coronavirus pandemic.
- Some individuals with occupational diseases who then developed COVID-19 may have died earlier than otherwise. Delays in death certification or omission of occupational disease recording on death certificates of those with COVID-19 could also have occurred.
- Assessments of new IIDB cases were substantially reduced in 2020 and may also have been affected during 2021, though this less likely for mesothelioma than other diseases due to its prioritisation for assessment.

Introduction

Malignant Mesothelioma is a form of cancer that in most cases affects the pleura (the external lining of the lung) and less frequently the peritoneum (the lining of the lower digestive tract). Many cases are diagnosed at an advanced stage as symptoms are typically non-specific and appear late in the development of the disease. It is almost always fatal, and often within twelve months of symptom onset.

Mesothelioma has a strong association with exposure to asbestos and most male mesotheliomas are attributable to past asbestos exposures that occurred in occupational settings. Some male deaths and a majority of female deaths are likely to have been caused by asbestos exposures which were not due to the direct handling of asbestos materials at work. The long latency period (the time between initial exposure to asbestos and the manifestation of the disease) of typically at least 30 years means that most mesothelioma deaths occurring today are a result of past exposures that occurred because of the widespread industrial use of asbestos during 1950-1980.

Overall scale of disease including trends

Figure 2 shows annual numbers of male and female deaths from mesothelioma in Great Britain from 1968 to 2024. The substantially higher numbers of deaths among men reflects the fact that past asbestos exposures tended to occur in male dominated occupations.

After increasing substantially over a number of decades, annual mesothelioma deaths in Great Britain remained broadly level during the 2010s at around 2,500 deaths per year – around 10 times the annual number in the early 1970s. Overall numbers of deaths from 2021 onwards have been somewhat lower.

There were 2,146 mesothelioma deaths in Great Britain in 2024, lower than the 2,255 deaths in 2023 and substantially lower than the average of 2,508 deaths per year over 10-year period from 2011 to 2020.

Updated projections incorporating the latest data to 2024 are consistent with earlier projections that deaths in males would reduce during the 2020s whereas in females a decline may not be apparent until towards the end of the 2020s.

Actual figures for individual years may continue to fluctuate, and figures for 2020 and 2021 may have done so more than usual due to various factors associated with the coronavirus pandemic. Further information about the potential impact of the coronavirus pandemic on these statistics is given in Annex 1.

Male deaths fell to 1,771 in 2024 compared with 1,833 in 2023 and an average of 2,091 deaths per year for 2011-2020. Predictions for males suggest that annual numbers will fall during the 2020s.

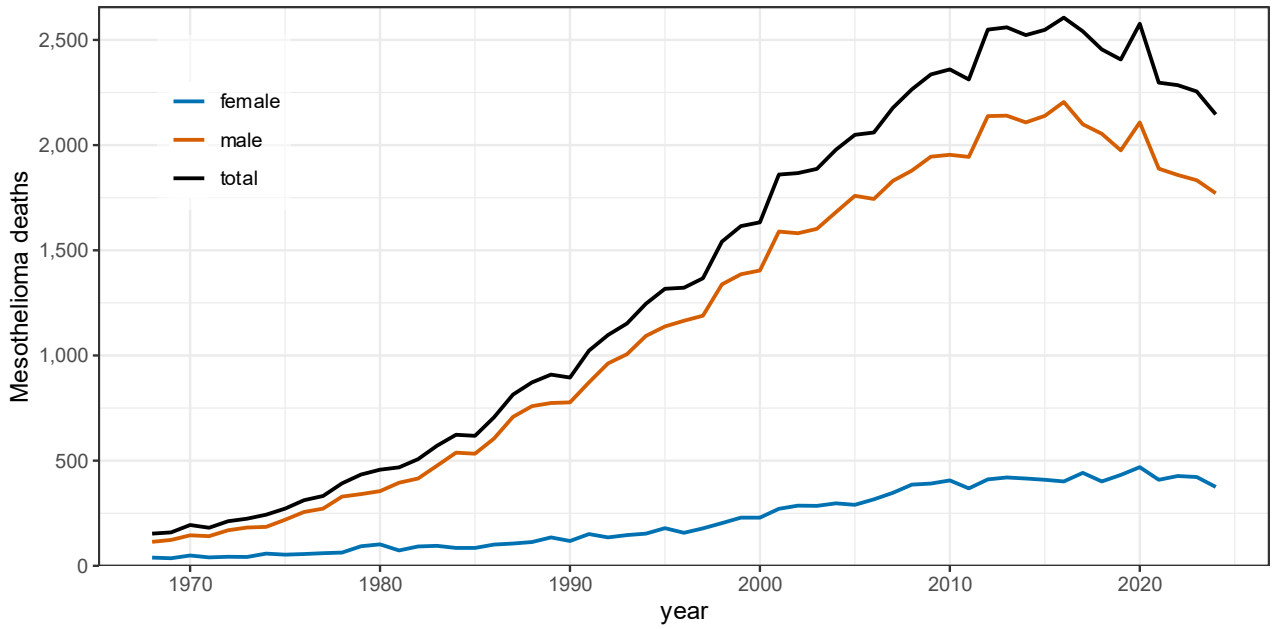
Female deaths fell to 375 in 2024 compared with 422 in 2023 and an average of 417 deaths per year over the 10-year period from 2011 to 2020. Predictions for females suggest that a reduction in female deaths will become evidence towards the end of the 2020s.

An earlier decline in annual male deaths may be due to particularly heavy asbestos exposures in certain industries that mainly affected men (such as shipbuilding) being eliminated first – whereas exposures due to the use of asbestos in construction, which affected many men, but also some women – continued after 1970.

The statistics for mesothelioma deaths in 2023 have been revised to include 37 deaths registered after March 2025 (31 male and 6 female deaths).

See Table MESO01 www.hse.gov.uk/statistics/assets/docs/meso01.xlsx.

Figure 2: Male and female mesothelioma deaths 1968-2024



Figures for 2024 are provisional.

Mesothelioma mortality by age

Table MESO02 www.hse.gov.uk/statistics/assets/docs/meso02.xlsx shows the number of mesothelioma deaths in each year in 5-year age groups for males.

Table MESO03 www.hse.gov.uk/statistics/assets/docs/meso03.xlsx shows the equivalent information for females.

Table MESO04 www.hse.gov.uk/statistics/assets/docs/meso04.xlsx shows the number of mesothelioma deaths and death rates by age, sex and three-year time period from 1968-2024.

Male and female death rates by age group and time period are shown in Figures 3A and 3B below. The pattern of these rates is a reflection of both disease latency and the timing of past asbestos exposure.

Rates are much higher in older age because the disease takes many years to develop following exposure. Current high death rates among males at ages 70 years and above also reflect the fact that this generation of men had the greatest potential for asbestos exposures in younger working life during the period of peak asbestos use in the 1950s, 1960s and 1970s.

Mesothelioma death rates below age 75 have now been falling for some time, with those 75-79 also now falling. Those now aged below 65 will typically have started working life when asbestos exposures were starting to be much more tightly controlled.

Female deaths rates in older age groups are substantially lower than male rates, whereas those for the youngest age groups are more similar. This is again a reflection of latency and past exposure, with mesothelioma being rare below age 50 even in more heavily exposed groups. Similar patterns over time are evident in females and males, with reductions also seen in females in many of the age categories in recent years, though with greater year-on-year fluctuations than in males due to the smaller numbers of deaths.

Figure 3A: Male mesothelioma death rates by age and time-period, 1968-2024(p)

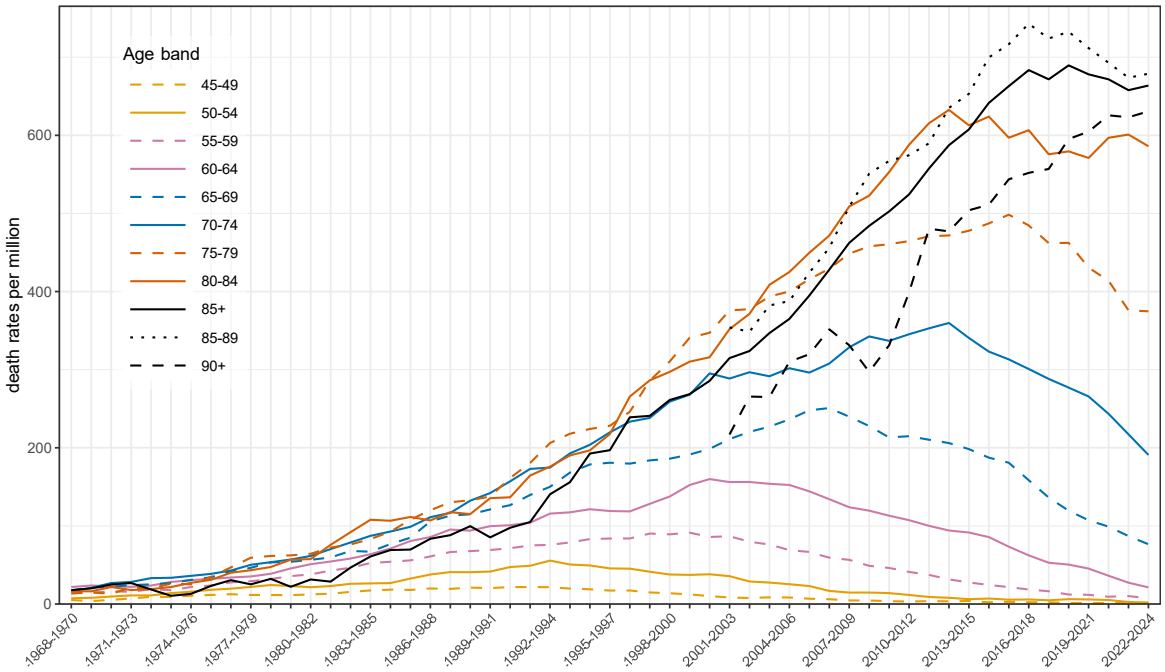


Figure 3B: Female mesothelioma death rates by age and time-period 1968-2024(p)

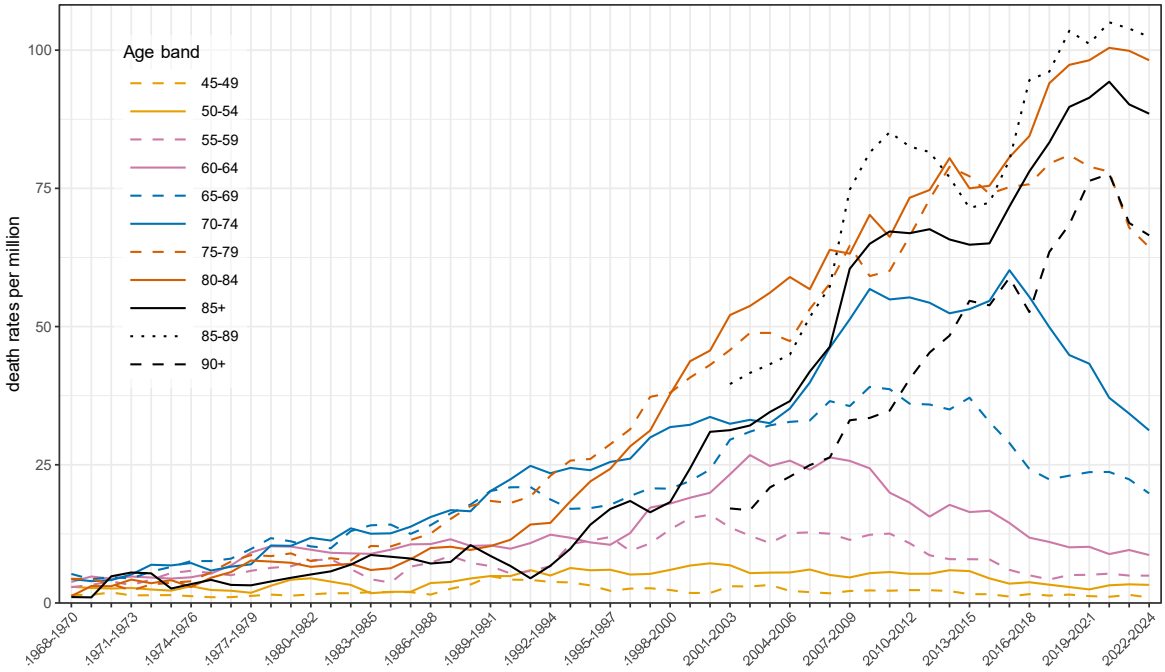


Chart notes:

- Figures for 2024 are provisional.
- Note: Rates for age groups 85-89 and 90+ years are only shown from 2001 onwards due to population denominator data not being available prior to this. Rates for the 85+ age group are also shown from 2001 onwards to allow comparison with earlier years.

Mesothelioma mortality by period of birth (birth cohort)

Table MESOBirthCohort www.hse.gov.uk/statistics/assets/docs/mesobirthcohort.xlsx shows numbers of mesothelioma deaths and death rates by 5-year birth cohorts and 5-year age group for males and females.

Male and female death rates by birth cohort and age group are also shown in Figures 4A and 4B below. Rates by birth cohort are useful for showing the long-term mortality patterns for groups of the population born at a similar times and therefore who will tend to have had broadly similar patterns of historical asbestos exposure. Figures 4A and 4B show a steep increase in mortality with increasing age across all birth cohorts in both men and women, though the scale of the rates differs substantially by birth cohort and sex. Most birth cohorts also show some sign of the rate of increase in mortality slowing somewhat in very old age.

Male rates by birth cohort

The 1935-39 birth cohort has among the highest male mesothelioma rates at any given age. This is indicated by the bold black line in both panels of Figure 4A. Those born in this period would have been young during the time of the peak asbestos usage and therefore subject to the highest lifetime risks of mesothelioma on average.

Birth cohorts before this are shown in the left-hand panel, with rates for any given age category tending to be successively lower for birth cohorts further back in time.

Death rates for birth cohorts after 1935-39 are shown in the right hand panel of Figure 4A, with those for any given age category tending to be successively lower for more recent birth cohorts. These lines are truncated at progressively younger ages because of the cut-off for observed deaths (currently year 2024). Rates for the final age category for each birth cohort from 1935-39 onwards are based on incomplete data due to this cut-off and therefore may change slightly when data for additional years becomes available.

Female rates by birth cohort

Female rates are substantially lower than those for males but show a similar overall pattern by age and birth cohort, except that the 1940-44 rather than the 1935-39 birth cohort has the highest rates for most of the age groups shown.

Figure 4A: Male mesothelioma death rates by birth cohort 1968-2024(p)

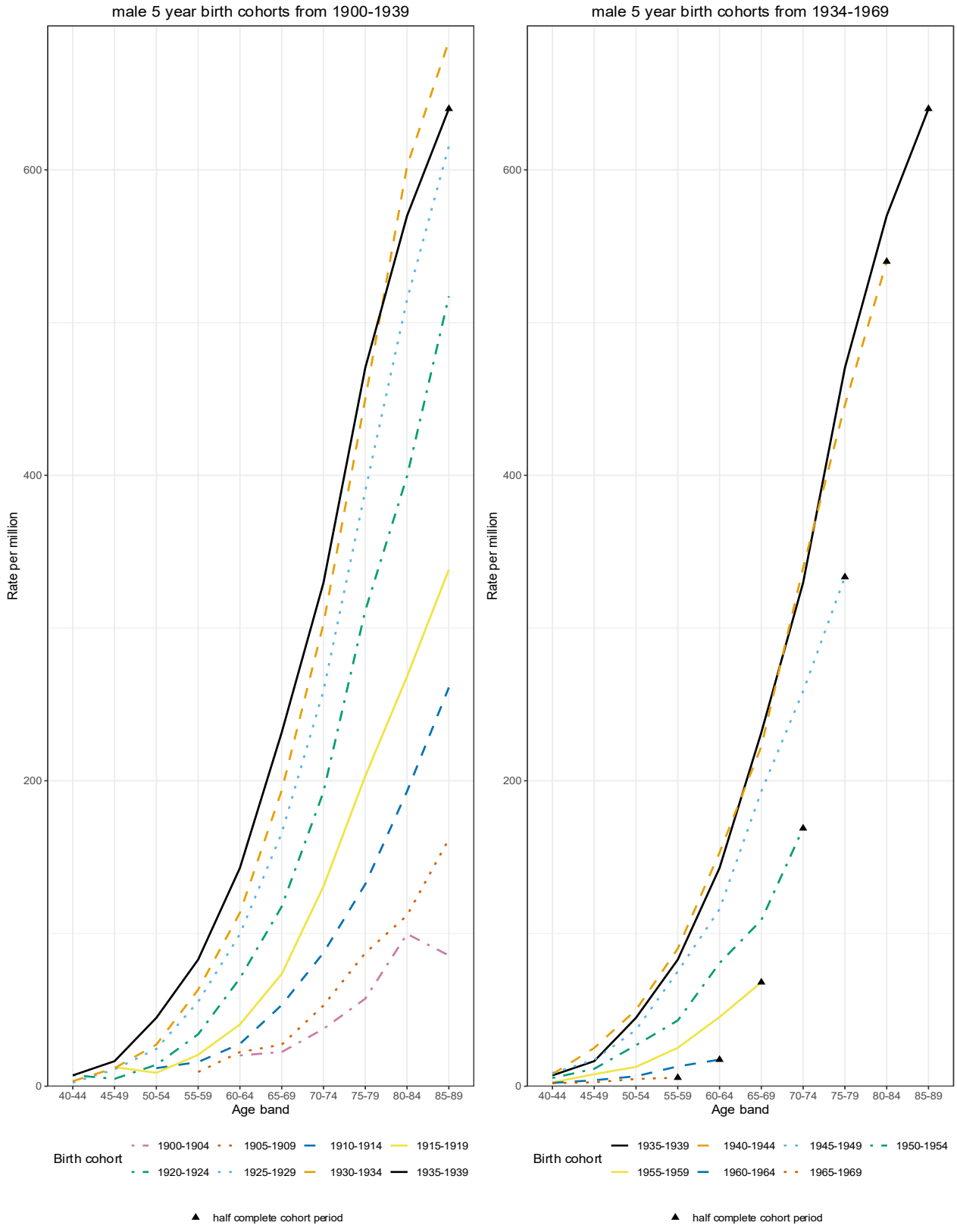
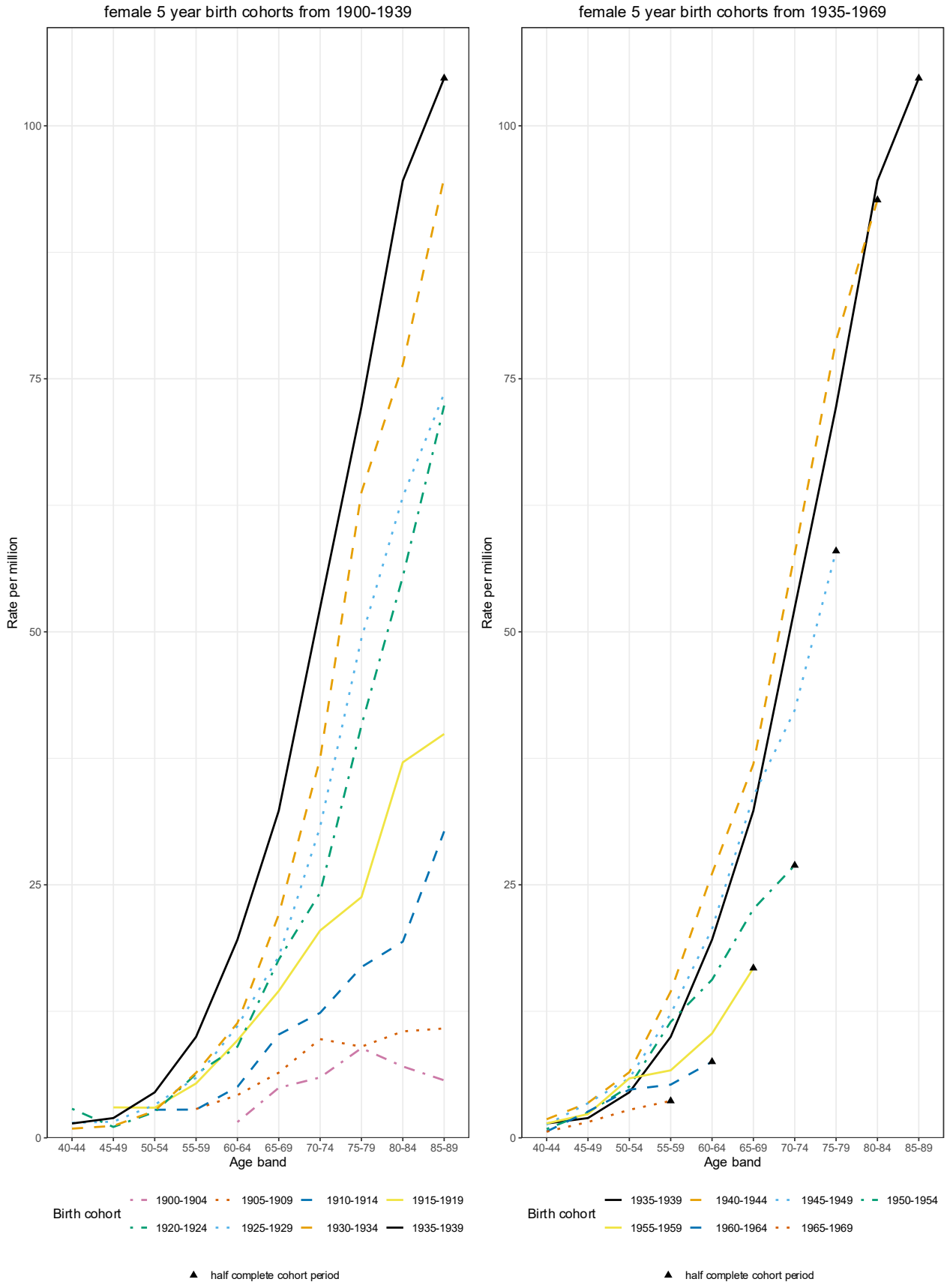


Figure 4B: Female mesothelioma death rates by birth cohort 1968-2024(p)



Industrial Injuries Disablement Benefit (IIDB) cases

Mesothelioma is a prescribed disease within the Industrial Injuries Disablement Benefit (IIDB) scheme which provides no-fault state compensation to employed earners for occupational diseases.

Annual new cases of mesothelioma assessed for IIDB increased substantially over a number of decades reaching a plateau at over 2,000 cases during the 2010s before starting to reduce (Figure 1).

- There were 1,680 new cases assessed for IIDB in total in 2024 compared with 1,605 in 2023.
- There were 1,480 new cases assessed for IIDB among males in 2024 compared with 1,400 in 2023.
- There were 195 new cases assessed for IIDB among females in 2024 compared with 205 in 2023.

Annual IIDB cases are lower than annual deaths since not everyone with mesothelioma is eligible and those that are may not claim – for example, due to a lack of awareness of the scheme. Cases included in these statistics are those that have been attributed to occupational asbestos exposure by decision makers within the IIDB scheme. There will generally be more uncertainty about the validity of such case-by-case attribution in situations where exposures may have been relatively low or not from contexts classically associated with occupational exposure.

Annual IIDB cases increased somewhat more rapidly than deaths during the period 2000-2015 and this may be due to efforts by the Department of Work and Pensions to increase the awareness of the scheme and to fast-track the assessment of cases of disease such as mesothelioma which have a poor prognosis.

Mortality by region

Table MESO05 www.hse.gov.uk/statistics/assets/docs/meso05.xlsx shows age standardised mesothelioma death rates per million by 3-year time-period, region and sex. Males mesothelioma rates are also shown in Figure 5 below.

For Great Britain overall, mesothelioma death rates in both males and females follow an upward trend over time with a levelling-off and then reduction over recent years. Male and

female rates reached 55.9 and 12.0 deaths per million respectively in 2022-2024 compared with 27.0 and 3.5 per million in 1984-1986.

For males, upward trends in death rates for all regions were evident over the long-term until around year 2010. Rates have fallen in more recent years in most regions. Male rates in Wales are now similar to those in Scotland, with higher rates in England as a whole.

Figure 5: Male mesothelioma death rates per million by region 1968-2024(p)

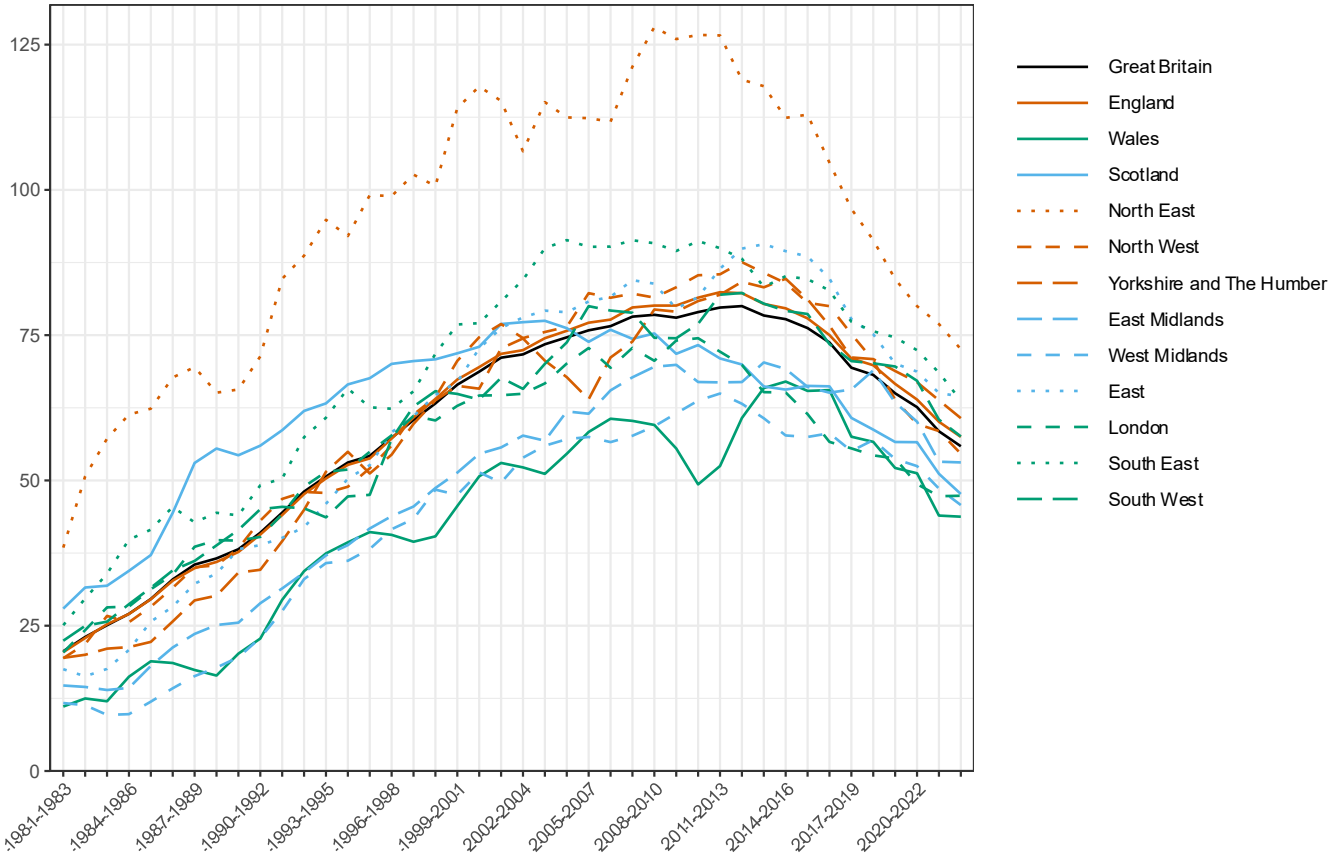


Chart notes:

- Figures for 2024 are provisional.
- Rates are standardised according to the age-structure of the Great Britain population in 2022-2024 to allow comparison over time and by region.

Although the numbers of cases are much smaller for females – and so the pattern in the rates over time is more variable – an upward trend followed by a slight reduction is evidence in most regions, see Table MESO05 www.hse.gov.uk/statistics/assets/docs/meso05.xlsx.

More detailed geographical analyses of mesothelioma deaths by local and unitary authority area can be found at //www.hse.gov.uk/statistics/assets/docs/mesoarea.pdf.

Mortality by occupation

The relative frequencies of recording of different occupations on mesothelioma death certificates (Proportional Mortality Ratios) are more useful than the raw numbers in indicating potential past sources of asbestos exposure. This is because the last occupation of the deceased is routinely coded for all deaths at ages 16-74 regardless of whether it was relevant to the cause of death.

The frequency with which different jobs are recorded on mesothelioma death certificates versus the frequency for all deaths together provides evidence about which jobs in the past were more or less likely to be a source of asbestos exposure. Detailed statistics based on deaths between 2001 to 2024 at ages 16-74 are available in a separate document – see www.hse.gov.uk/statistics/assets/docs/mesothelioma-mortality-by-occupation.pdf.

Deaths occurring in this latest period (2021 to 2024) will be a reflection of asbestos exposure before 2000 and may still be substantially influenced by exposure before 1980 when the most hazardous forms of asbestos were still being used and opportunities for unwitting exposure could have been relatively common. The analyses are further limited by being based on the last occupation of the deceased rather than occupations held earlier in working life which will tend to be a more likely source of mesothelioma risk.

In males, these occupational analyses corroborate evidence that past exposure in construction trades played a major role in Great Britain such as carpenters, plumbers and electricians. Other occupations (such as ‘metal plate workers’) which were often associated with the shipbuilding industry are still recorded more frequently than expected even though it is now many years since these exposures took place.

An epidemiological study of mesothelioma in Great Britain [1] confirmed the high burden of disease among former building workers. That study suggested that about 46% of the mesotheliomas among men born in the 1940s would be attributed to such exposures, with 17% attributed to carpentry work alone. A key factor in causing the higher risks now seen in these former workers appears to be the extensive use of insulation board containing brown asbestos (amosite) within buildings for fire protection purposes.

Occupational analyses of female mesothelioma deaths are consistent with other evidence that a much lower proportion are caused directly by occupational exposures (i.e. exposures relating to the direct handling of asbestos at work) than in males. However, since occupation is recorded on death certificates as a matter of course, there are various occupations that are recorded in appreciable numbers on female mesothelioma death certificates. Not all of these deaths are necessarily attributable to past asbestos exposures during the course of work in those occupations.

The analyses of female mesothelioma deaths show that there is variation in proportionate mesothelioma mortality among those who worked in jobs not involving the use of asbestos. For example, proportional mortality ratios are higher for teachers and administrative occupations than those for nurses, sales occupations and process operatives. This may suggest the potential for asbestos exposure during work time was somewhat higher in these jobs even after 1980. However, past exposures due to the disturbance of asbestos materials in buildings could have contributed to deaths seen across all of these kinds of jobs to some extent, as could have other sources of exposure – for example, in housing stock.

The results of a previous British mesothelioma case-control study suggested that only a minority (around a third) of mesotheliomas in women occurring in the 2000s were a result of either occupational or domestic exposures (such as the well documented risk associated with living with an asbestos-exposed worker). This, together with an overall increase in mesothelioma deaths among women up to that point, suggests there was an increase in the average 'background' risk among those who did not directly handle asbestos at work but who lived through the period of peak asbestos use. This average background risk – which has since reduced [2] – will reflect the average effect of past exposures via the buildings occupied in childhood and working life and any other sources of exposure in the environment. However, exposures contributing to this average risk could vary substantially from person to person and are likely to at least partly account for deaths with occupations not typically associated with asbestos exposure recorded on the death certificate. The average background risk will also apply to men of the same generation.

Further details about mesothelioma and occupation are available at:

www.hse.gov.uk/research/rrhtm/rr696.htm

Estimation of the future burden of mesothelioma deaths

The latest projections (based on deaths up to and including 2024) suggest that total annual numbers of mesothelioma deaths will continue to decline during the 2020s and 2030s – see table MESO06 www.hse.gov.uk/statistics/assets/docs/meso06.xlsx. These projections are consistent with earlier results which were based on a very similar statistical model using mesothelioma deaths data to 2017.

The projections for the total number of annual deaths are based on separate analyses of deaths among males and females. The total annual projected numbers are dominated by the reduction now being seen in males, which make up the majority of total deaths. However, the specific predictions for female deaths show these are expected to continue at current levels for most of the 2020s before starting to decline beyond that.

The statistical projection model for both males and females describes the expected future mortality as a smooth curve whereas actual numbers of deaths year-on-year fluctuate due to random variation.

The statistical model used for these projections provides a basis for making short- to medium-term predictions of mesothelioma mortality in Britain, in particular, when the declines in annual deaths were expected to start to be seen [3]. Longer-term predictions comprise additional uncertainty that is not captured within the published uncertainty intervals for predicted future annual deaths. The long-term projections beyond 2040 are dependent on assumptions about certain model parameters which are not informed by the mortality data itself – and in particular, the extent of population asbestos exposure beyond the late 1990s.

Evidence from research into average population lung burdens has confirmed that asbestos exposures reduced rapidly during the 1970s and likely continued to reduce during the 1980s. This provides additional assurance that mesothelioma mortality will continue to reduce after 2030 [2]. The research shows reductions in asbestos lung burdens for people born in successive time periods during 1945 to 1965, and these correlate closely with reductions in national mesothelioma rates up to age 50 for those same periods of birth. Importantly, the burdens continued to reduce for even more recent time periods of birth for which mesothelioma data are not yet available. This provides evidence that exposures accrued during the 1980s and 1990s were likely to be lower than those accrued in earlier decades.

The methodological basis for the projections are described in detail at www.hse.gov.uk/research/rrhtm/rr728.htm . Details of subsequent adaptations to this model and the latest fitted parameter estimates are available in the notes accompanying table MESO06 www.hse.gov.uk/statistics/assets/docs/meso06.xlsx .

Other statistics on mesothelioma

- Interactive RShiny dashboard: https://lucydarnton.shinyapps.io/meso_rshiny/
- Mesothelioma Mortality in Great Britain by Geographical area, 1981–2024 //www.hse.gov.uk/statistics/assets/docs/mesoarea.pdf results are also available as interactive maps available at: https://arcg.is/1qO0G40.
- Mesothelioma Occupation Statistics – male and female deaths aged 16-74 in Great Britain 2011-2024 and 2001-2010 www.hse.gov.uk/statistics/assets/docs/mesothelioma-mortality-by-occupation.pdf
- Excel tables – male and female – 2011-2024 and 2001-2010 www.hse.gov.uk/statistics/assets/docs/mesooccupation.xlsx.
- Mesothelioma occupation statistics for males and females aged 16-74 in Great Britain, 1980-2000 www.hse.gov.uk/statistics/assets/docs/occ8000.pdf

References

1. Rake C, Gilham C, Hatch J, et al. Occupational, domestic and environmental mesothelioma risks in the British population: a case control study. *British Journal of Cancer* 2009;100(7):1175-83.

2. Gilham C, Rake C, Hodgson J at al. Past and current asbestos exposure and future mesothelioma risks in Britain: The Inhaled Particles Study (TIPS). *International Journal of Epidemiology* 2018;47(6):1745-1756.

3. Hodgson J, McElvenny D, Darnton A. The expected burden of mesothelioma mortality in Great Britain from 2002 to 2050. *Br J Cancer* 2005;92(3):587-93.

Annex 1 – Impact of the coronavirus pandemic

Assessment of the impact of the coronavirus pandemic on deaths registered up to March 2025

Statistics for mesothelioma deaths occurring in years 2020 and 2021 may have been particularly affected by the coronavirus pandemic for various reasons. These include direct effects (individuals with mesothelioma dying earlier than otherwise due to also developing COVID-19), and indirect effects due to factors affecting health services, and effects on systems for recording and certifying deaths. Pressures on the death certification system may have delayed the registration of some deaths until after the cut-off for inclusion in the initial release of the statistics, or might have led to some mesothelioma deaths being missed (for example, deaths from COVID-19 in those who were developing mesothelioma but not formally diagnosed). Statistics for 2019 could have also been affected by any impact on late registrations of deaths during 2020 caused by the pandemic, although this affect is likely to be minor.

Deaths occurring in 2020 to 2023 where death certificates mentioned both mesothelioma and COVID-19

Figure A1.1 shows the number of monthly mesothelioma deaths occurring during the period 2020 to 2023 (grey squares) compared with expected monthly figures (grey line) calculated assuming the annual totals were distributed according to the pre-pandemic monthly distribution (based on the periods 2015 to 2019). This crude comparison does not strongly suggest any excess or deficit of deaths in certain months of 2020 or 2021 that correspond to the initial waves of the pandemic – i.e. particularly April to June 2020 (wild-type) and October 2020 to March 2021 (alpha variant) which were associated with substantial numbers of deaths nationally.

The chart also shows the deaths from 2020 onwards where the death certificate specifically mentioned both mesothelioma and COVID-19 (black bars). There were 83 such deaths in 2020 and 72 in 2021. These numbers fell to 55 and 31 in 2022 and 2023 respectively. Between April 2020 and early 2022, the months with larger numbers of these deaths coincide with the timing of known waves of the pandemic. After this, monthly numbers appear to fluctuate with no clear pattern. It is possible that some of these deaths may have occurred in later months had the pandemic not occurred, thus potentially affecting the overall counts for deaths occurring in particular years to some extent.

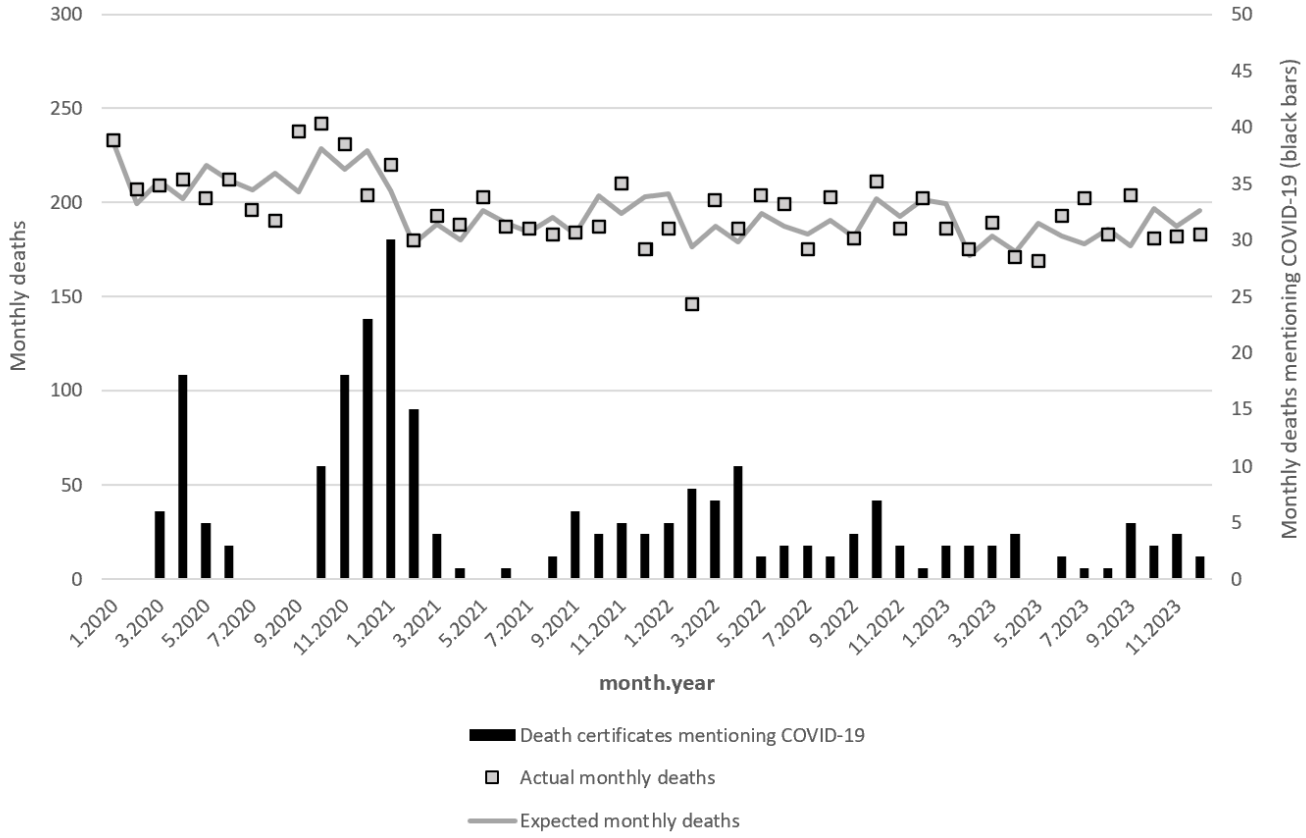


Figure A1.1: Monthly mesothelioma deaths in 2020 to 2023 compared with the number expected based on pre-pandemic monthly pattern (2015-2019), and death certificates mentioning COVID-19 as well as mesothelioma

Comparison of timing in death registrations for deaths occurring pre- and post-pandemic

Table A1.1 shows a breakdown of deaths occurring in the years 2014 to 2018 (pre-pandemic) and deaths occurring in years 2019 to 2022 by month the death was registered. A small number of deaths occurring in 2019 and a majority of those occurring in from 2020 were registered during the pandemic when there could have been unusual pressures on the death certification system.

Based on data for deaths occurring during the five-year period 2014-18, around 76% of mesothelioma deaths were registered by the end of December of the year in which the death occurred, with 24% registered the following year, and 0.4% registered in the first three months of the year after that (up to the end of March, 15 months after the end of the year in which the death occurred). Prior to the pandemic, very few deaths were usually registered after this point, which is the cut-off for inclusion in the statistics when they are first released.

For deaths occurring in 2019, fewer than expected were registered during April to June 2020, the period coinciding with the first wave of the coronavirus pandemic. However, in subsequent months more deaths were registered than expected so that by March 2021 (the cut-off for deaths to be included when the 2019 figures were first published in July 2021) the cumulative number of late registrations was similar to the number expected based on 2014-18 figures. These observations led to the judgement that a disproportionate increase in the number of late registrations beyond March 2021 was not likely to have a large impact on the provisional figure for 2019 published in 2021. Table A1.1 also shows that an additional 38 deaths in 2019 have since been registered after March 2021 (i.e. later than 15 months after the year-end), compared with less than 10 on average beyond this point based on 2014-18 data. However, in the context of the overall number of annual deaths, this is a relatively small number and confirms that the pandemic did not have a substantial effect on the statistics because of increased late registrations.

For deaths occurring in 2020 there is no obvious suggestion that fewer were registered in the months corresponding to waves of the pandemic (as was the case for deaths occurring in 2019 registered during the first wave of the pandemic). The proportion of deaths occurring in 2020 that were registered in the same year (74.8%) and the year after (23.6%) were very similar to the equivalent figures for years 2014-2018. This provided reassurance that there was unlikely to be a disproportionate number of deaths occurring in 2020 that were not registered by March 2022 due to the effects of the pandemic.

A further 32 mesothelioma deaths that occurred in 2020 have since been registered, again somewhat higher than the pre-pandemic number of very late registrations. Again, in the context of the overall number of annual deaths, this is a relatively small number and confirms that the pandemic did not have a substantial effect on the statistics because of increased late registrations.

Figures for deaths occurring from 2021 onwards included in Table A1.1 show that the proportion of deaths registered in the year the deaths occurred has tended to reduce, and the proportion registered in the year after has increased. The numbers registered in the first three months of the second year after the year the death occurred was also higher than for previous years, although in the context of the total number of annual deaths, these numbers are small.

Whether the increase in late registrations of deaths from 2021 onwards can be attributed to the effects of the pandemic is not clear. While these effects mean that provisional figures may increase slightly more when subsequently revised than previously, in the context of the overall numbers of annual deaths these effects are relatively small.

Table A1.1 Mesothelioma deaths occurring in 2014-18 and 2019-23, by month of registration

	Year death occurred:										
Deaths registered during:	2014	2015	2016	2017	2018	*Average 2014-2018*	2019	2020	2021	2022	2023
Year death occurred											
January	44	47	42	60	56	***50***	36	56	42	36	35
February	85	78	98	91	72	***85***	64	87	74	62	58
March	116	121	133	135	108	***123***	94	105	119	95	84
April	141	145	137	128	120	***134***	143	162	132	110	90
May	149	172	168	167	146	***160***	130	152	131	131	128
June	140	187	156	198	158	***168***	167	167	141	126	136
July	205	212	200	164	207	***198***	186	182	173	130	136
August	195	167	196	204	190	***190***	205	173	141	191	167
September	191	175	215	197	155	***187***	195	188	133	153	150
October	210	232	217	211	234	***221***	197	227	165	164	184
November	215	231	216	199	206	***213***	188	217	167	182	192
December	217	188	196	172	162	***187***	163	211	170	144	177
Total	**1,908**	**1,955**	**1,974**	**1,926**	**1,814**	***1,915***	**1,768**	**1,927**	**1,588**	**1,524**	**1,537**
Percentage of all deaths	***75.7%***	***76.7%***	***75.7%***	***75.8%***	***73.9%***	***75.6%***	***73.5%***	***74.8%***	***69.2%***	***66.8%***	***69.3%***
Year of death + 1											
January	155	143	126	153	151	***146***	150	119	134	136	157
February	132	117	135	132	124	***128***	126	115	105	100	134
March	96	128	106	71	95	***99***	98	119	115	95	85
April	66	82	79	96	71	***79***	44	66	69	90	84
May	39	42	62	39	58	***48***	40	56	59	70	48
June	36	26	45	36	50	***39***	23	37	41	57	31
July	20	16	25	28	25	***23***	28	32	38	37	45
August	21	9	9	15	25	***16***	19	20	24	30	21
September	9	7	10	11	7	***9***	21	14	25	30	14
October	11	4	9	10	5	***8***	14	13	19	23	22
November	4	5	4	5	5	***5***	17	12	14	14	9
December	3	4	3	2	9	***4***	6	4	9	14	6
Total	**592**	**583**	**613**	**598**	**625**	***602***	**586**	**607**	**652**	**696**	**656**
Percentage of all deaths	***23.5%***	***22.9%***	***23.5%***	***23.5%***	***25.5%***	***23.8%***	***24.3%***	***23.6%***	***28.4%***	***30.5%***	***29.6%***
Year of death +2											
January	5	3	4		3	***4***	5		6	12	9
February	4		2	3		***3***	5	5	11	11	5
March	6	1	2	2	6	***3***	5	5	11	14	11
Total January - March	**15**	**4**	**8**	**5**	**9**	**10**	**15**	**10**	**28**	**37**	**25**
Percentage of all deaths	***0.6%***	***0.2%***	***0.3%***	***0.2%***	***0.4%***	***0.4%***	***0.6%***	***0.4%***	***1.2%***	***1.6%***	***1.1%***
April		1	2	1		***1***	5	2		3	-
May		1	2	4		***2***	6	1	4	3	-
June	2	1	3	3		***2***	7	5	4	3	-
July	1	2	1	1	2	***1***	4	1	6	2	-
August	1		2	1	1	***1***	3	2	2	4	-
September							1	3	1	2	-
October					1	***1***	7	5	2		-
November								3	1	2	-
December				1		***1***		1			-
Later than year +2	3	1	1	1	3	***2***	5	9	8	4	-
Total April year+2 onward	**7**	**6**	**11**	**12**	**7**	**12**	**38**	**32**	**28**	**23**	**-**
Percentage of all deaths	***0.3%***	***0.2%***	***0.4%***	***0.5%***	***0.3%***	***0.5%***	***1.6%***	***1.2%***	***1.2%***	***1.0%***	**-**
Grand Total	**2,522**	**2,548**	**2,606**	**2,541**	**2,455**	***2,534***	**2,407**	**2,576**	**2,296**	**2,280**	**2,218**

Annex 2 – Cancer registrations

Mesothelioma deaths and cancer registrations in England, Wales and Scotland

Figures A2.1 and A2.2 compare mesothelioma mortality with cancer registrations for mesothelioma for the period from 2001 to 2022 for Wales, 2001 to 2023 for England and 2001 to 2023 for Scotland.

During the period 2001 to 2022, there were 45,330 male and 9,517 female registrations in GB where the cancer site was recorded as mesothelioma (C45), compared with 42,198 deaths among males and 8,274 among females (excluding a small number of those resident outside Great Britain).

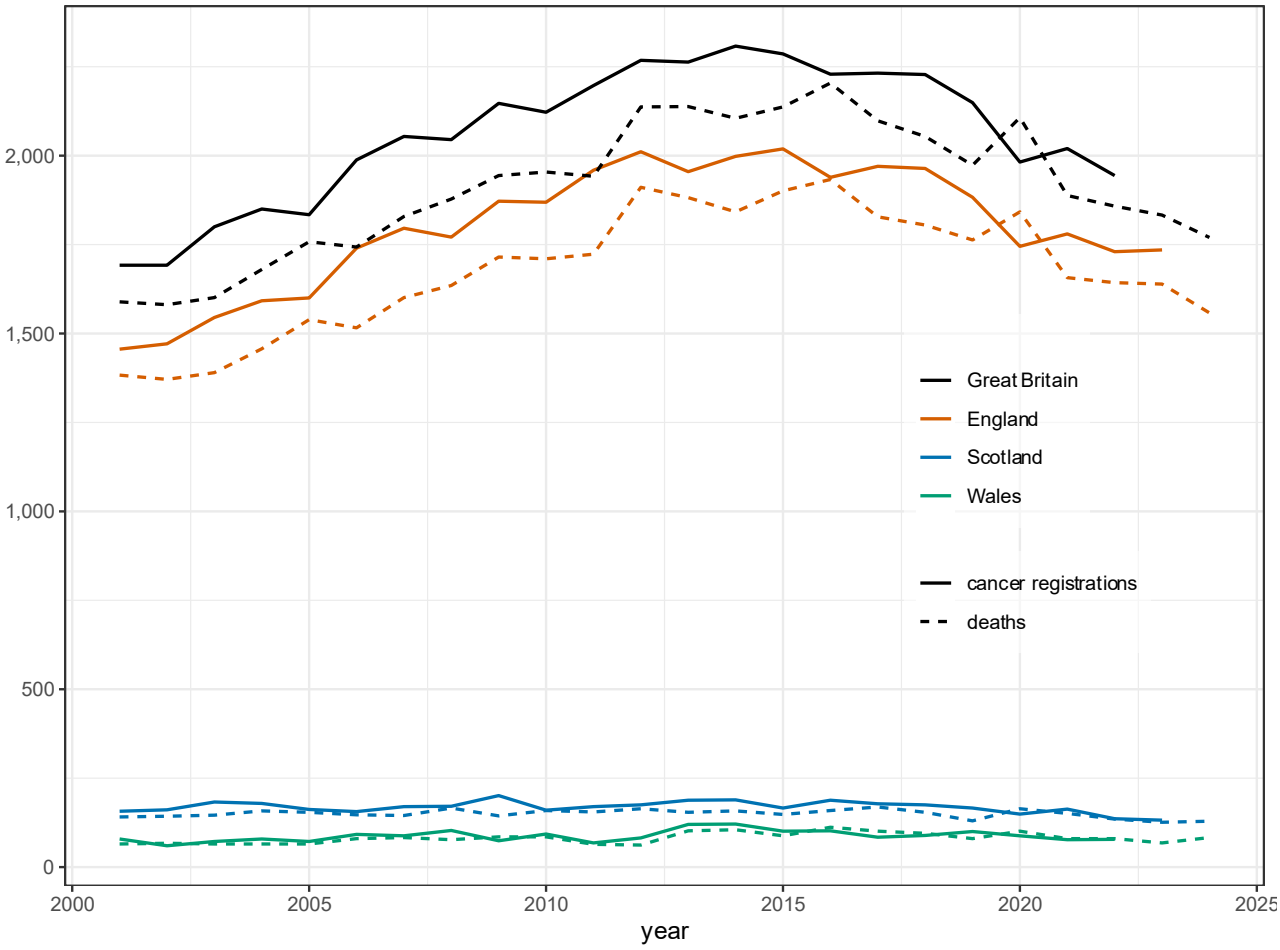


Figure A2.1 – Male mesothelioma cancer registrations and deaths for the time period 2001-2024

Sources: Public Health England, Public Health Wales, and Public Health Scotland (cancer registrations) and HSE Mesothelioma Register (deaths).

Annual cancer registrations are typically slightly higher than the number of mesothelioma deaths occurring in each year. A number of factors potentially account for the differences between the two series, including: variation in the time between date of cancer registration and death with some individuals with mesothelioma surviving for substantially longer than is typically the case, misdiagnosis of mesothelioma, and mesothelioma not being mentioned on some deaths certificates where it should have been. However, the close association between the two series suggests that these effects are relatively small, and that mesothelioma continues to be rapidly fatal in most cases.

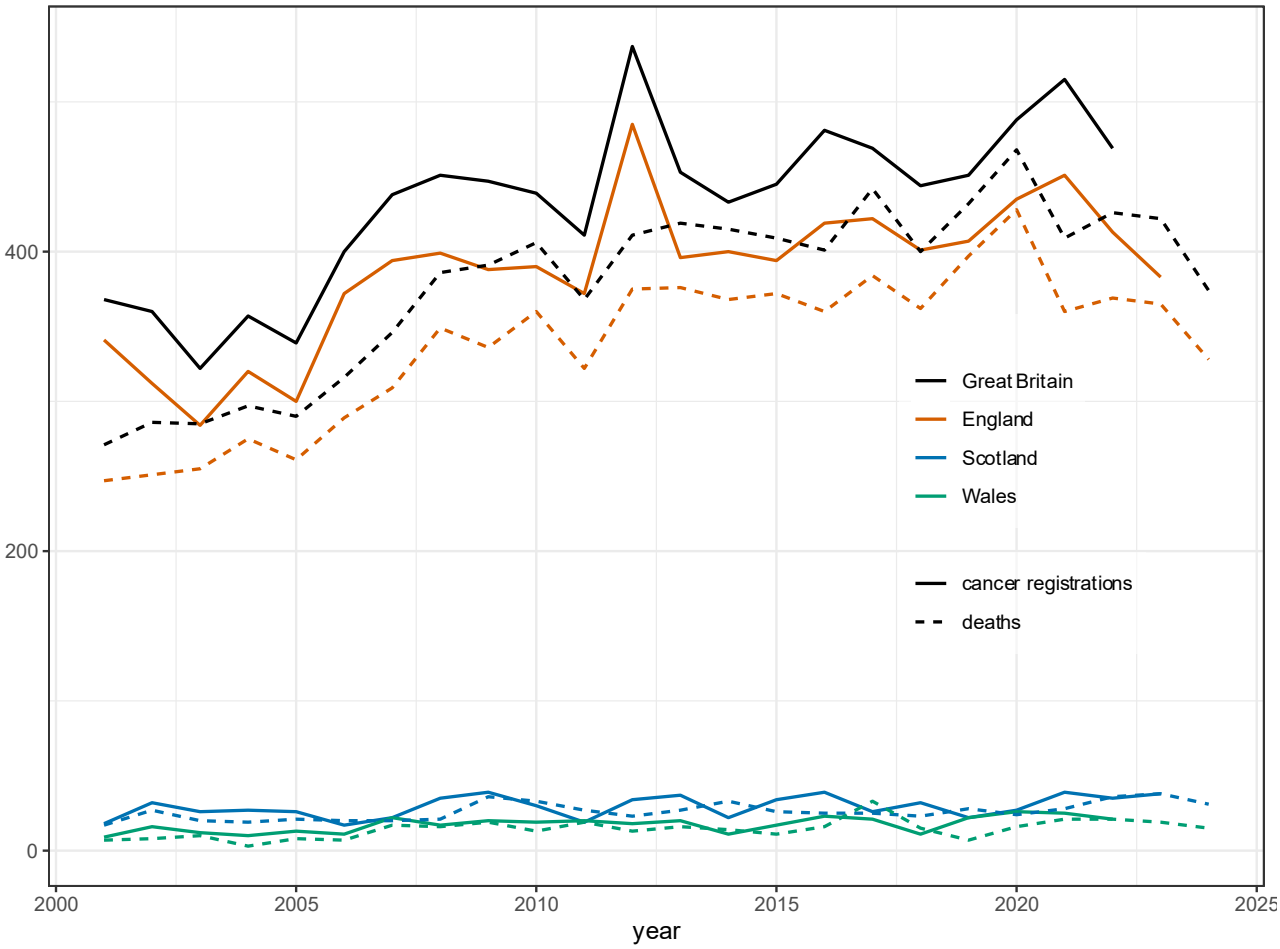


Figure A2.2 – Female mesothelioma cancer registrations and deaths for the time period 2001-2023

Sources: NHS Digital (Cancer Registrations Statistics, England 2021- First release, counts only - NHS Digital), Public Health Wales (Welsh Cancer Intelligence and Surveillance Unit (WCISU) - Public Health Wales (nhs.wales)), and Public Health Scotland (cancer registrations Cancer incidence in Scotland - to December 2021 - Cancer incidence in

Scotland - Publications - Public Health Scotland) and HSE Mesothelioma Register (deaths).

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