



Ministry  
of Defence

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Dear [REDACTED],

Thank you for your email dated 11 November 2015 requesting the following information:

- A table of cancer deaths (in line with the table in the Gulf National Statistic) for all in service deaths.
- The number of Service personnel diagnosed with Cancer whilst in Service.

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA).

A search for the information has now been completed within the Ministry of Defence, and I can confirm that information within the scope of your request is held.

**Table 1** below presents the number of in-Service UK Armed Forces deaths by Cancer type for the period 1 January 1984 (the earliest data available) to 31 December 2014 (the latest full year available).

**Table 2** below presents the number of UK Armed Forces personnel who have had a clinical code (read code) entered into their primary care record relating to 'neoplasms' between 1 January 2007 (earliest point that the integrated primary care system rolled out) and 31 October 2015 (latest data available at time of extract).

**Table 1: UK Armed Forces<sup>1</sup> deaths<sup>2</sup> by Cancer type, 1 January 1984 to 31 December 2014, numbers**

ICD Code	Cancer site	Number of deaths
<b>C00-D48</b>	<b>Neoplasm</b>	<b>976</b>
<b>C00-C99</b>	<b>Malignant Neoplasms (MN)</b>	<b>950</b>
<b>C00-C14</b>	<b>MN of lip, oral cavity and pharynx</b>	<b>16</b>
C11	MN of nasopharynx	5
<b>C15-C26, C48</b>	<b>MN of digestive organs and peritoneum</b>	<b>269</b>
C15	MN of oesophagus	37
C16	MN of stomach	34
C17	MN of small intestine	5
C18	MN of colon	64
C19	MN of rectosigmoid junction	25
C20	MN of rectum	18
C22	MN of liver and intrahepatic bile ducts	26
C25	MN of pancreas	48
C26	MN of other and ill-defined digestive organs	8
<b>C30-C39</b>	<b>MN of respiratory and intrathoracic organs</b>	<b>101</b>
C34	MN of bronchus and lung	90
<b>C40-C45, C47, C49-C50</b>	<b>MN of bone, connective tissue, skin and breast</b>	<b>119</b>
C40	MN of bone and articular cartilage of limbs	8
C41	MN of bone and articular cartilage of other and unspecified sites	19
C43	Malignant melanoma of skin	40
C49	MN of other connective and soft tissue	21
C50	MN of breast	12
<b>C51-C68</b>	<b>MN of genitourinary organs</b>	<b>77</b>
C53	MN of cervix uteri	5
C56	MN of ovary	6
C61	MN of prostate	7
C62	MN of testis	17
C64	MN of kidney, except renal pelvis	30
C67	MN of bladder	9
<b>C69-C80</b>	<b>MN of other and unspecified sites</b>	<b>176</b>
C70	MN of meninges	5
C71	MN of brain	99
C76	MN of other and ill-defined sites	18
C80	MN without specification of site	42
<b>C81-C96</b>	<b>MN of lymphatic and haematopoietic tissue</b>	<b>192</b>
C81-C85, C91.4, C96	Lymphomas	83
C81	Hodgkin's diseases	28
C82-C85, C91.4, C96	Non-Hodgkin's lymphoma	55
C91-C95 excl C91.4	Leukaemias	100
C92	Myeloid leukaemia	57
<b>D00-D48</b>	<b>In situ neoplasms, benign neoplasms and neoplasms of uncertain behaviour or unspecified nature</b>	<b>26</b>

Source: Defence Statistics (Health)

**Notes:**

1. Figures are for tri-Service regular personnel and only those reservists who have died on operational deployment.
2. As coded to the World Health Organisation's International Statistical Classification of Diseases and Health-related Problems 10th revision (ICD-10).

**Table 2: UK Armed Forces<sup>1</sup> Read codes for Neoplasms<sup>2</sup>, by Read code chapter, 1 April 2007 to 1 December 2015, numbers<sup>3</sup>**

Read Code chapter	Read code description	
<b>All personnel</b>		<b>34,685</b>
B	Neoplasms	30
B0	Malignant neoplasm of lip, oral cavity and pharynx	40
B1	Malignant neoplasm of digestive organs and peritoneum	151
B2	Malignant neoplasm of respiratory tract and intrathoracic organs	40
B3	Malignant neoplasm of bone, connective tissue, skin and breast	1,193
B4	Malignant neoplasm of genitourinary organ	452
B5	Malignant neoplasm of other and unspecified site	112
B6	Malignant neoplasm of lymphatic and haemopoietic tissue	288
B7	Benign Neoplasms	30,731
B8	Carcinoma in situ	172
B9	Neoplasms of uncertain behaviour	152
BA	Unspecified nature neoplasm	7
BB	Morphology of neoplasms	3,808
By	Neoplasms otherwise specified	55

Source: Defence Medical Information Capability Programme (DMICP)

<sup>1</sup> UK Armed Forces comprises all Service personnel who have a medical record on DMICP. This includes trainees and Reservist personnel.

<sup>2</sup> All codes entered by primary care clinicians from the 'B' Chapter (Neoplasms) of the Read code hierarchy. Please note diagnostic tests were carried out in secondary care (hospital) facilities and information may be subsequently added to the primary care record.

<sup>3</sup> Each person has been counted once for each chapter of codes that appear in their record. i.e an individual with a code of B76 'Mole of skin' and BBEJ '[M]Intradermal naevus' has been counted in the 'B7' chapter and the 'BB' chapter. Therefore the number of personnel with codes in each chapter will be more than the total sum of personnel with any neoplasm code in their record.

### **Deaths:**

Defence Statistics (Health) compiles the Department's authoritative deaths database for all **UK Armed Forces personnel who died whilst in Service** going back to 1984. Information is compiled from several internal and external sources from which we release a number of internal analyses and external National Statistics Notices.

To record information on cause and circumstances of death, Defence Statistics uses the World Health Organisation's International Statistical Classification of Diseases and Health-related Problems 10th revision (ICD-10).

Defence Statistics conduct a yearly validation exercise on cause of death information where it cross-references the medical information it holds against publicly available death certificate information available from the NHS. This validated information is released yearly in the National Statistic publication: [Deaths in the UK Regular Armed Forces](#)

### **Diagnosis:**

From 2007 onwards the MOD introduced a new electronic patient record (DMICP) which has a centralised data warehouse from which searches for codes can be run. The rollout of DMICP began was largely completed for the UK fixed base by the end of 2010. Data between 2007 and the end of 2010 are incomplete. Rollout of DMICP to deployed and overseas locations commenced in 2011. Data are entered into the electronic patient record as either text or Read codes. Only Read coded information is available from the data warehouse.

The data warehouse was searched for all Read codes in Chapter B – Neoplasms: which include all malignant and benign neoplasms (Chapter B7 includes code B76 'Mole of Skin'). Please note not all neoplasms are coded in a way which enables the identification of whether they are malignant or benign. Each person has been counted once for each chapter of read code that was entered in their medical record. For example an individual with a code of B76 'Mole of skin' and BBEJ '[M]Intradermal naevus' has been counted in the 'B7' chapter and the 'BB' chapter. An individual with code B76 'Mole of Skin' and B768 'Melanocytic naevi of skin' will only be counted once in the

B7 chapter. In order to identify whether these were separate conditions or different codes entered for the same illness would require a specialist review of the individual case. It is possible that the same incident of cancer could be given different read codes within the primary care record.

Please note that it is not possible to identify from the coded information which patients are currently experiencing a particular medical condition or when initial diagnosis occurred. The codes only show the number of people within a time frame who have had a code entered in their record for a condition.

Diagnoses of cancer are made in secondary care (NHS or private hospitals). A hospital may then advise a military GP if a patient has a diagnosis of cancer in the form of a letter. A military GP can record this information in a number of ways; a paper letter may be filed in a paper medical record. A letter may be scanned into the electronic patient record (e.g. in a pdf format), the GP may add additional Read codes to the electronic patient record which can be searched for electronically.

The figures above do not include cases where the letter was only filed in a paper record or where the letter was scanned or notes made as free text (as opposed to codes). Figures above may also contain codes where a GP suspected that the patient may have a neoplasm but the central data warehouse cannot be searched to establish if these cases were all confirmed by hospital tests.

The NHS holds cancer registries which record all cases of cancer including military personnel. However the MOD does not have access to this data and does not hold a separate cancer registry for military personnel.

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1<sup>st</sup> Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail [CIO-FOI-IR@mod.uk](mailto:CIO-FOI-IR@mod.uk)). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <https://ico.org.uk/>.

Yours sincerely

Defence Statistics (Health)