



Routes to diagnosis 2015 update: leukaemia: chronic lymphocytic

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 leukaemia: chronic lymphocytic. The definition used for this briefing is ICD10 C91.1. It includes variation in routes over time, by sex, age, deprivation and variation in survival by time from diagnosis, sex, age and deprivation.

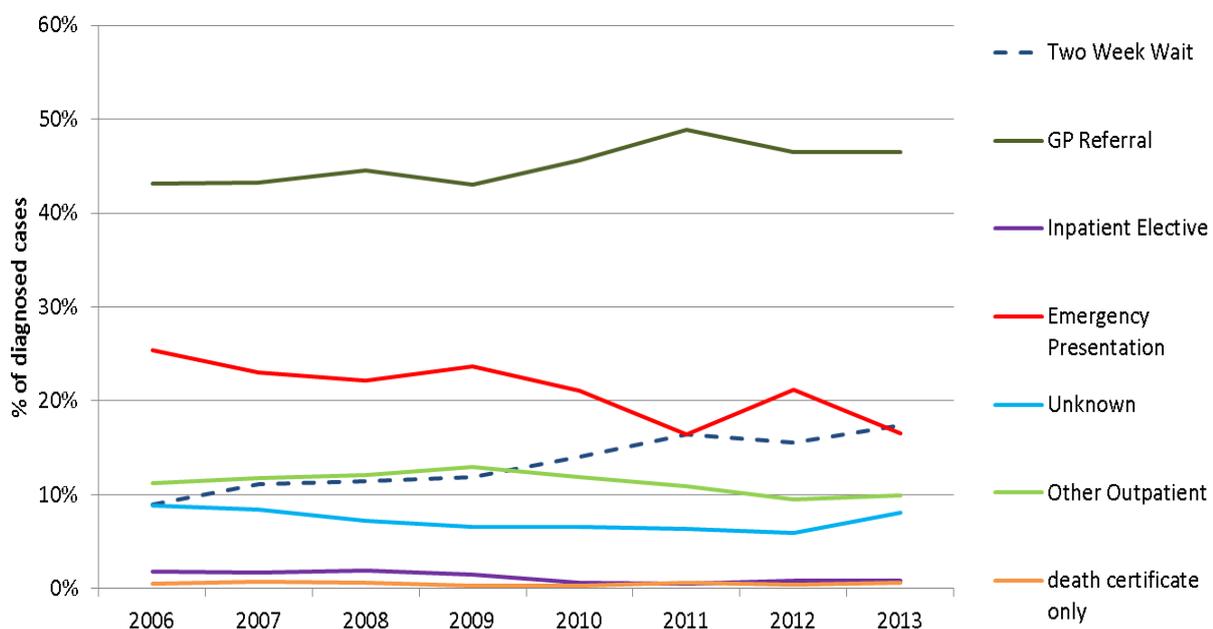
Summary of RtD for leukaemia: chronic lymphocytic

GP referral was the commonest route to diagnosis across the time period analysed. However, two week wait (TWW) significantly increased from 9% in 2006 to 17% in 2013.

Key messages

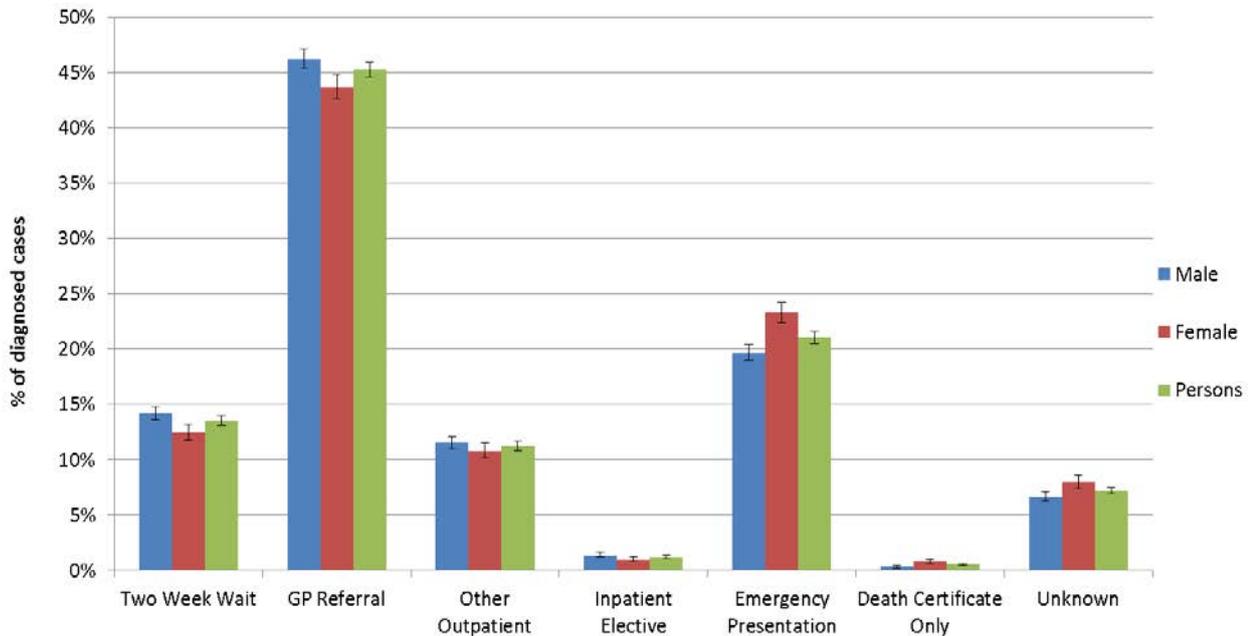
New data published for leukaemia: chronic lymphocytic.

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

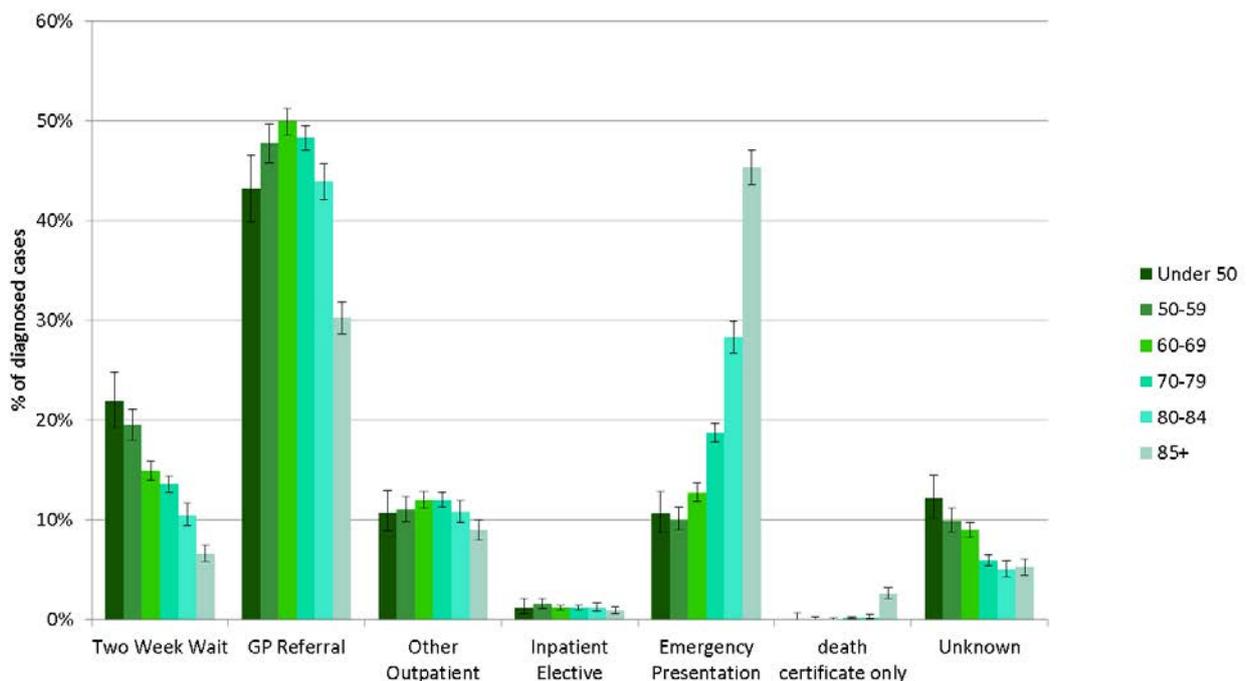


Route breakdowns for leukaemia: chronic lymphocytic, 2006 to 2013

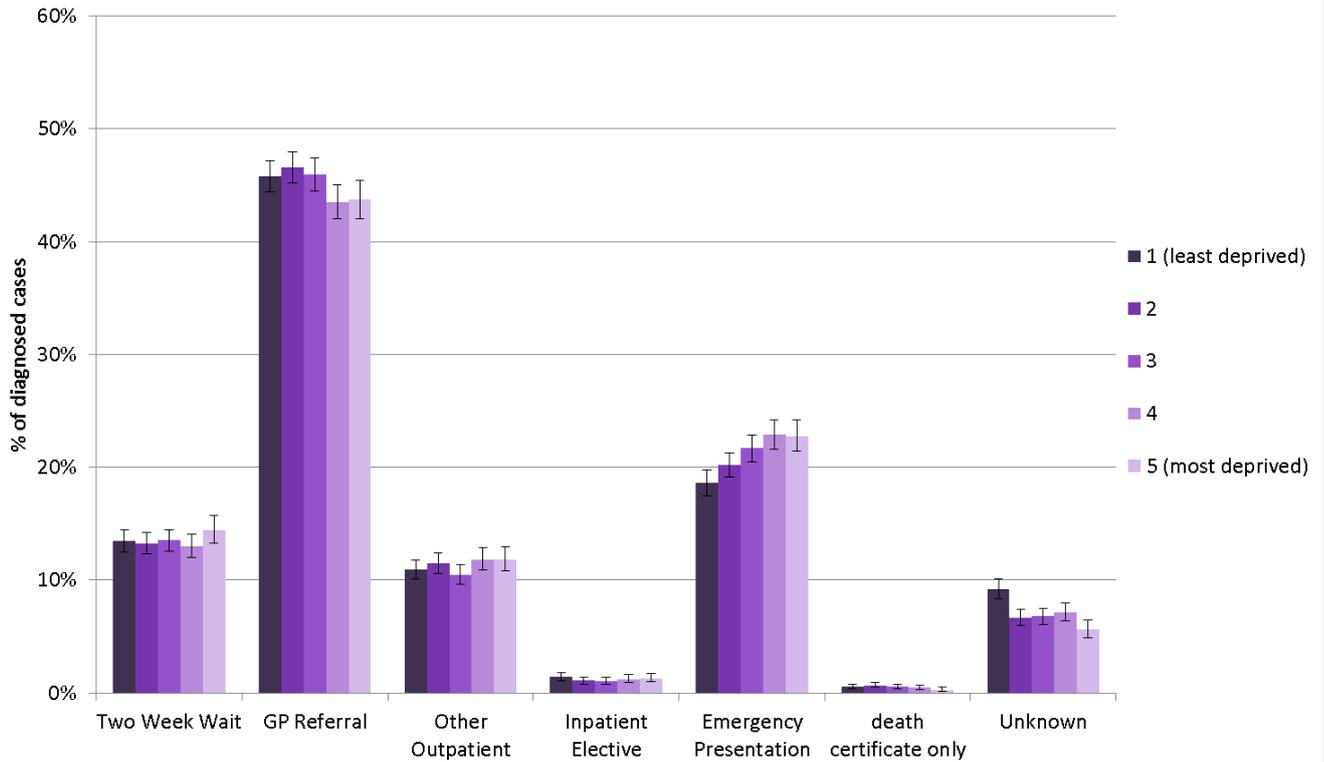
Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 23% compared to 20% in males. Compared to females, males had significantly higher proportion of cases diagnosed through both TWW and GP referral.



Age: emergency presentation generally increased with increasing age with a 35% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

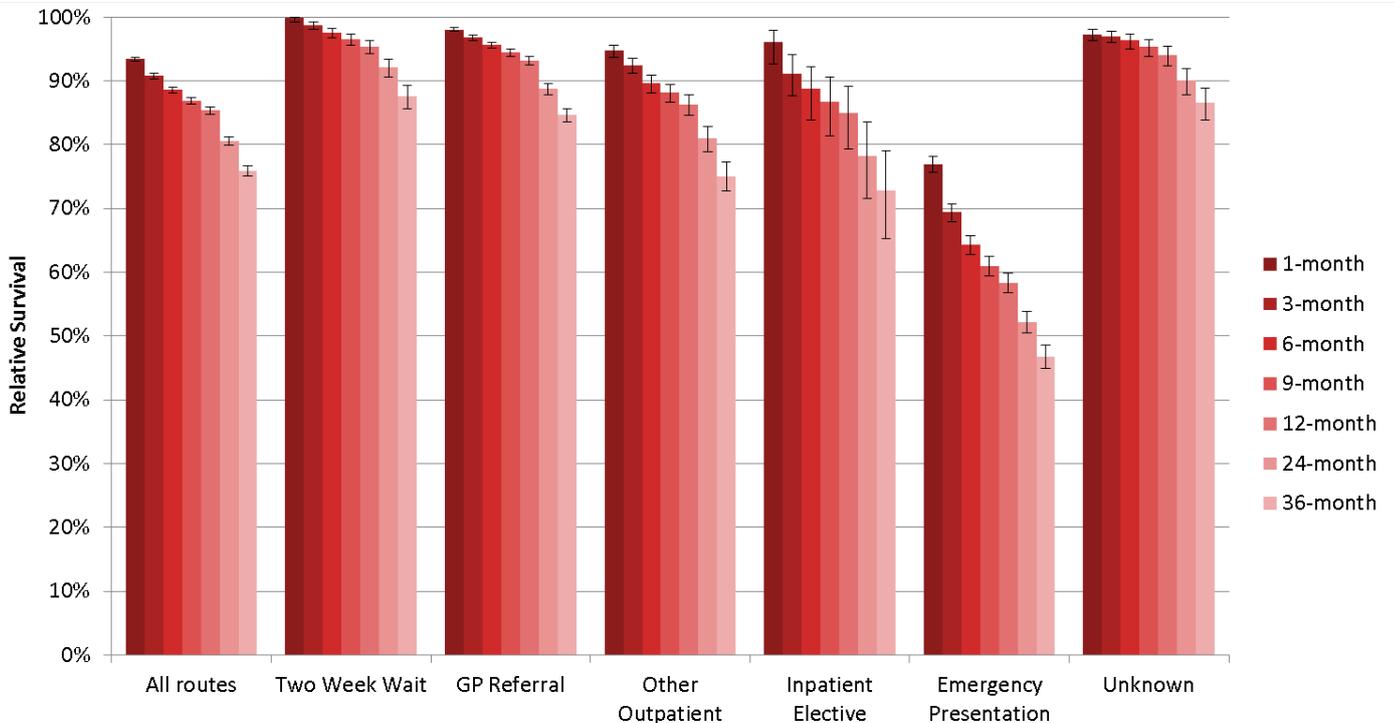


Deprivation: emergency presentation increased with increasing deprivation with a 4% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.

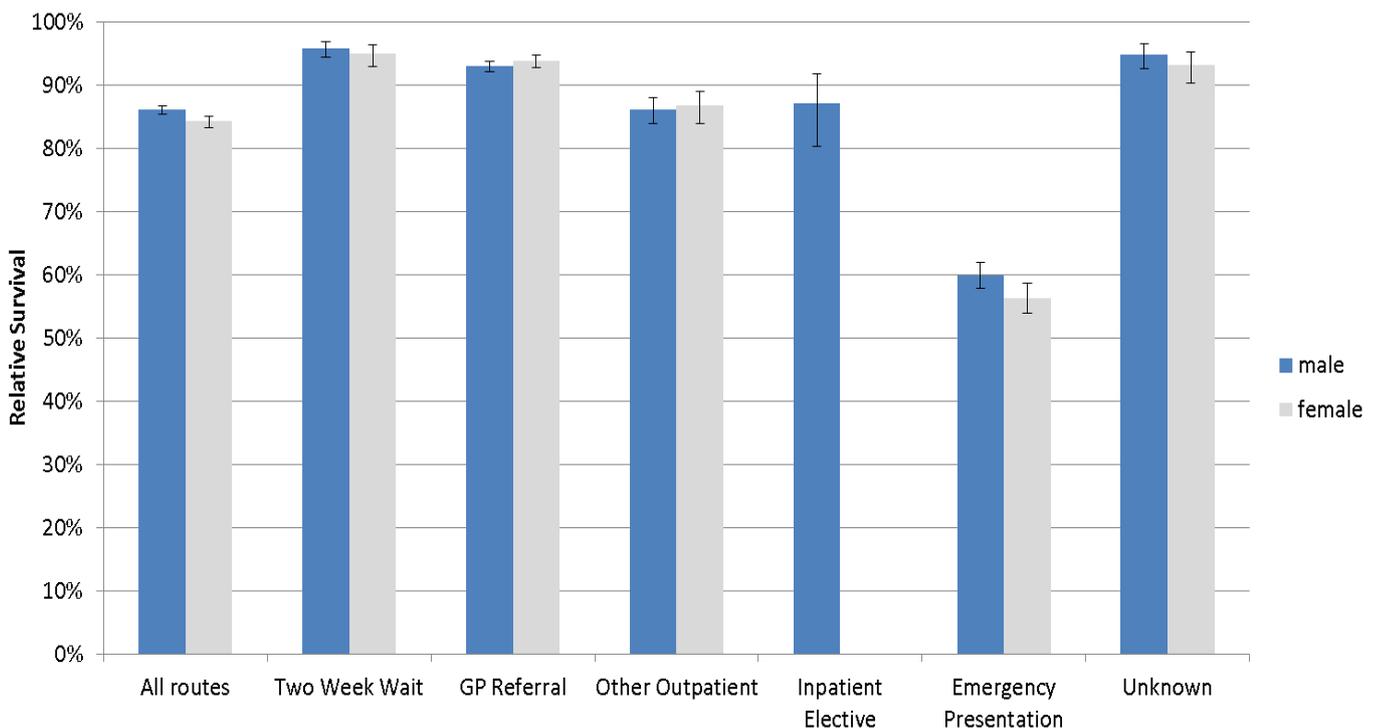


Survival results for leukaemia: chronic lymphocytic, 2006 to 2013

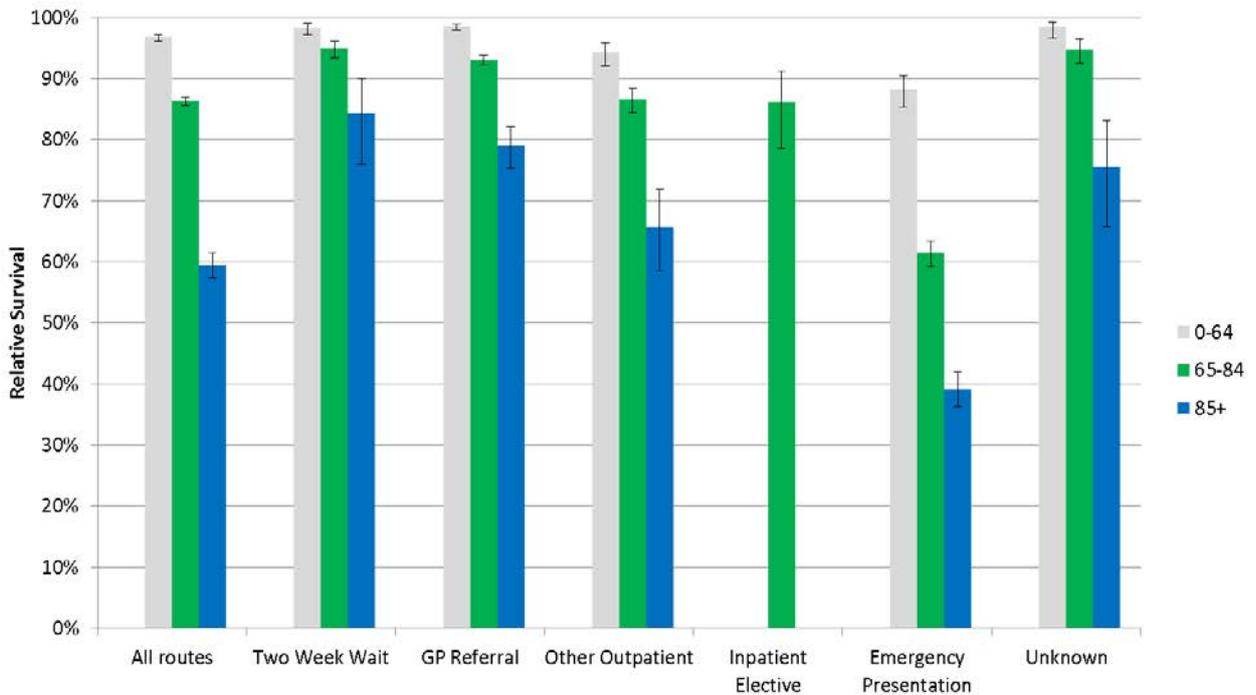
Survival for patient diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 77% at one month to 47% at three years after diagnosis.



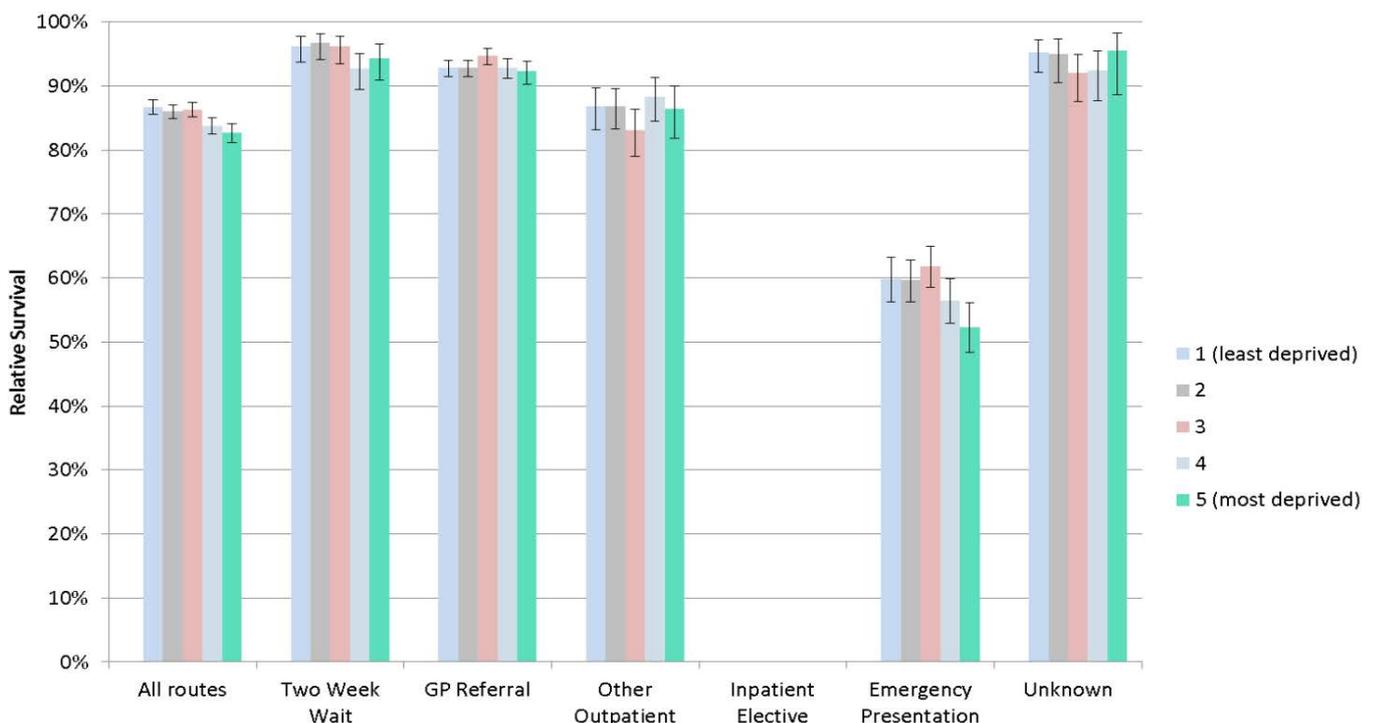
Sex: for TWW, one year survival is significantly higher among females than compared to males; 95% compared to 86%, respectively.



Age: one year survival significantly decreased as age increased across most routes to diagnosis. By age group, one year survival for emergency presentation was significantly lower than for the same age group in other routes to diagnosis, falling as low as 39% for those aged 85 and over.



Deprivation: for emergency presentation, those living in the most deprived areas had significantly lower one year survival compared to those living in the least deprived areas; 52% compared to 60%, respectively.



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](http://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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