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Protecting and improving the nation's health

Routes to diagnosis 2015 update: breast (female) 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 breast (female) cancer. The definition used for this briefing is ICD10 C50. It includes variation in routes over time, age, deprivation and ethnicity and variation in survival by time from diagnosis, age and deprivation.
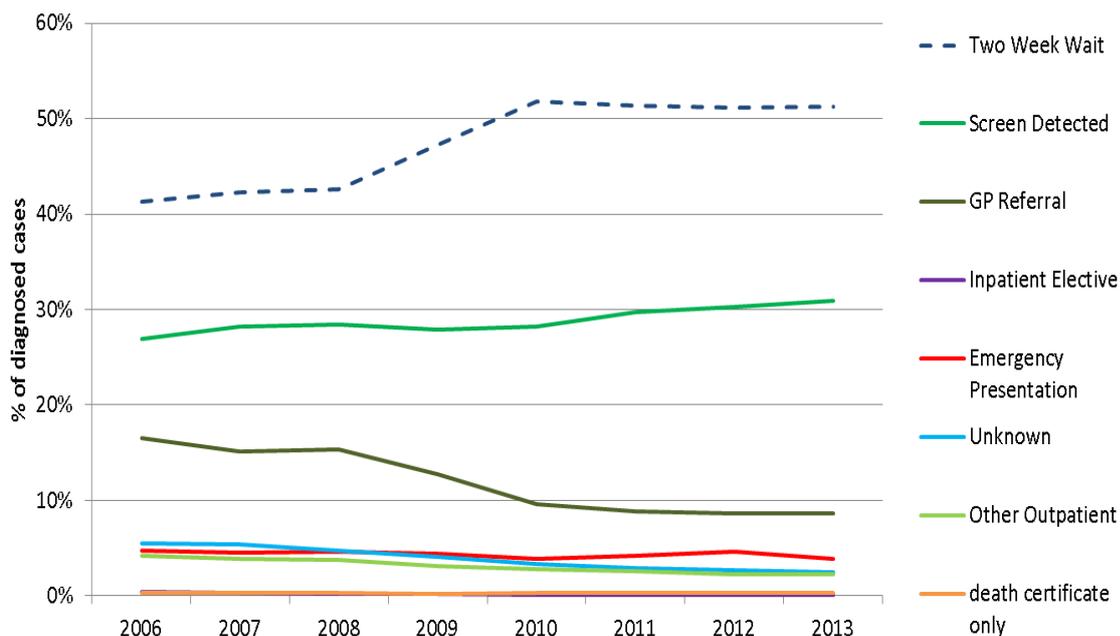
Key messages

New data published for breast (female) cancer.

The data shows variation by route over time, age, deprivation and ethnicity and also variation in survival.
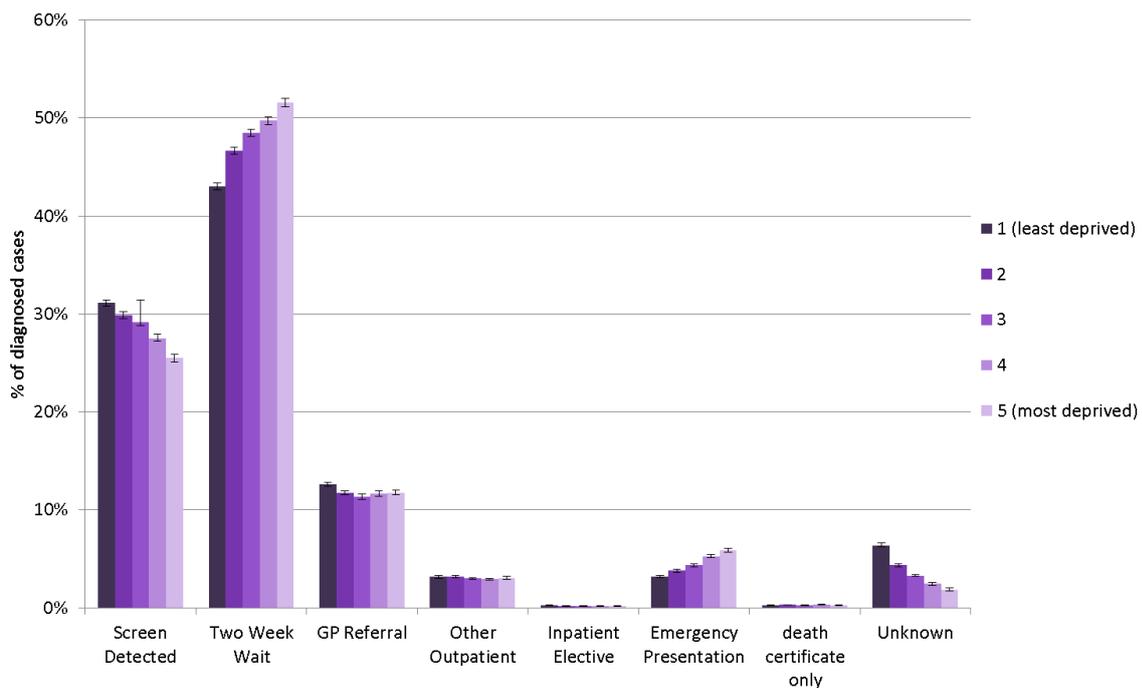
Summary of RtD for breast (female) cancer

Two week wait (TWW) was the commonest route, rising to 51% in 2013. Screen detected diagnoses significantly increased over the time period analysed from 27% to 31%.

Route breakdowns for breast (female) cancer, 2006 to 2013

Age: emergency presentation increased with increasing age from 2% in those aged under 50 to 17% in those aged 85 and over. For those aged in their 50s and 60s, screen detected was the commonest route accounting for 49% and 56%, respectively.
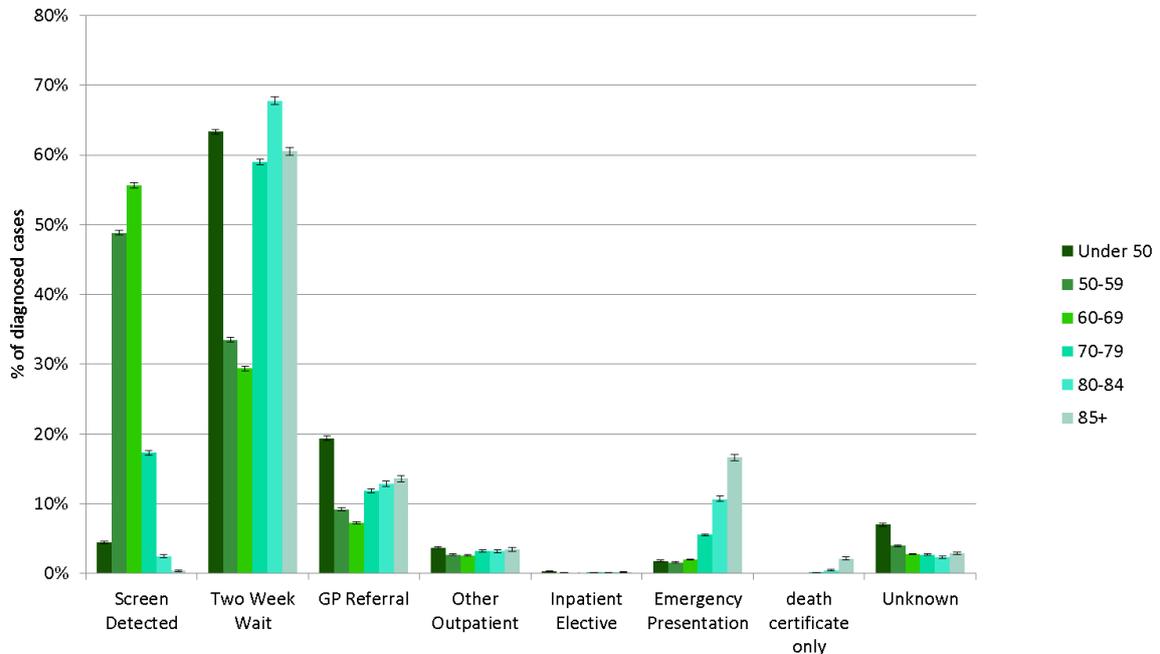

Deprivation: those living in the most deprived areas had a significantly lower proportion of screen detected cases (25% compared to 31%), and a significantly higher proportion of TWW compared to those living in the least deprived areas (52% compared to 43%, respectively).

Ethnicity: those of white ethnicity had a significantly higher proportion diagnosed through screen detected compared to those of black, mixed and other ethnicities. GP referral was significantly higher among those of black ethnicity compared to all other ethnicity groups at 20%.
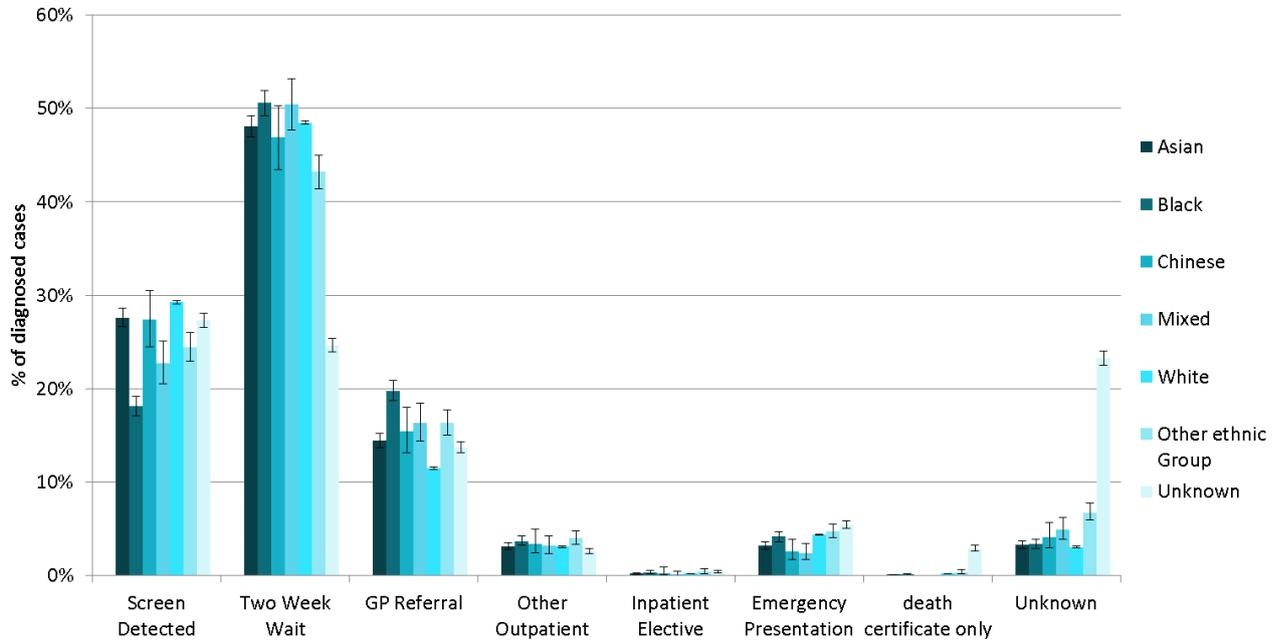
## Survival results for breast (female) cancer, 2006 to 2013

Survival for women diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 77% at one month to 36% at three years after diagnosis. Screen detected cases had a survival estimate of 100% regardless of the time since diagnosis.
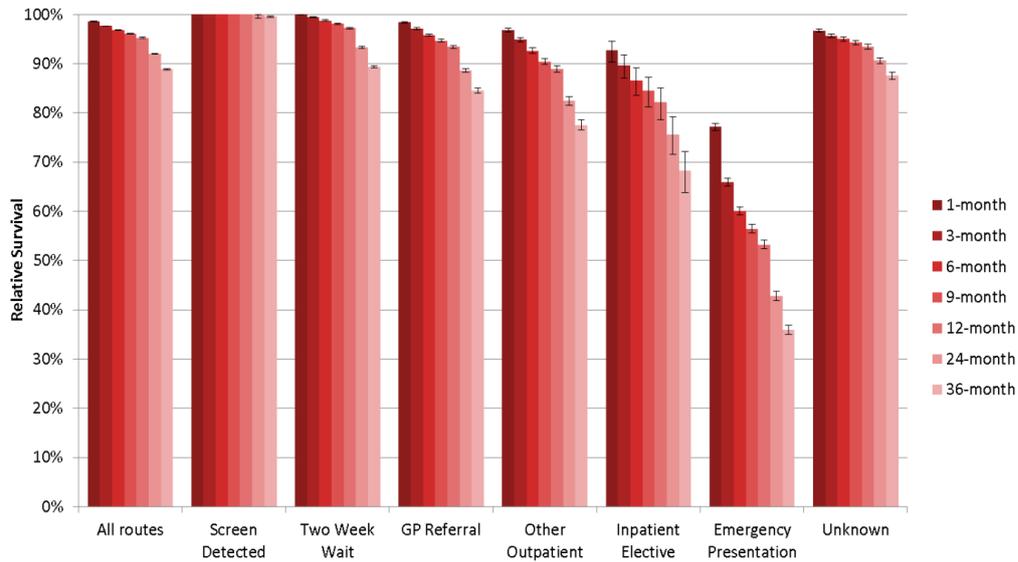
Age: one year survival significantly decreased as age increased for most routes to diagnosis. By age group, survival for emergency presentation was significantly lower than for all routes, falling as low as 46% for those age 85 and over.
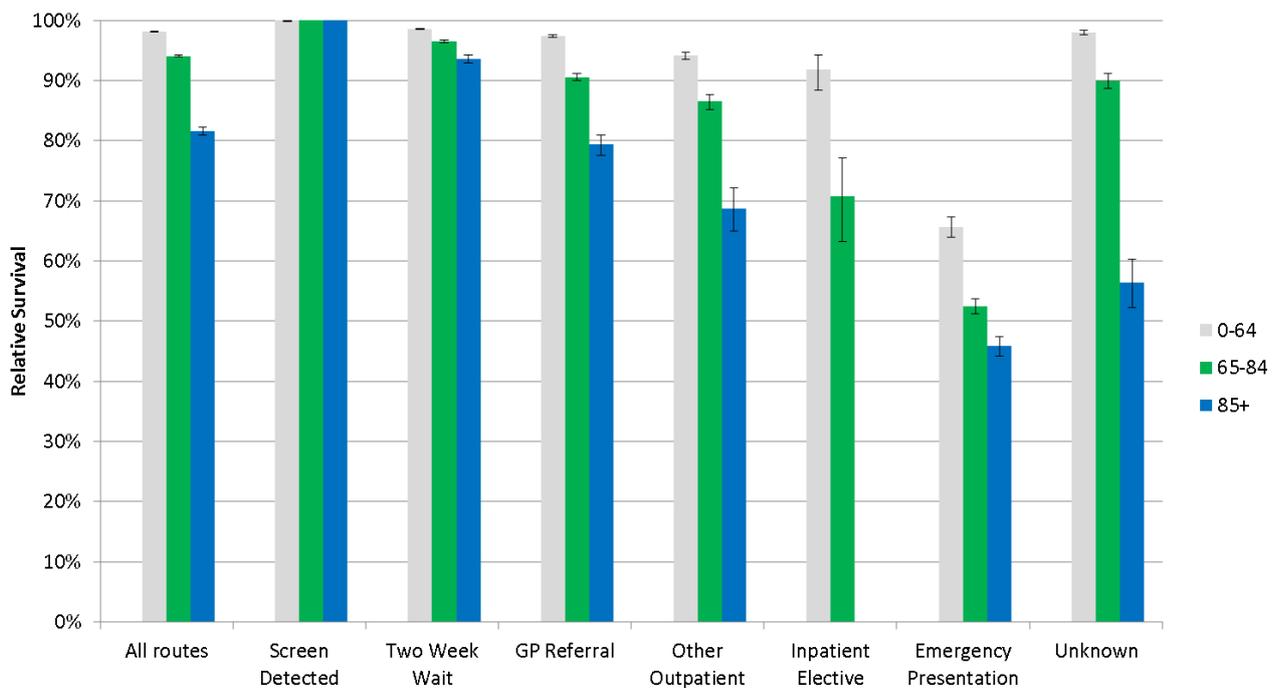
Deprivation: overall, one year survival was significantly lower among patients living in the most deprived areas compared to those living in the least deprived areas; 94% compared to 97%, respectively. Most other routes, with the exception of screen detected cases also followed this pattern.
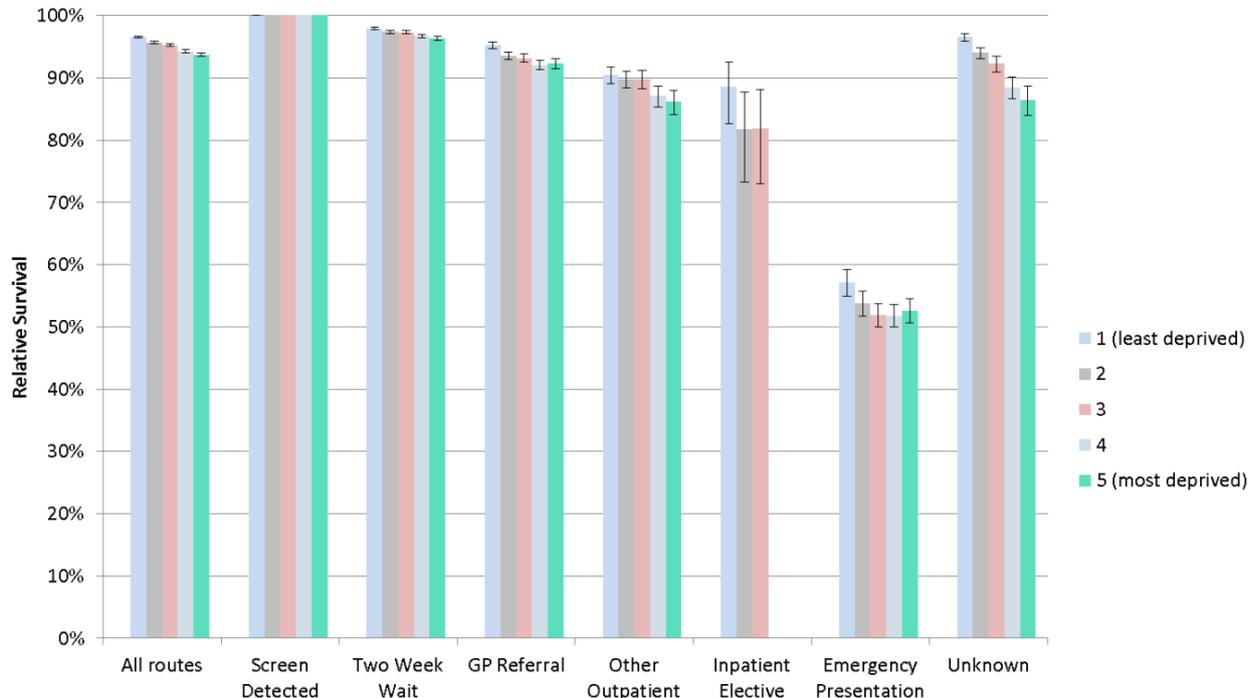
Find out more:

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