



Routes to diagnosis 2015 update: biliary tract cancer (including intrahepatic bile duct)

National Cancer Intelligence Network Short Report

Introduction

The routes to diagnosis (RtD) study has been updated to include all patients diagnosed between 2006 and 2013, covering 2 million newly diagnosed tumours. The methodology has remained the same as in previous RtD publications. Results have been published for 57 cancer sites in workbooks that can be found at the following link www.ncin.org.uk/publications/routes_to_diagnosis.

This briefing describes the national RtD results for biliary tract cancer (including intrahepatic bile duct). The definition used for this briefing is ICD10 C22.1, C24.0, C24.8-C24.9. It includes variation in routes over time, by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis, sex, age and deprivation.

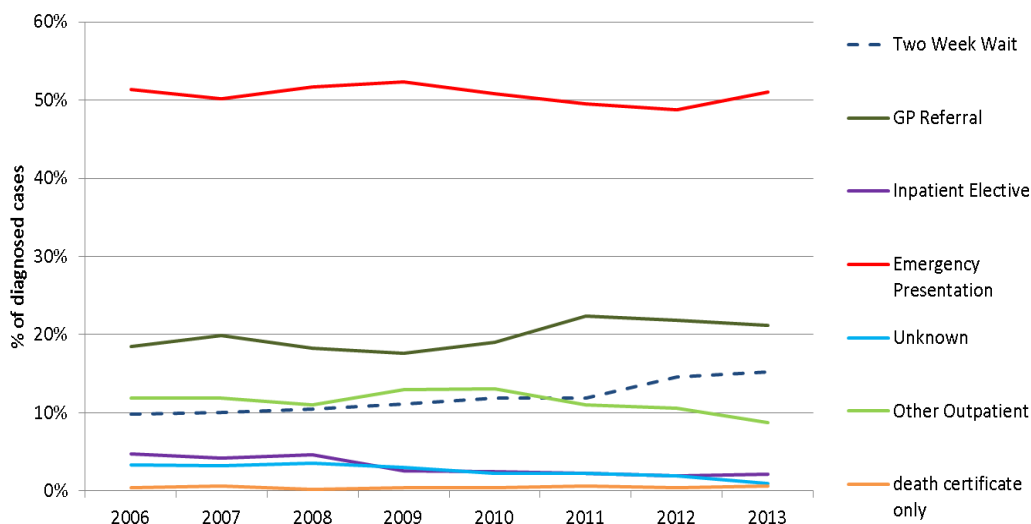
Summary of RtD for biliary tract cancer (including intrahepatic bile duct)

The proportion of cases diagnosed through most routes remained fairly stable between 2006 and 2013, however, there was some increase in the proportion of TWW in more recent years. Around half of cases were diagnosed following an emergency presentation and a fifth through GP referral.

Key messages

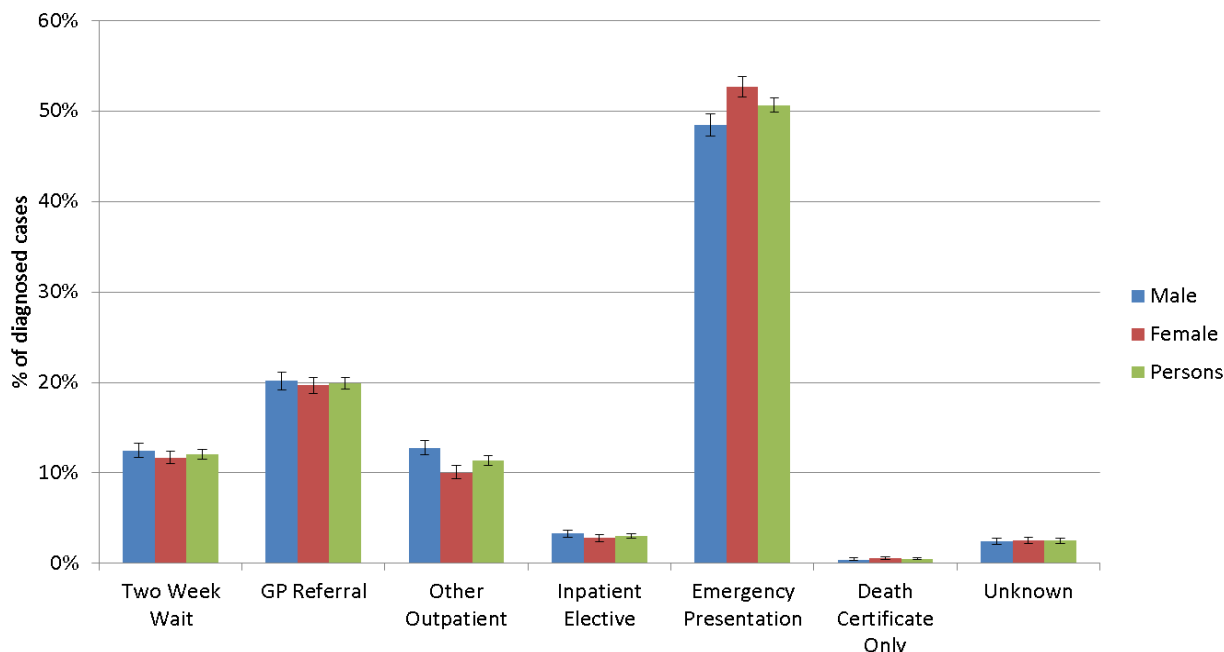
New data published for biliary tract cancer (including intrahepatic bile duct).

The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

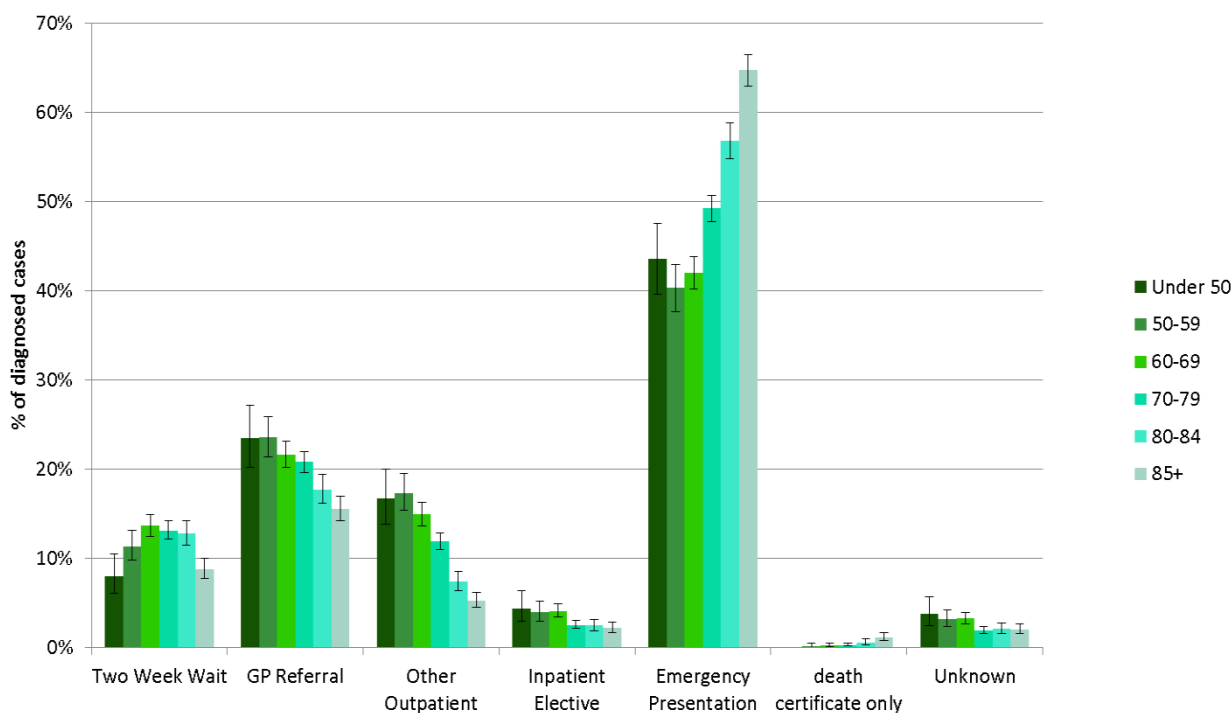


Route breakdowns for biliary tract cancer (including intrahepatic bile duct), 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 53% compared to 49% for males. There were no significant differences between males and females for TWW or GP referral.

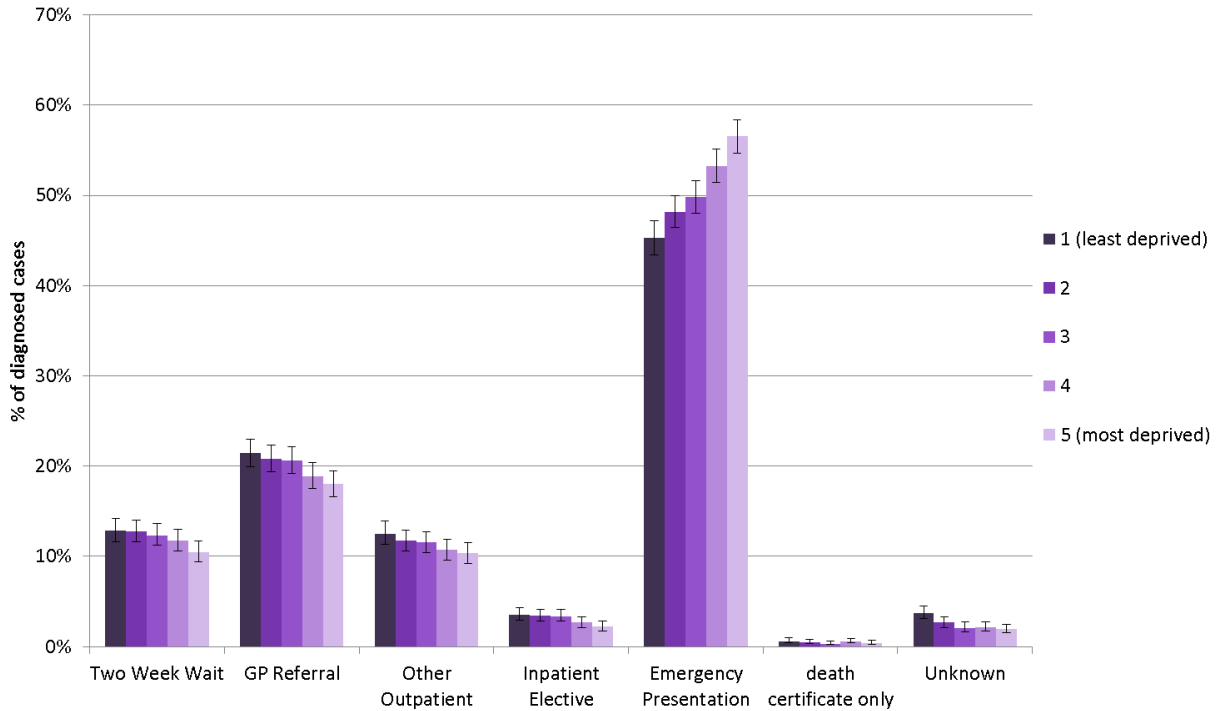


Age: emergency presentation generally increased with increasing age with a 21% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age, with the exception of diagnoses through TWW.

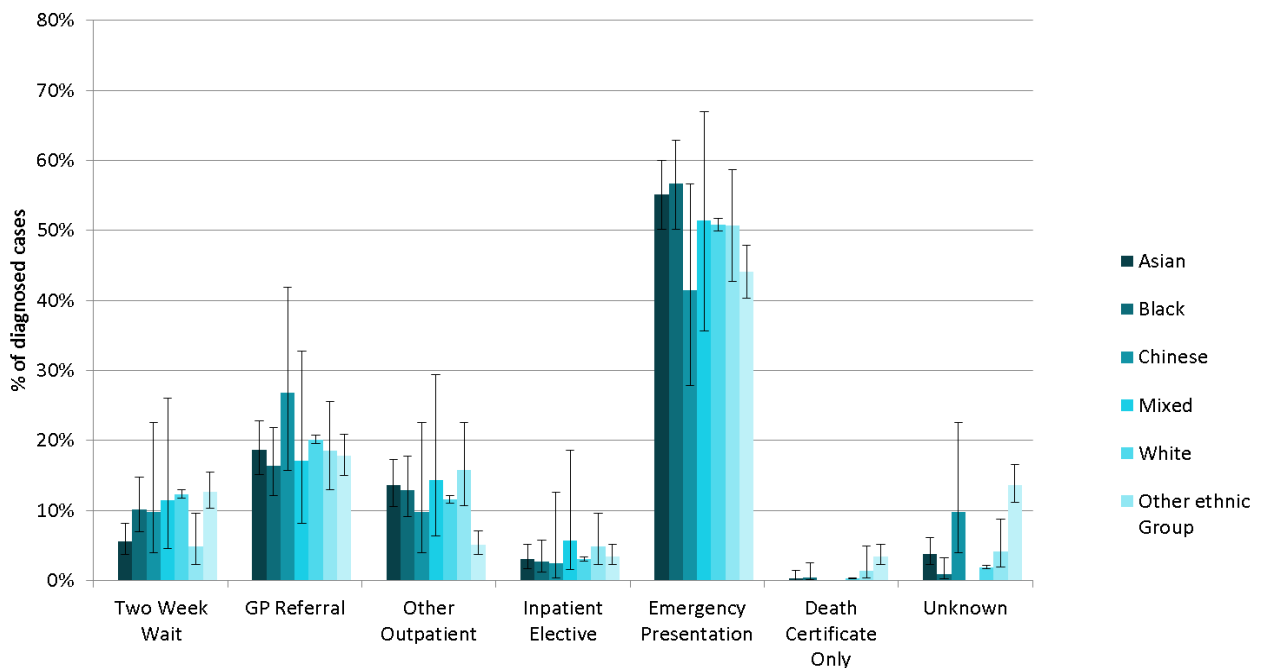


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Deprivation: emergency presentation increased with increasing deprivation with an 11% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the most deprived areas had a significantly lower proportion diagnosed through GP referral compared to those living in the least deprived areas; 18% compared to 21%; the same pattern for unknown routes.

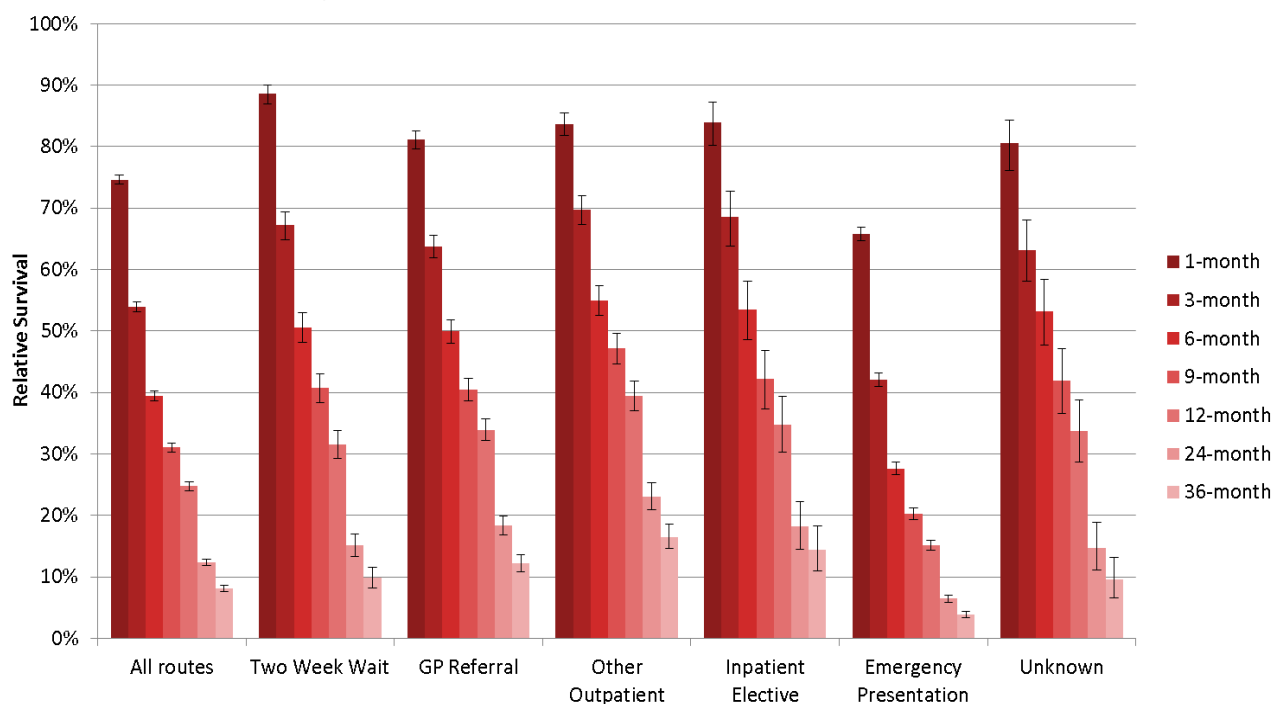


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide., however, the proportion of TWW was statistically significantly higher among patients of white ethnicity compared to patients of Asian ethnicity; 12% compared to 6%, respectively.

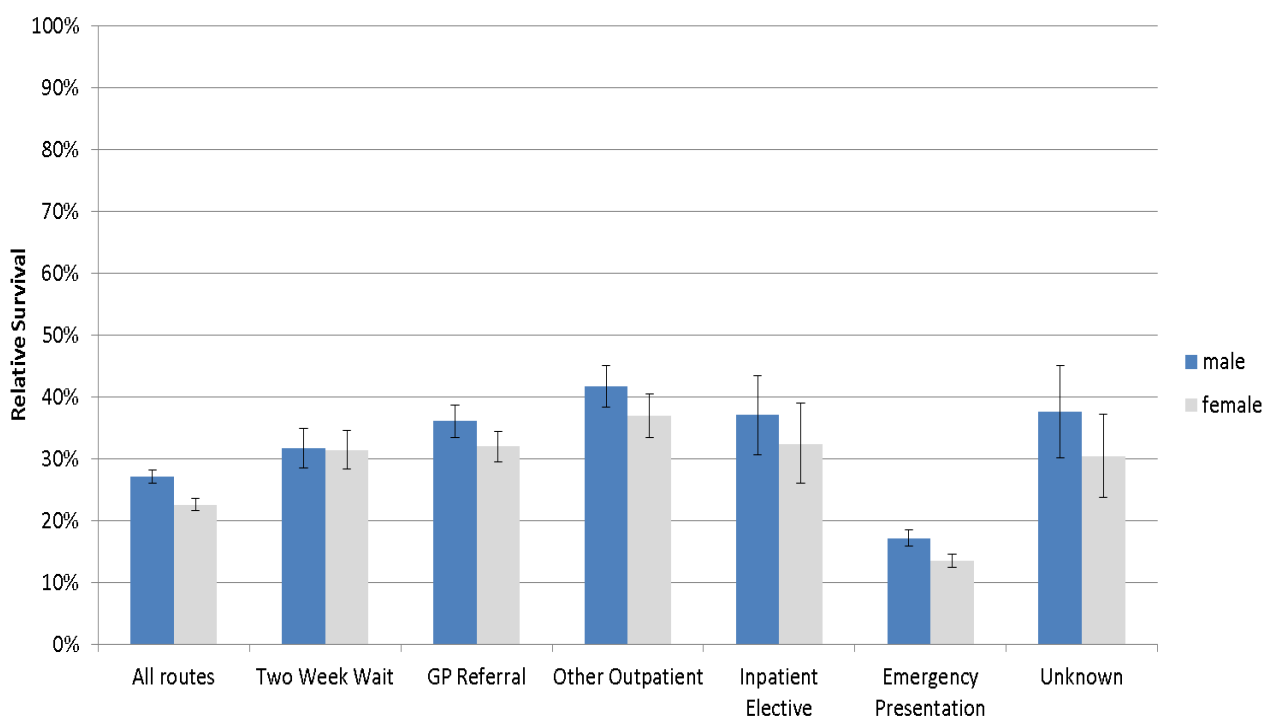


Survival results for biliary tract cancer (including intrahepatic bile duct), 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis, ranging from 66% at one month to 4% at three years after diagnosis.

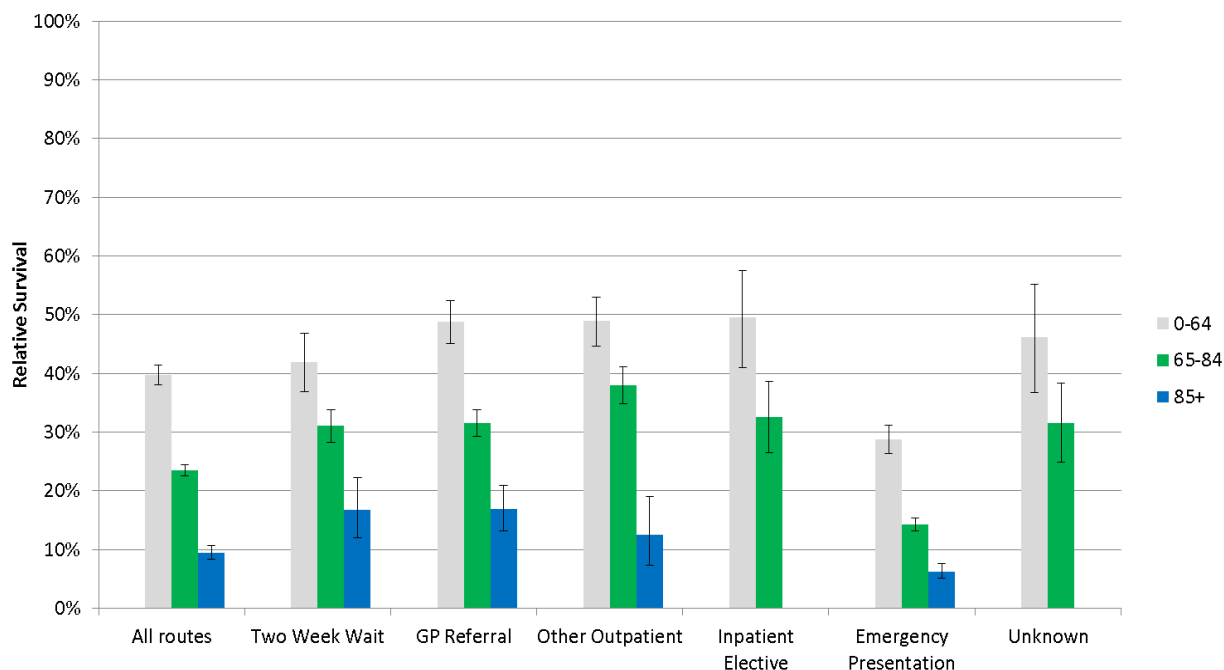


Sex: overall, one year survival was significantly lower for females compared to males. For emergency presentations, there was a statistically significant difference of 4%; 13% for females compared to 17% for males.

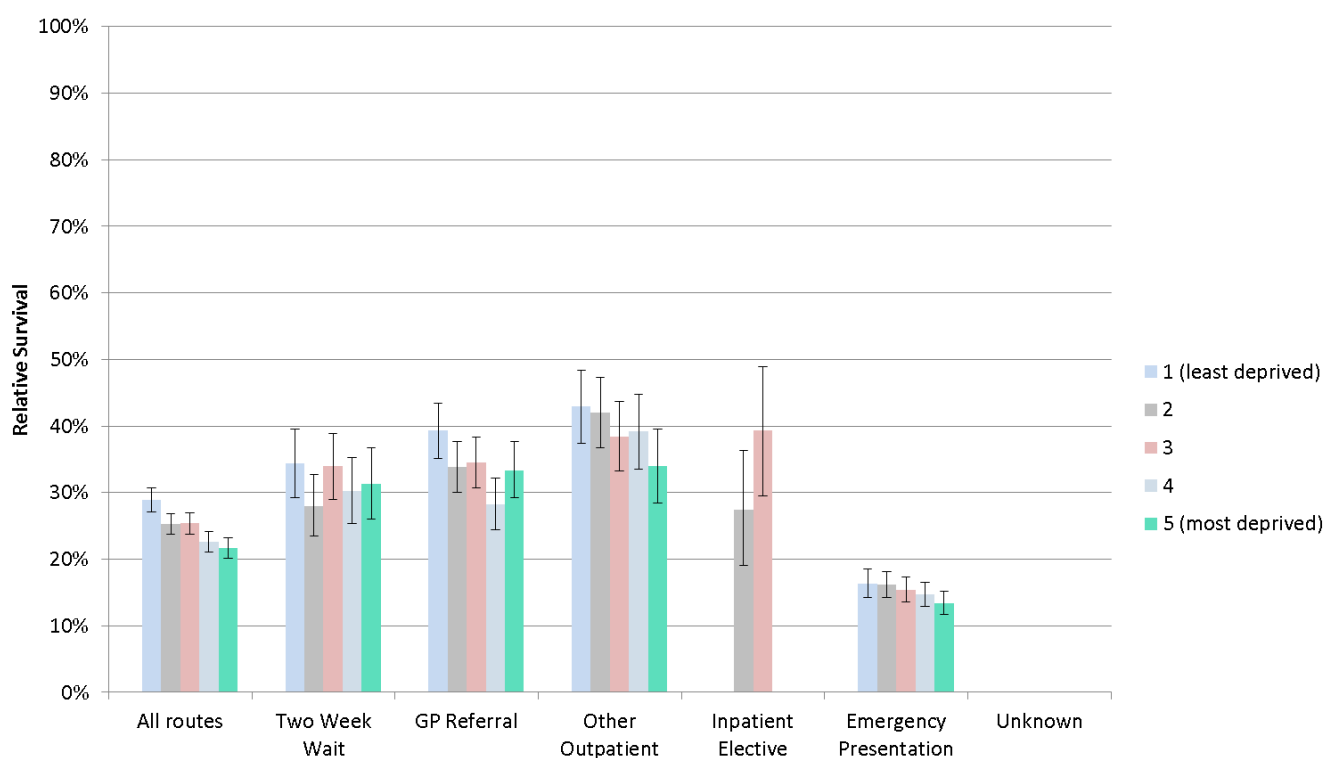


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Age: one year survival significantly decreased as age increased across all routes to diagnosis. By age group, survival for emergency presentation was significantly lower than for the same age group diagnosed through other routes to diagnosis, falling as low as 6% for those aged 85 and over.



Deprivation: overall, one year survival was significantly lower among patients living in the most deprived areas compared to those living in the least deprived areas. The route with the greatest difference was unknown at 19%; ranging from 25% in the most deprived group to 44% in the least deprived group.



Find out more:

This report forms part of a suite of publications from NCIN's Routes to Diagnosis project: www.ncin.org.uk/publications/routes_to_diagnosis

Other useful resources within the NCIN partnership:

What cancer statistics are available and where can I find them?

www.ncin.org.uk/publications/reports/

Public Health England's National Cancer Intelligence Network (NCIN) is a UK-wide initiative, working to drive improvements in cancer awareness, prevention, diagnosis and clinical outcomes by improving and using the information collected about cancer patients for analysis, publication and research.

www.gov.uk/government/organisations/public-health-england

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