Public Health England

Protecting and improving the nation's health

Routes to diagnosis 2015 update: multiple myeloma

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 multiple myeloma. The definition used for this briefing is ICD10 C90. 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 multiple myeloma.

The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.
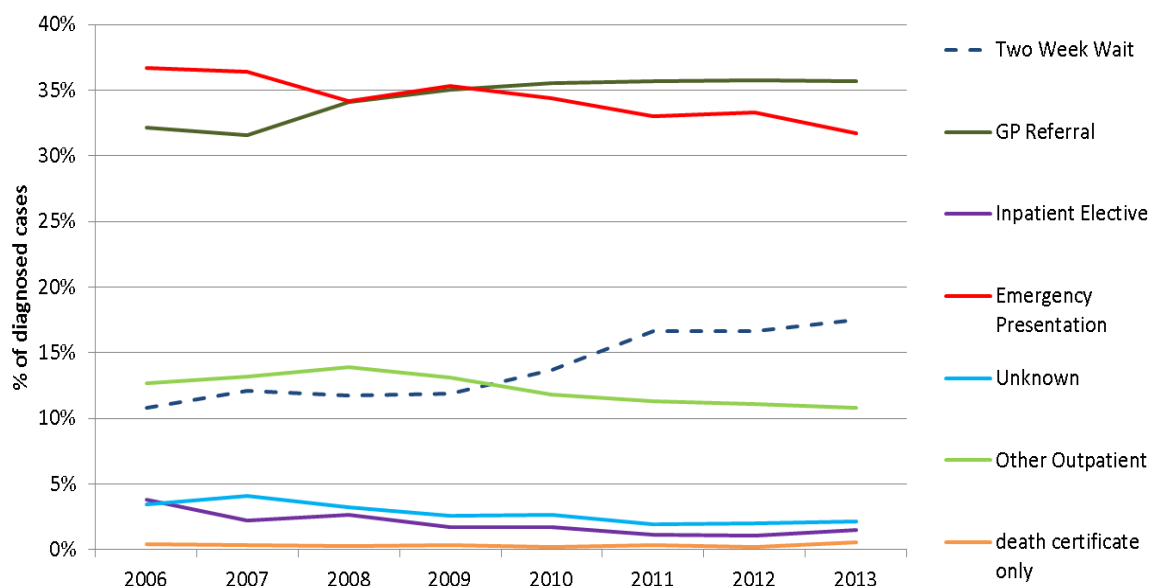
Summary of RtD for multiple myeloma
GP referral increased over the time period analysed to become the commonest route to diagnosis, increasing from 32% in 2006 to 36% in 2013. Conversely, emergency presentation significantly decreased to 32%. Two week wait (TWW) also significantly increased from 11% in 2006 to 18% in 2013.

Route breakdowns for multiple myeloma, 2006 to 2013

Sex: although the proportion of cases diagnosed through emergency presentation was higher in males, this was not significantly different to the proportion in females. Compared to males, females had a significantly higher proportion of cases diagnosed through GP referral; 36% compared to 34%.
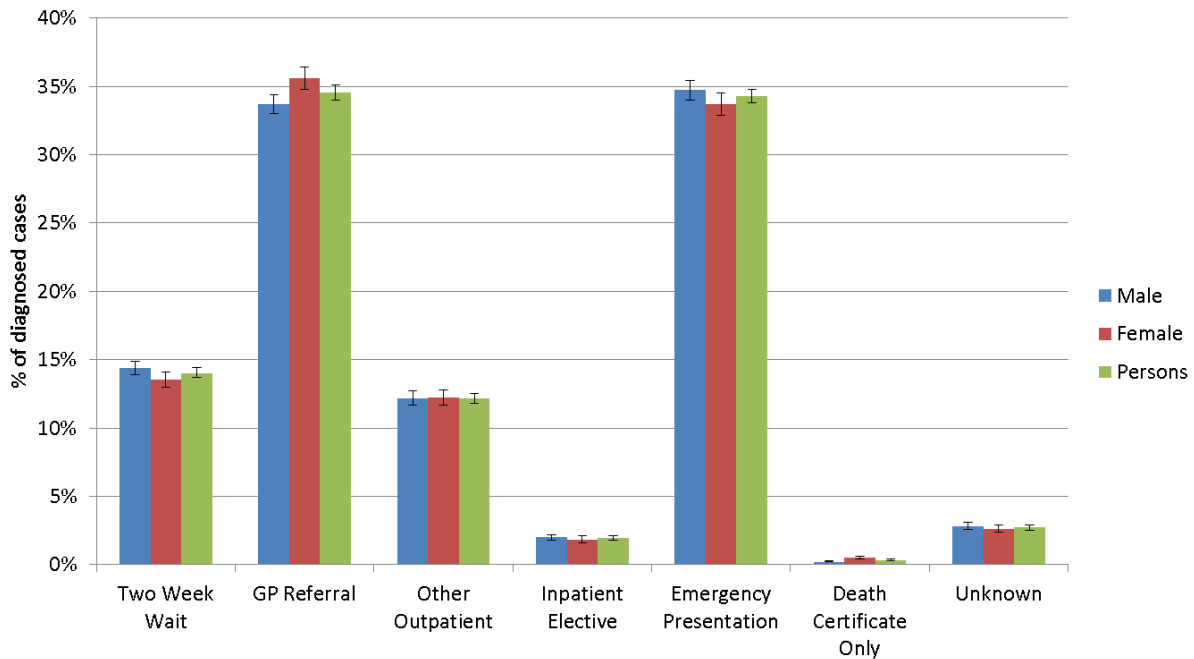

Age: emergency presentation generally increased with increasing age with a 14% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.
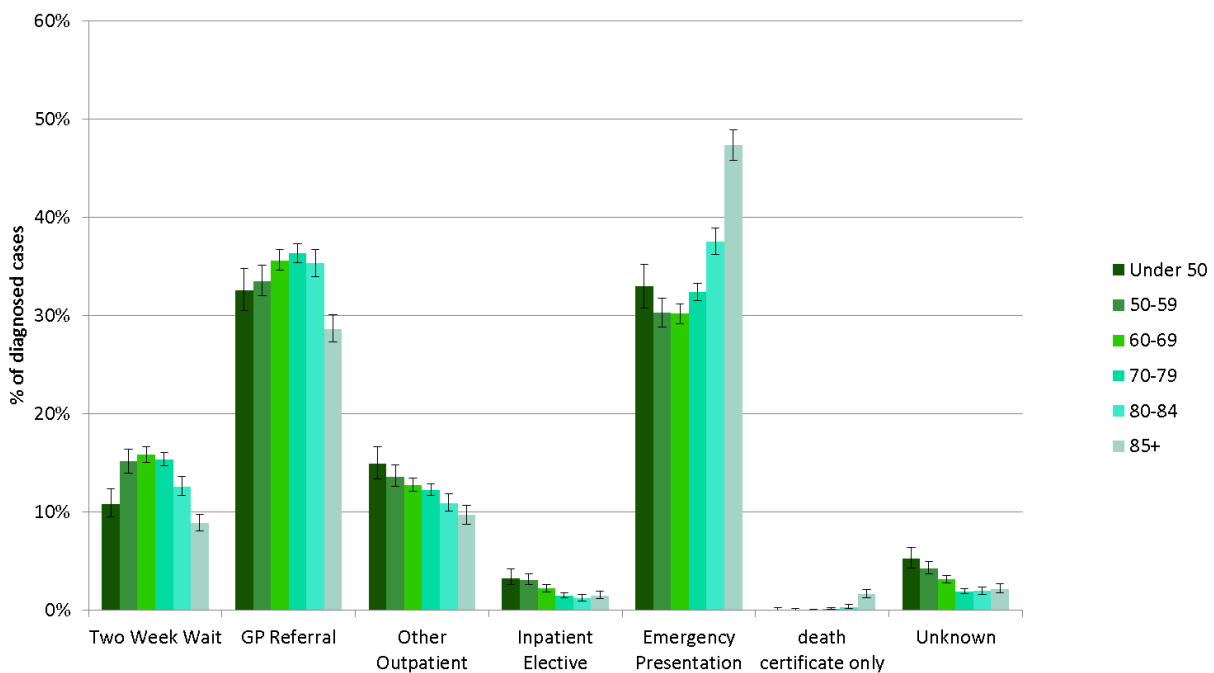
Deprivation: emergency presentation increased with increasing deprivation with a 6% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.
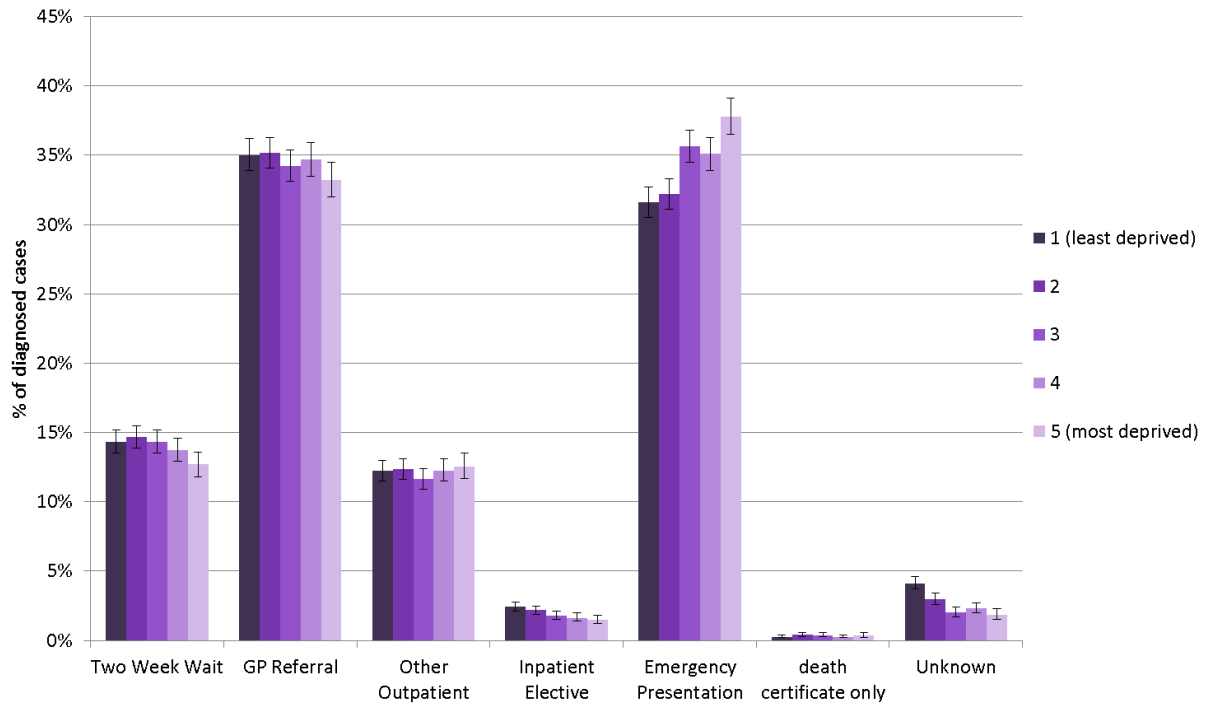

Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had a significantly lower proportion diagnosed through other outpatient routes compared to those of Chinese and black ethnicities.
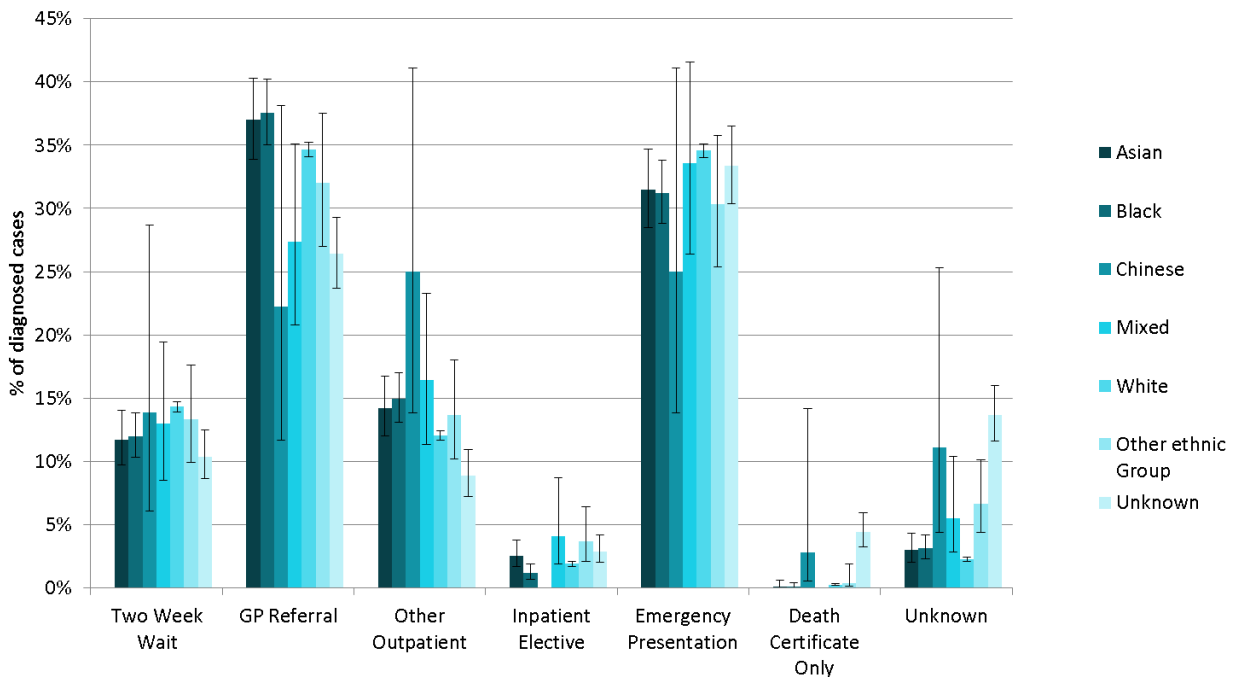
Survival results for multiple myeloma, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 82% at one month to 34% at three years after diagnosis.
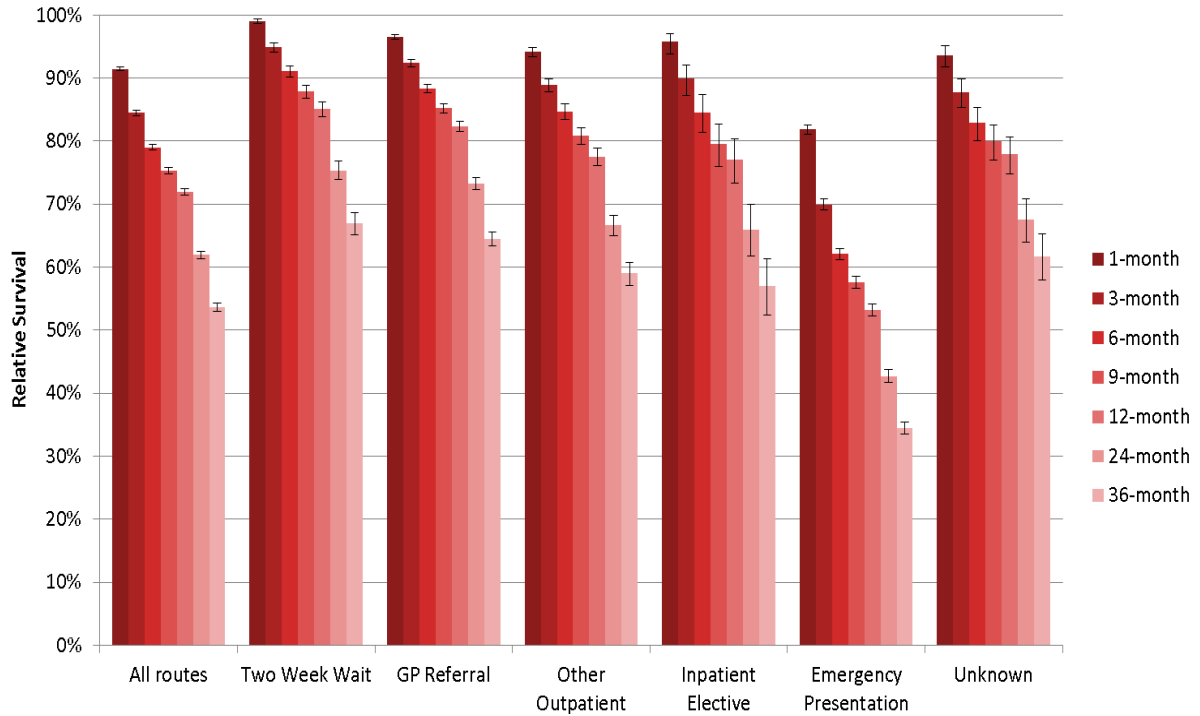

Sex: for emergency presentations, males had significantly higher one year survival compared to females; 55% compared to 51%, respectively.
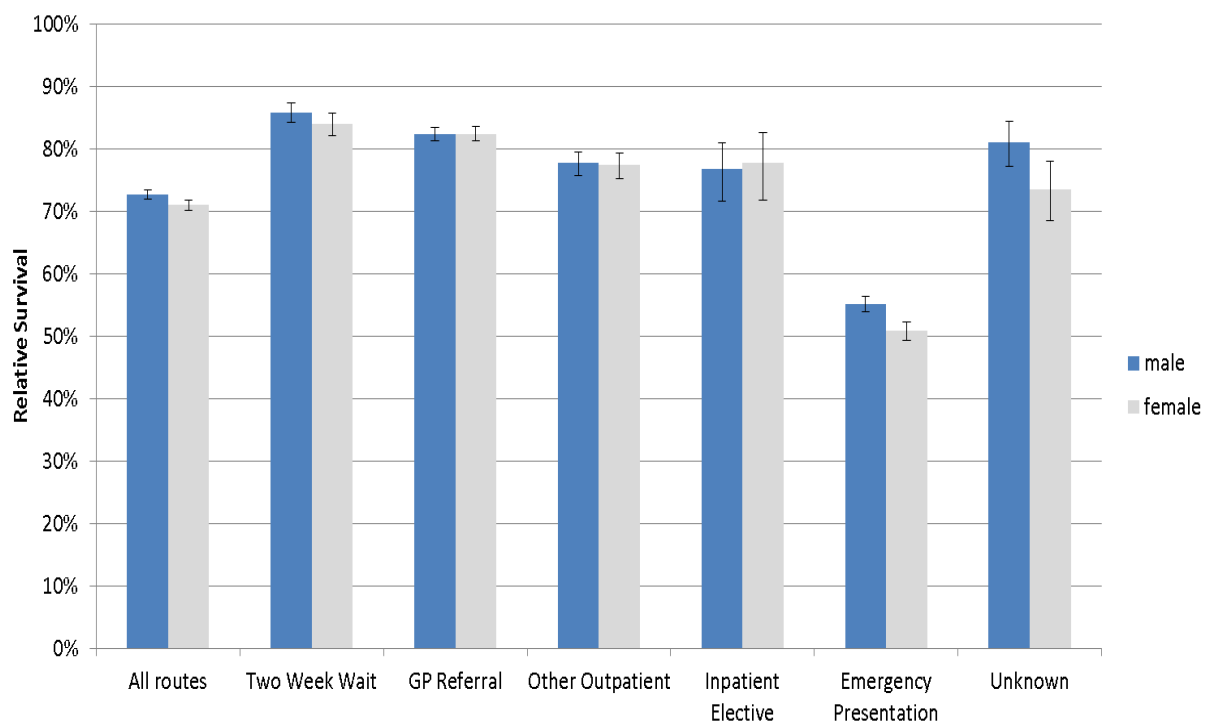
Age: one year survival significantly decreased as age increased across all routes to diagnosis. By age group, one year survival for emergency presentation was significantly lower than the same age group across all known routes to diagnosis, falling as low as 24% for those aged 85 and over.
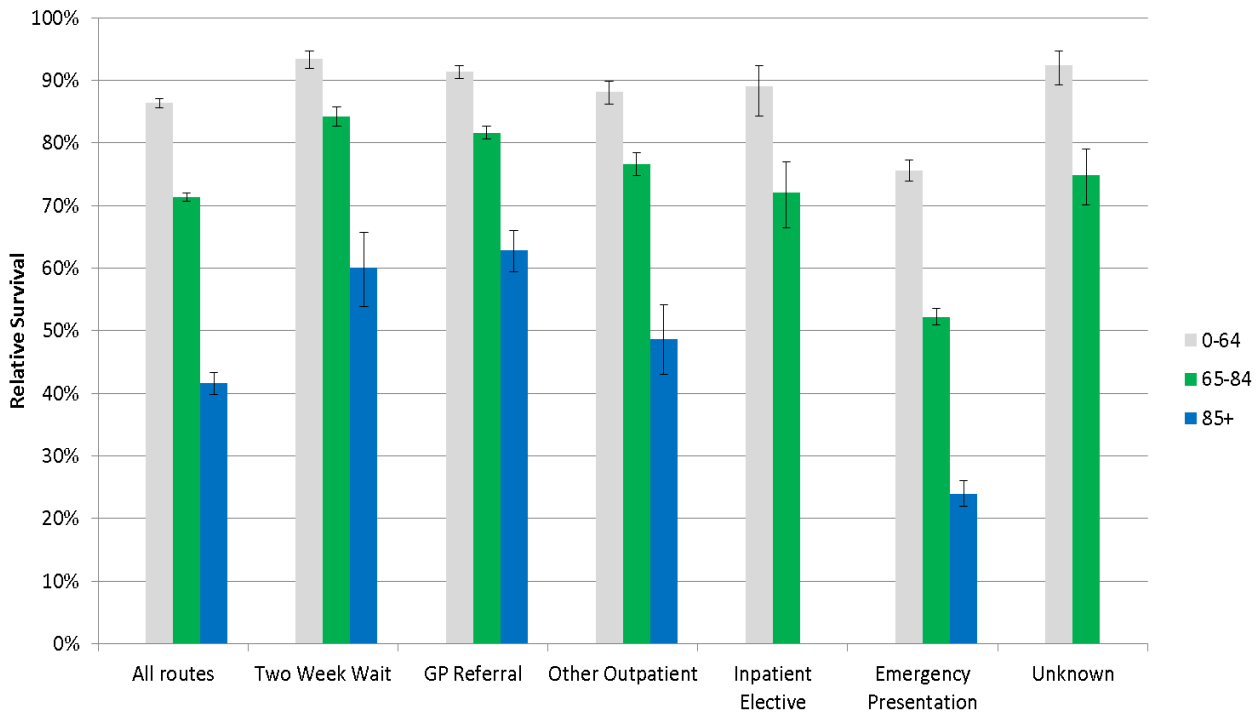
Deprivation: one year survival for those diagnosed through emergency presentation is significantly lower among those living in the most deprived areas compared to those living in the least deprived areas; 51% compared to 57%, respectively.
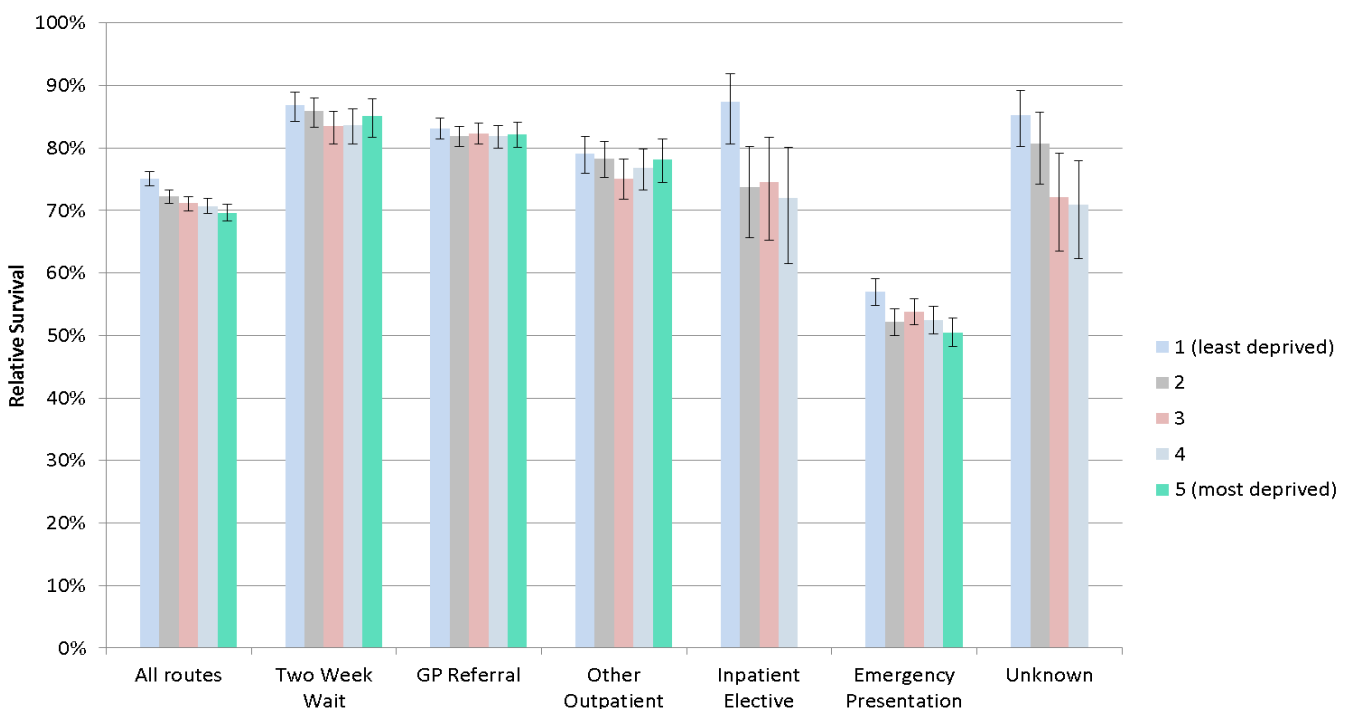
Find out more:

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

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