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# The Regional Municipality of Durham Information Report

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From: Commissioner & Medical Officer of Health  
Report: #2025-INFO-90  
Date: November 28, 2025

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**Subject:**

Canadian Cancer Statistics 2025

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**Recommendation:**

Receive for information

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**Report:**

**1. Purpose**

1.1 To provide an update on the report titled [Canadian Cancer Statistics 2025](#), released by the Canadian Cancer Society (CCS), Statistics Canada, and the Public Health Agency of Canada.

**2. Background**

2.1 CCS is a national charitable organization that supports people living with cancer across the country. CCS releases and regularly updates comprehensive surveillance statistics on cancer in Canada every other year.

2.2 CCS released this year's report on November 17, 2025. The report shares new cancer cases and deaths estimates, and cancer survival by sex, age, year, province and territory for 23 cancer types. It also looks at trends in cancer rates over time.

2.3 The CCS report is supported by the Canadian Cancer Statistics Dashboard, which provides a user-friendly and interactive visualization of projected estimates of cancer incidence and deaths. This tool is available online at [cancerstats.ca](https://cancerstats.ca)

a. Cancer incidence is the number and rate of new cases of cancer diagnosed each year and over time.

### 3. Report Highlights

- 3.1 The first chapter of the report shares key findings about cancer incidence. It answers the question “how many people get cancer in Canada?”.
- a. Cancer continues to impact a larger number of people in Canada each year. This is driven by the growing and aging population.
  - b. Estimates expect that 42 per cent of people in Canada will be diagnosed with cancer in their lifetime.
  - c. For the 2025 year, estimates expect that 254,800 new cancer cases will be diagnosed. Males are expected to account for more cases than females (131,800 compared to 122,900).
  - d. The four most diagnosed cancers are lung, breast, prostate, and colorectal. These cancer types are expected to account for nearly half (48 per cent) of all cancers diagnosed in 2025.
  - e. The rate of new cancer cases increases with age. Most new cancer cases are expected to be diagnosed in people aged 50 and older (93 per cent in males and 87 per cent in females).
  - f. Quebec is expected to have the highest cancer incidence rate (number of new cancer cases per 100,000 people), followed by Newfoundland and Labrador (663.9 per 100,000 and 635.4 per 100,000, respectively). British Columbia is expected to have the lowest incidence rate of all the provinces (545.2 per 100,000). Ontario’s projected rate is 598.7 new cancer cases per 100,000.
    - The provincial/territorial differences in rates could be the result of different risk factors as well as differences in diagnostic practices.
  - g. Overall, cancer rates have declined annually since 2011 for males, and since 2012 for females by -1.2 per cent and -0.4 per cent respectively.
  - h. Since 2016, the incidence rate for melanoma skin cancer stopped increasing in males but it continues to increase in females. This is a preventable cancer.
  - i. Between 1984 and 2005, Canada saw dropping cervical cancer incidence rates, but recently these rates have stopped dropping. In the report, this trend is flagged as a concern because this type of cancer is considered preventable, and Canada has made a goal of eliminating cervical cancer across the country by 2040. This trend signals that Canada may not meet its goal.
- 3.2 The second chapter examines cancer deaths by sex, age, geographic region, and over time. It answers the question “how many people die from cancer in Canada?”.

- a. In their lifetime, 22 per cent of people in Canada are expected to die from cancer.
  - b. For the 2025 year, estimates expect that 87,400 people in Canada will die from cancer. About 22 per cent of those deaths are expected to be caused by lung cancer.
  - c. The three leading causes of cancer deaths include lung, colorectal, and pancreatic cancers.
  - d. Nearly all cancer deaths (95 per cent) in Canada are expected to occur in people aged 50 years and older.
  - e. The most common causes of cancer deaths in children and people under the age of 30 include brain cancer, leukemia, soft tissue cancers, and non-Hodgkin lymphoma.
  - f. Cancer death rates are lower in the western provinces and Ontario, and higher in Quebec and the eastern provinces.
  - g. The death rates for all cancers combined peaked in the year 1988 and have been decreasing since then. However, the number of cancer deaths continues to increase each year because of Canada's growing and aging population.
  - h. In recent years, the death rates for lung, colorectal, and bladder cancers have been declining rapidly, by more than three per cent per year. The colorectal cancer death rate specifically is 50 per cent lower than it was 40 years ago.
- 3.3 The third chapter explores net survival by sex, age, geographic region, and over time. It answers the question "what is the probability of surviving cancer in Canada?". Net survival is a key metric to evaluate cancer care and screening initiatives.
- a. For the years 2015 to 2017, the predicted five-year net survival for all cancers combined was 64 per cent, up from 55 per cent in the early 1990s, signaling a positive trend.
  - b. The highest five-year net survival was for thyroid and testis cancers (both at 97 per cent). It was lowest for intrahepatic bile duct, pancreas, and esophagus cancers (six per cent, 10 per cent, and 16 per cent respectively).
  - c. Five-year net survival was generally higher among females than males (66 per cent compared to 62 per cent).
  - d. Most children diagnosed with cancer survived at least five years (84 per cent).
  - e. Some of the biggest increases in five-year net survival have been for blood-related cancers.

- f. Since the early 1990s, survival has improved across all cancers reported, except for those of the central nervous system, intrahepatic bile duct, uterus, and soft tissues.
  - g. Looking at five-year net survival for all cancers combined, significant progress has been made in each province studied, though some provinces have seen more progress than others. Ontario has the highest survival rate (64 per cent), and Nova Scotia has the lowest (61 per cent).
  - h. Five-year survival in Canada for the most diagnosed cancers decreased with increasing stage of disease at diagnosis.
- 3.4 The fourth chapter answers the question “what is the impact of cancer in Canada?”.
- a. Cancer is the leading cause of death and the leading cause of premature death in Canada.
  - b. A cancer diagnosis can place profound financial stress on the healthcare system, individuals and families, and society at large. Projected costs in 2025 include:
    - \$31.6 billion of direct health systems costs.
    - \$3.8 billion of direct out-of-pocket costs for individuals and families.
    - \$2.6 billion direct time costs.
    - \$1.3 billion indirect costs.
  - c. Cancer outcomes are not equitable among people in Canada. Disparities exist based on sociodemographic factors such as race, ethnicity, age, language, geography, gender identity, sexual orientation, and socio-economic status.

#### **4. Previous Reports**

- 4.1 [2023-INFO-99](#) provided an update on the report [Canadian Cancer Statistics 2023](#) released by the CCS and the Government of Canada.
- 4.2 [2024-INFO-86](#) provided an update on the report [Canadian Cancer Statistics: A 2024 special report on the economic impact of cancer in Canada](#), released by the CCS and the Government of Canada.

#### **5. Relationship to Strategic Plan**

- 5.1 This report aligns with/addresses the following Strategic Direction and Pathway in Durham Region’s 2025-2035 Strategic Plan:
  - a. Healthy People, Caring Communities
    - H1. Implement preventive strategies to support community health, including food security.

## **6. Conclusion**

- 6.1 Cancer is the leading cause of death in Canada, in addition to being the leading cause of premature death.
- 6.2 Prevention, screening and early detection, treatment, survivorship and palliative care all play an important role in cancer control. These strategies must be considered when assessing how to address the ongoing impact of cancer in Canada.
- 6.3 Federal, provincial, and local data inform DRHD's chronic disease prevention programs.

Respectfully submitted,

Original signed by

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