Public Health England

Protecting and improving the nation's health

Routes to diagnosis 2015 update: bladder cancer

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 bladder cancer. The definition used for this briefing is ICD10 C67. 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.
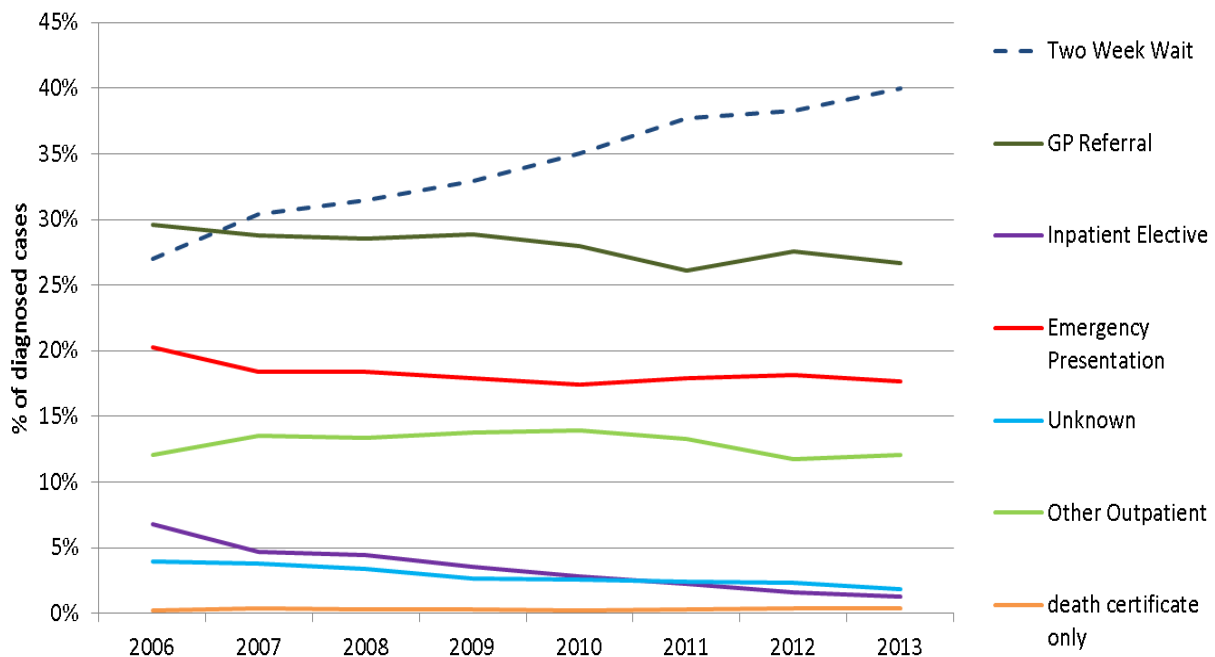
Key messages

New data published for bladder cancer.

The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.
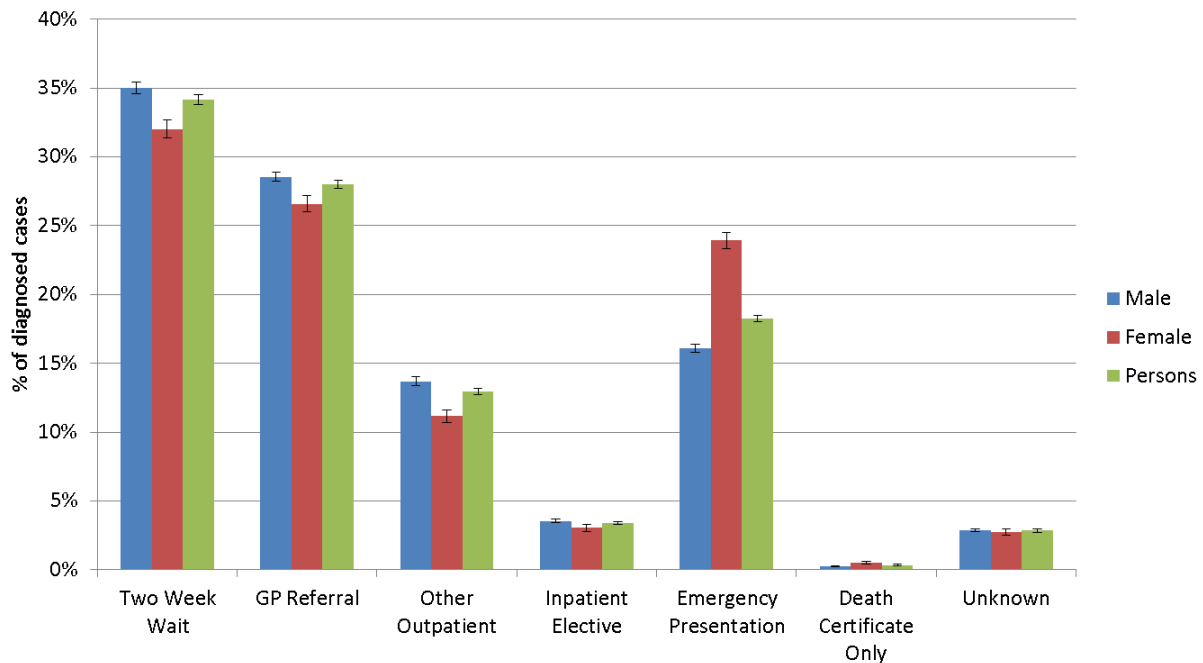
Summary of RtD for bladder cancer

Two week wait (TWW) was the commonest route, increasing by 13% between 2006 and 2013. The proportions diagnosed through emergency presentation and GP referrals decreased over the time period.
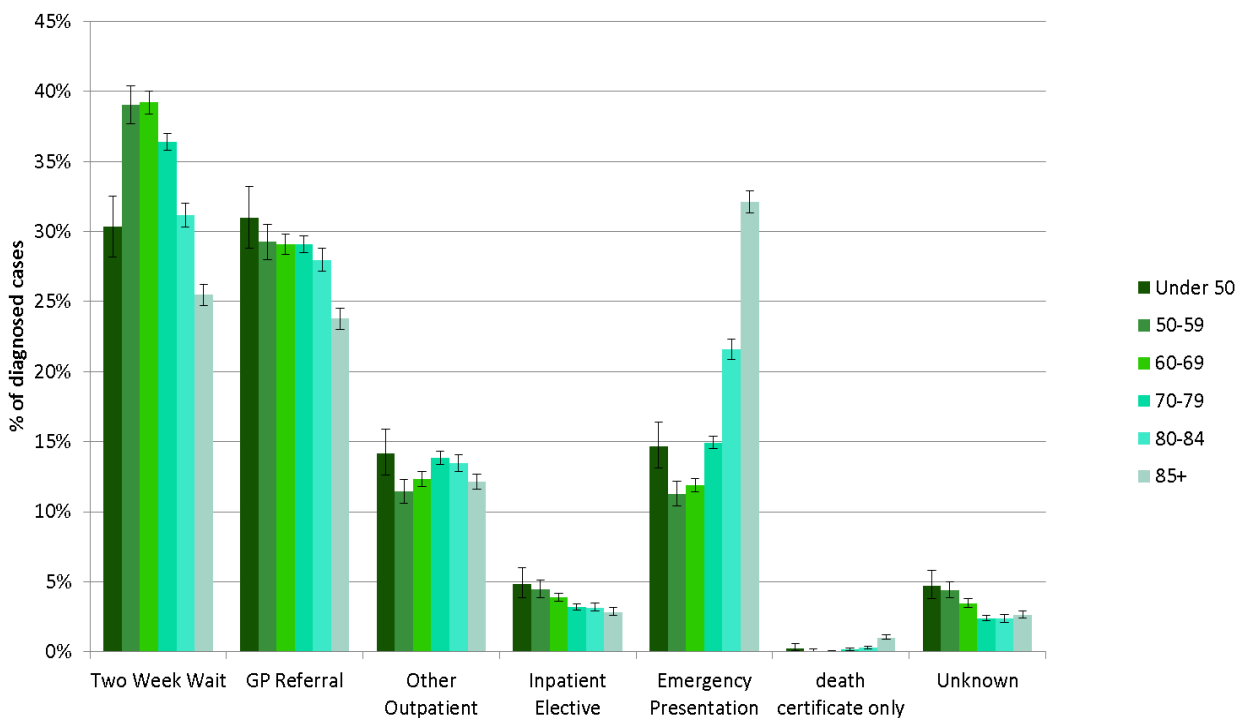
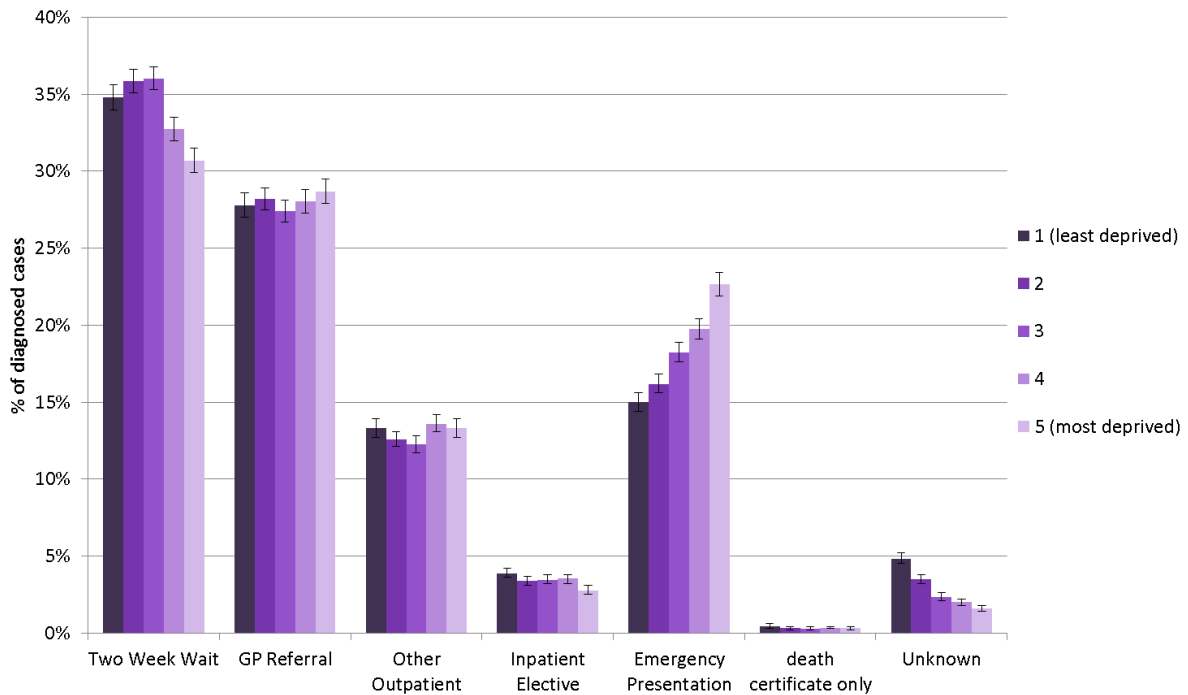## Route breakdowns for bladder cancer, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 24% compared to 16%. Compared to females, males had significantly higher proportions of cases diagnosed through both TWW and GP referral.
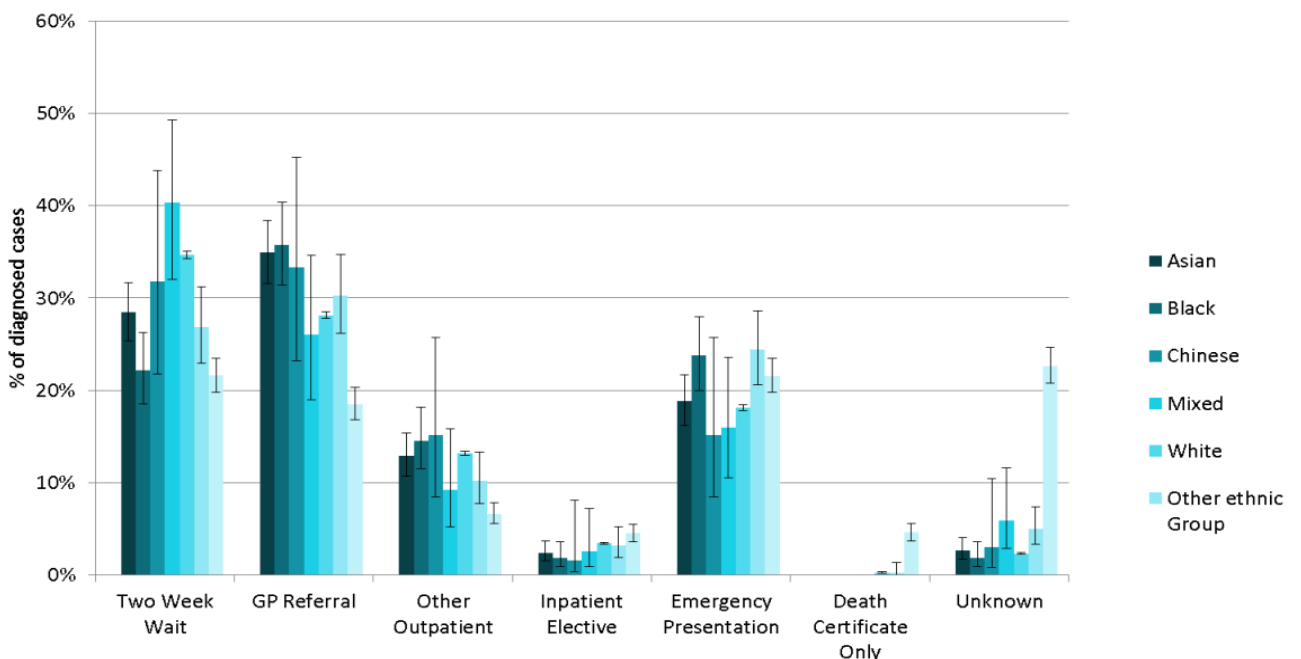

Age: emergency presentation generally increased with increasing age with a 17% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

Deprivation: emergency presentation increased with increasing deprivation with an 8% difference between those living in the least deprived areas and those living in the most deprived areas. Conversely, those living in the most deprived areas had a significantly lower proportion diagnosed through TWW.
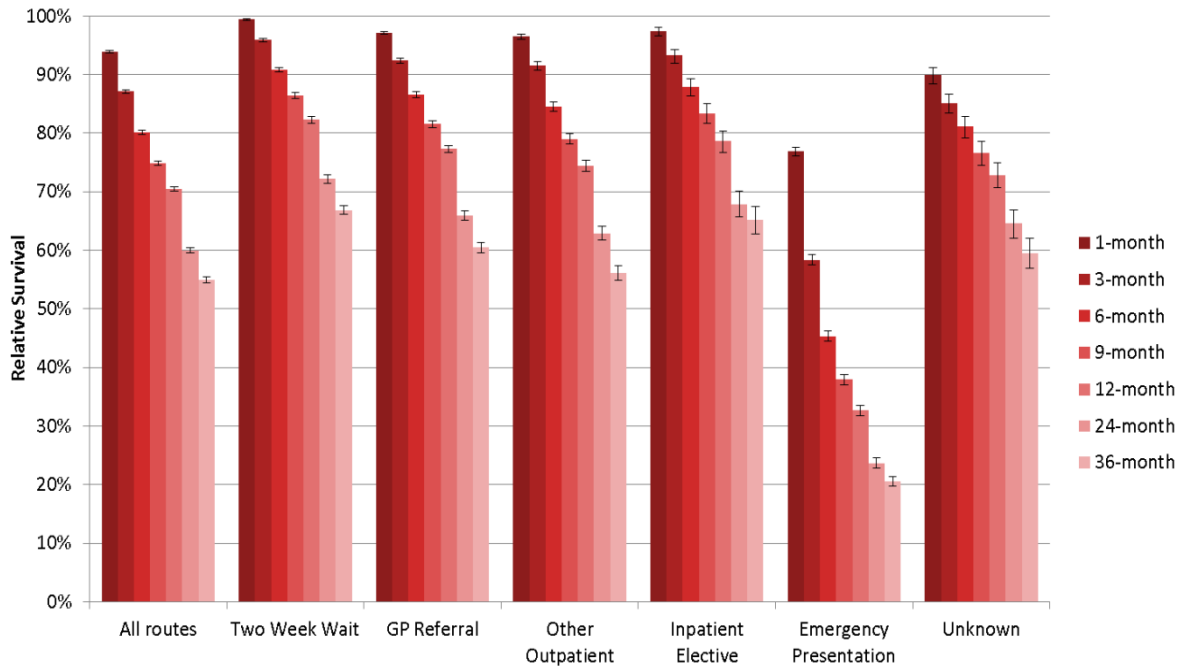

Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence interval are wide. The proportion of those of white ethnicity diagnosed through emergency presentation was significantly lower than those of black, other and unknown ethnicity at 28%.
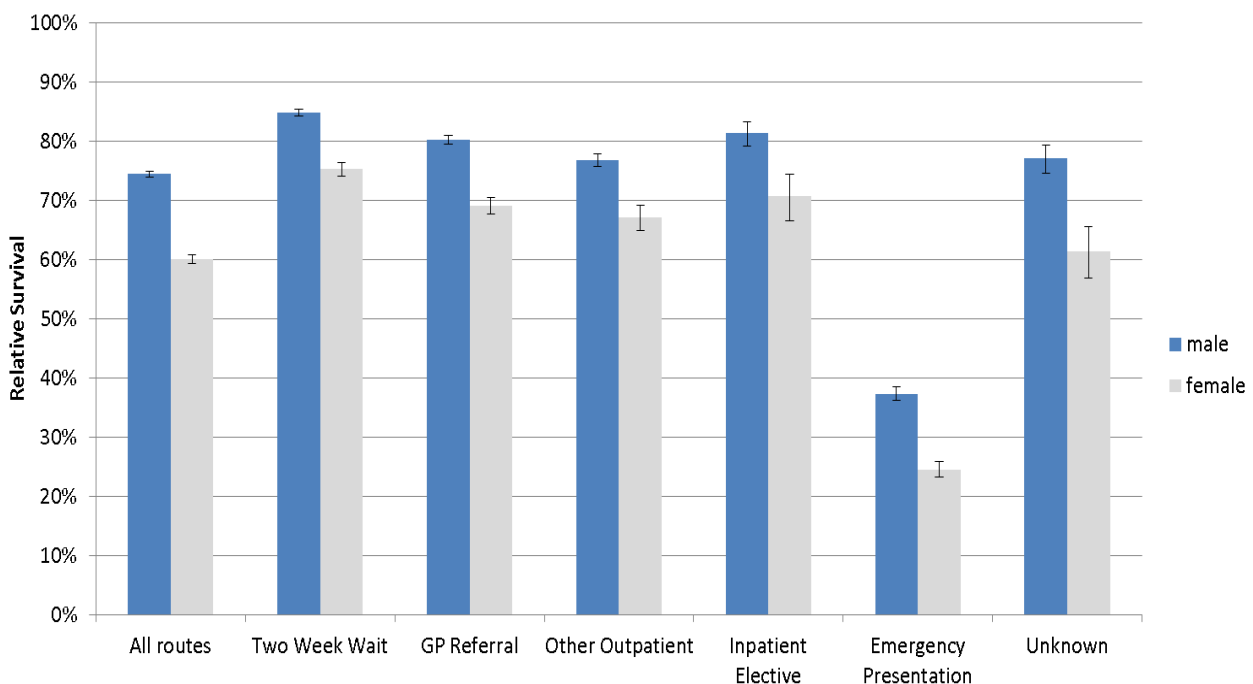
Survival results for bladder cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis; ranging from 76% at one month to 23% at three years after diagnosis. TWW was significantly better than all other routes, ranging from 99% for one month to 71% at three years.
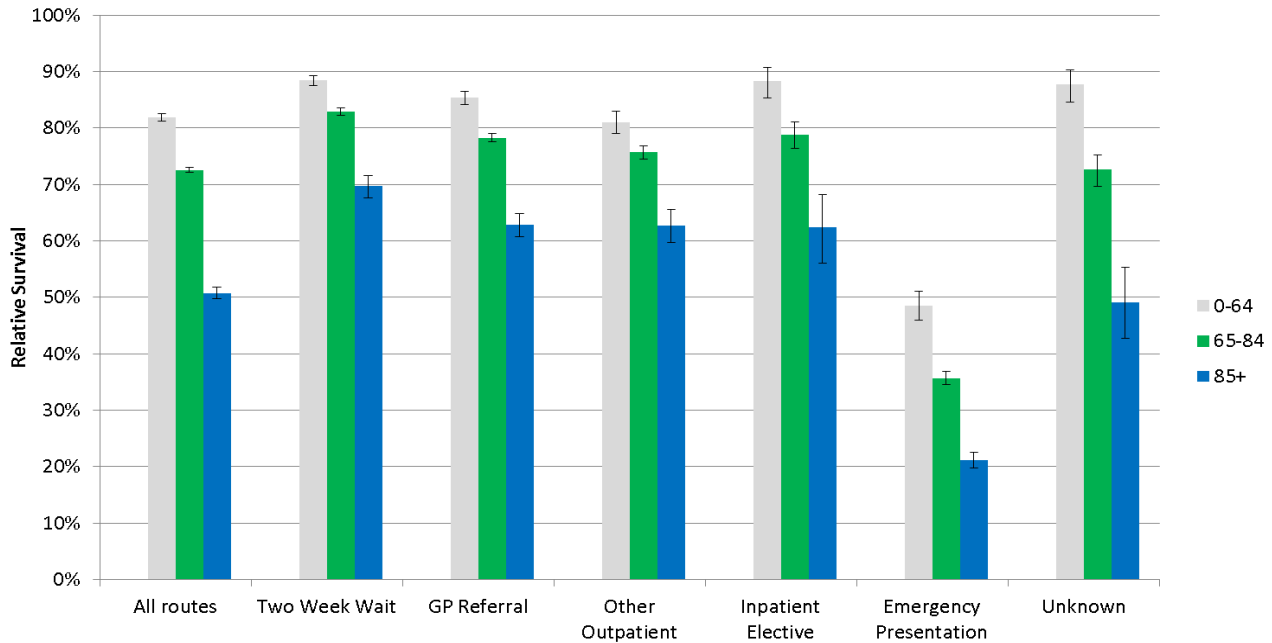

Sex: one year survival was significantly lower for all routes to diagnosis for females compared to males. For emergency presentations the gap is 13%. Unknown route had the largest gap at 16%.
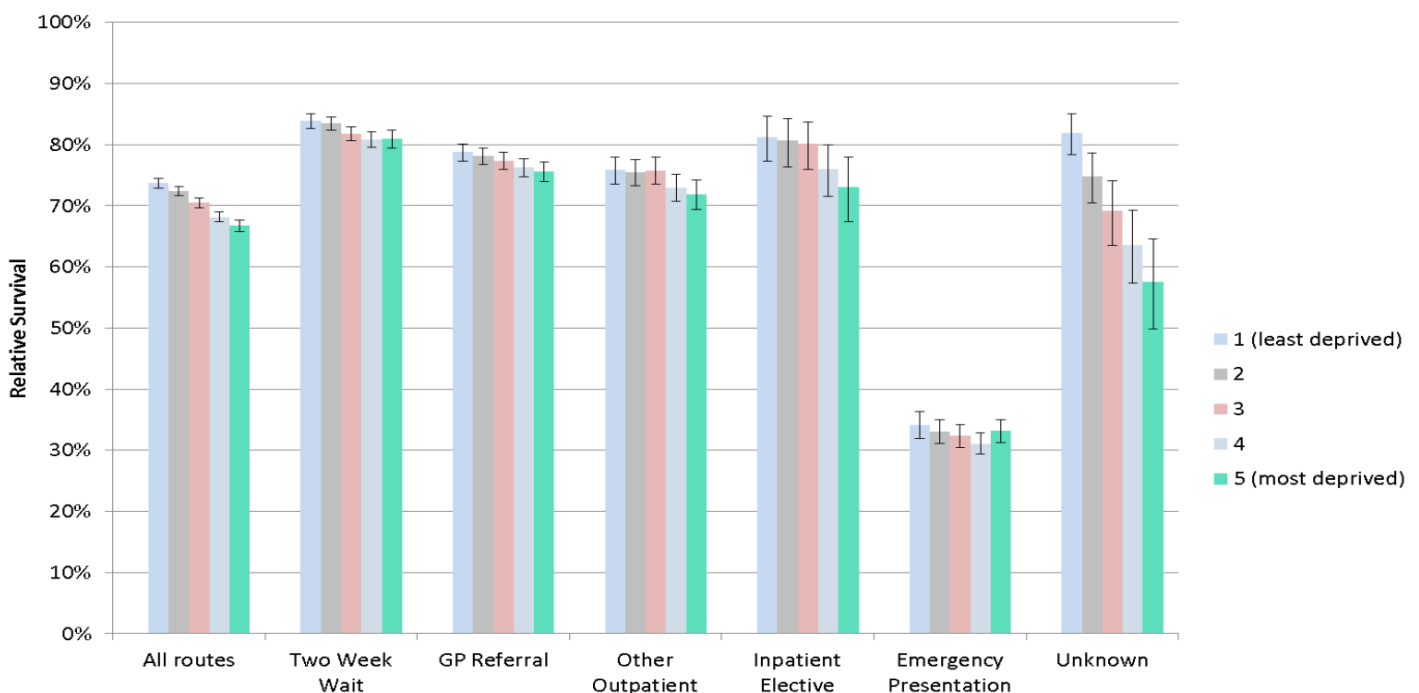
Age: one year survival significantly decreased as age increased across all routes to diagnosis. Survival for emergency presentation was significantly lower than all routes for all age groups, falling as low as 20% for those age 85 and over.

Deprivation: overall, one year survival was significantly different across deprivation groups, ranging from 74% in the least deprived group to 67% in the most deprived group. One year survival was also significantly higher among those diagnosed through TWW and GP routes living in the least deprived areas compared to those living in the most deprived areas.

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