Barbados National Registry

Cancer in Barbados: Key Trends and Policy Implications (2013–2022)

December 19th, 2025

Purpose: To summarise Barbados National Registry cancer findings and highlight priority actions for prevention, early detection, and service planning.

Key Messages

- Barbados records approximately 980 new cancer cases each year, with incidence remaining higher than global averages.
- Breast, prostate, and colorectal cancers account for most diagnoses and deaths.
- A growing proportion of cancers are diagnosed at a late stage, reducing survival and increasing treatment costs.
- Lung cancer, though uncommon, remains a leading cause of cancer death.
- Population ageing will place increasing pressure on cancer and supportive care services.

The Cancer Burden at a Glance

Table 1: Summary Statistics for BNR-Cancer, 2013-2022

Year	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
No. registrations (tumours)	983	941	981	924	1019	1015	1082	1092	884	885
No. registrations (patients)	977	932	943	910	990	997	1046	1069	865	868
% of entire population	0.35	0.33	0.33	0.32	0.35	0.35	0.37	0.37	0.30	0.31
Age-standardized Incidence Rate (ASIR) per 100,000	213.7	202.6	207.0	191.9	221.0	215.8	235.1	243.9	206.2	209.7
No. registered by death certificate only (DCO)	25	12	29	48	60	80	85	101	41	59
% of tumours registered as DCOs	2.5	1.4	3.0	5.2	5.8	8.0	7.8	9.3	4.6	6.6
1-year survival (%)	63.8	66.8	66.6	69.6	68.7	64.3	63.0	66.6	64.05	66.0
3-year survival (%)	57.8	54.3	53.7	57.8	59.0	51.1	49.35	51.6	48.9	49.2
5-year survival (%)	.	.	52.6	56.4	56.4	47.9	46.0	44.7	40.8	42.9

Note 1: 2022 (Population=282,986), 2021 (Population=281,207), 2020 (Population=287,371), 2019 (Population=287,021), 2018 (Population=286,640), 2017 (Population=286,229), 2016 (Population=285,798), 2015 (Population=285,327), 2014 (Population=284,825), 2013 (Population=284,294)

Notes 2: 5-year survival is missing for 2021 and 2022 due to an insufficient follow-up period.

Between 2021 and 2022, the Barbados National Registry recorded 941 and 983 new cancer cases, respectively. Over the decade 2013–2022, cancer affected 0.33–0.35% of the population annually.

In 2022, age-standardised incidence rates were 223 per 100,000 men and 210 per 100,000 women, exceeding global benchmarks. While more cases occur among women, incidence rates remain higher among men.

Most cancers are diagnosed among adults aged 65–79 years, reflecting population ageing and signalling rising future demand for oncology, radiotherapy, and palliative care services.

Priority Cancers

Figure 1: Age-standardised Incidence Rate (ASIR) curves for top five cancers, 2013 – 2022

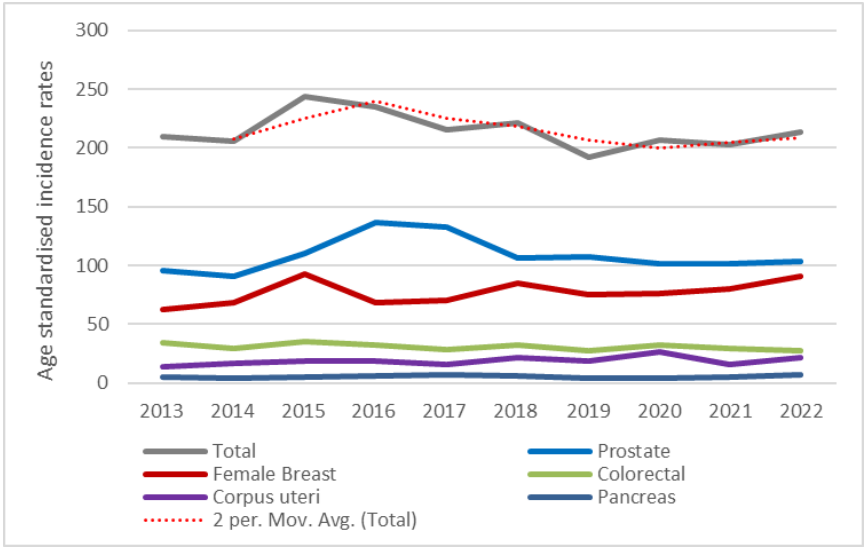


Table 2: Number and percentage of the top five cancer sites by gender, and ASIR with 95% uncertainty intervals (95% UI), Barbados, 2022, Women (146,370) Men (134,837)

Gender	Site	Number of tumours	% of all tumours	ASIR	95% UI
Women (total cases)		**513**	**100**	**209.7**	**191.1 – 229.9**
Breast		209	40.7	90.6	78.19 – 104.6
Colorectal		75	14.6	28.4	22.1 – 36.2
Corpus uteri		58	11.3	21.3	16.1 – 28.0
Pancreas		22	4.3	7.5	4.7 – 12.0
Cervix uteri		21	4.09	10.51	6.3 – 16.6
Men (total cases)		**469**	**100**	**223.3**	**203.2 – 245.1**
Prostate		230	49.0	103.7	90.6 – 118.4
Colorectal		58	12.4	27.0	20.4 – 35.3
Stomach		17	3.6	8.6	4.9 – 14.3

Lung	15	3.2	7.5	4.1 – 12.8
Pancreas	13	2.8	6.2	3.3 – 11.0

- **Prostate cancer:** Nearly half of all male cancers; incidence has plateaued, but mortality remains high.
- **Breast cancer:** Leading cancer among women, with continued increases in new cases, including among men.
- **Colorectal cancer:** A major contributor to both incidence and mortality in both sexes.
- **Gastrointestinal cancers:** Colorectal, pancreatic, and stomach cancers together accounted for 19% of all cancers in 2022.

Although lung cancer represents less than 2% of incident cases, it consistently ranks among the top causes of cancer-related death, reflecting late diagnosis.

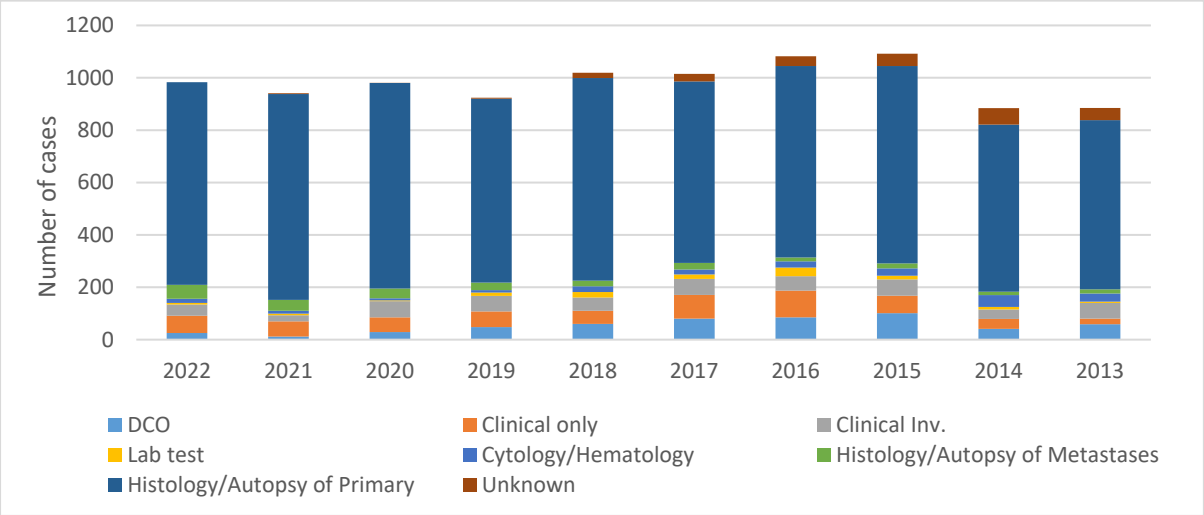
Table 3: Top 10 Cancer-related deaths and percentage of total cancer deaths, 2021 - 2024

2021		**2022**		**2023**		**2024**	
Site	**Deaths**	**Site**	**Deaths**	**Site**	**Deaths**	**Site**	**Deaths**
Prostate	139 (19.1%)	Prostate	163 (19.8%)	Prostate	173 (18.8%)	Prostate	155 (24.2%)
Colorectal	118 (16.2%)	Colorectal	116 (14.1%)	Colorectal	141 (15.3%)	Colorectal	113 (17.6%)
Female breast	75 (10.3%)	Female breast	75 (9.1%)	Female breast	101 (10.9%)	Female breast	73 (11.4%)
Lung	47 (6.5%)	Lung	43 (5.2%)	Lung	65 (7.0%)	Corpus uteri	46 (7.2%)
Pancreas	29 (4.0%)	Pancreas	42 (5.1%)	Liver	51 (5.5%)	Lung	40 (6.2%)
Kidney	26 (3.6%)	Liver	35 (4.3%)	Pancreas	40 (4.3%)	Pancreas	35 (5.5%)
Stomach	23 (3.2%)	Kidney	30 (3.6%)	Corpus uteri	32 (3.5%)	Kidney	31 (4.8%)
Multiple Myeloma	22 (3.0%)	Cervix uteri	24 (2.9%)	Kidney	28 (3.0%)	liver	31 (4.8%)
Corpus uteri	21 (2.9%)	Corpus uteri	24 (2.9%)	Stomach	27 (2.9%)	Stomach	27 (4.2%)
Non-Hodgkin Lymphoma	21 (2.9%)	Stomach	23 (2.8%)	Multiple Myeloma	24 (2.6%)	Bladder	17 (2.6%)

Notes 3:numbers have adjusted from the previous reports due to data cleaning and consolidation, and late death registrations.

Late Diagnosis and Survival

Figure 2: Basis of Diagnosis for Cancer Cases, 2013-2022



Evidence of delayed diagnosis is increasing. In 2022, more cancers were identified through **metastatic disease** than in any of the previous nine years, suggesting late presentation or diagnostic delays.

Survival remains modest:

- **1-year survival:** ~66%
- **5-year survival:** ~49%

Earlier diagnosis would substantially improve outcomes and reduce treatment intensity.

What the Data Cannot Yet Tell Us

Important limitations for interpretation

- Cancer stage at diagnosis is not yet consistently available, limiting direct assessment of stage-specific outcomes.
- Treatment pathways, waiting times, and quality-of-care indicators are not captured in registry data.
- Survival differences by socioeconomic status, geography, or insurance coverage cannot currently be examined.
- Recent mortality trends may reflect **registration delays**, not true changes in cancer deaths.

Implications for Policy and Practice

1. **Strengthen early detection and screening** for breast, prostate, and colorectal cancers.
2. **Reduce diagnostic delays** through improved access to laboratory, imaging, and specialist referral services.
3. **Plan for an ageing population**, including oncology capacity, and rehabilitation and palliative care services.
4. **Examine** treatment pathways, waiting times, and quality-of-care indicators for cancers.
5. **Strengthen preventative strategies** by improving promotion of healthy lifestyles, and campaigns against smoking and obesity.
6. **Sustain cancer surveillance** to monitor trends and inform national cancer and NCD strategies, including the National Cancer Action Plan and future planning cycles.

This policy brief was prepared by Christina Howitt, Desiree Skeete, and Simon Anderson on behalf of the BNR Cancer team.

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