



Routes to diagnosis 2015 update: head and neck – nasopharynx 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 head and neck – nasopharynx cancer. The definition used for this briefing is ICD10 C11. It includes variation by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis.

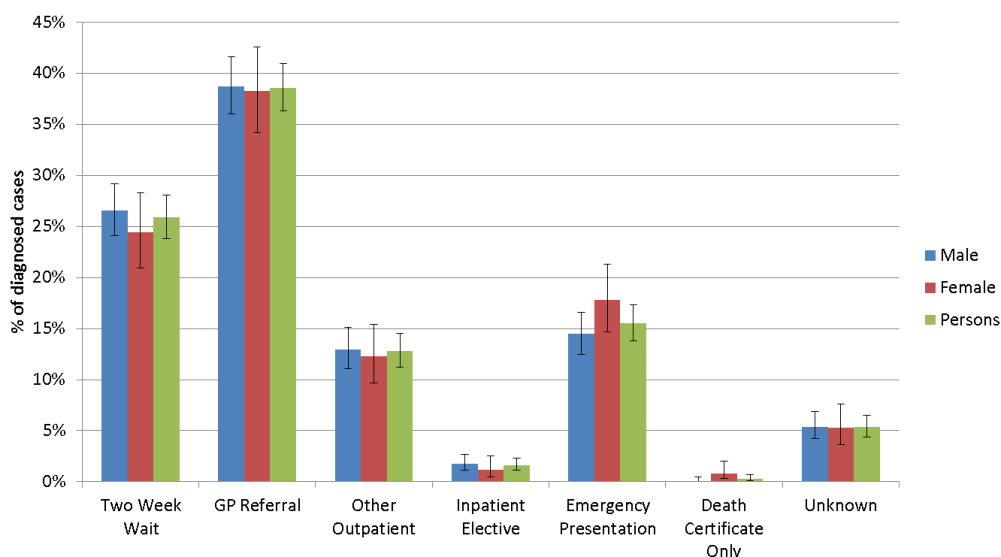
Key messages

New data published for head and neck - nasopharynx cancer.

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

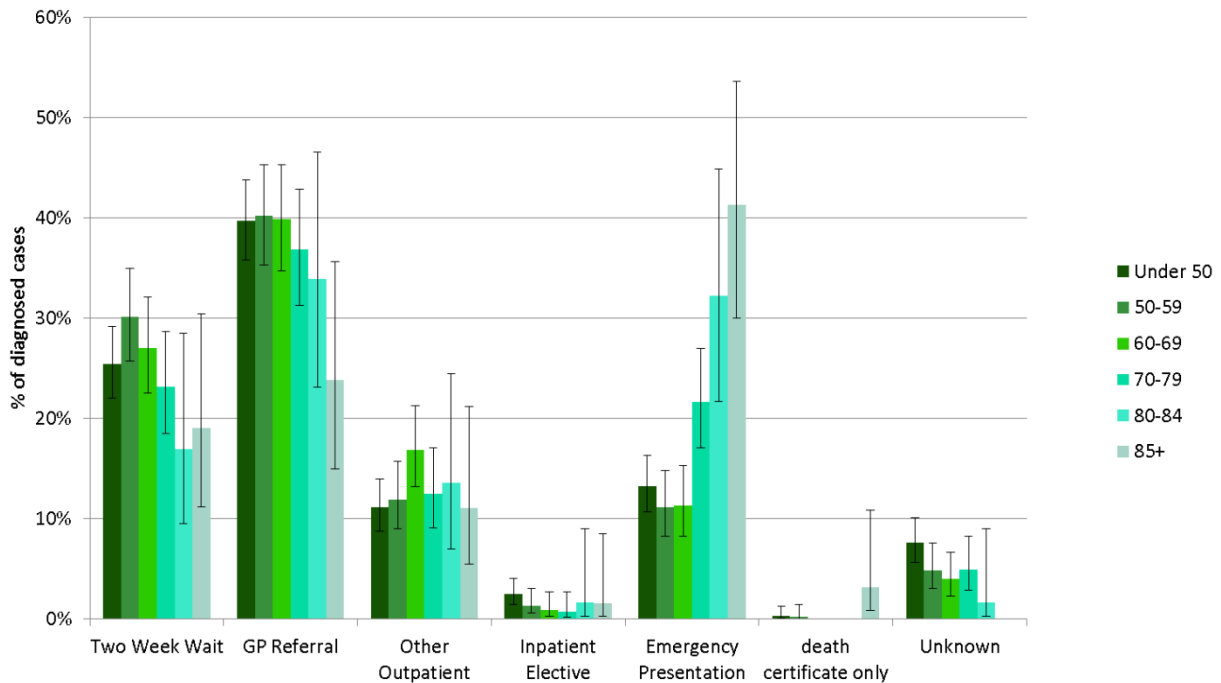
Route breakdowns for head and neck - nasopharynx cancer, 2006 to 2013

Sex: GP referral was the commonest route at 39%. Although the proportion of cases diagnosed through emergency presentation was higher in females, this was not significantly different to the proportion for males. There were no significant differences between males and females for two week wait (TWW) and GP referrals.

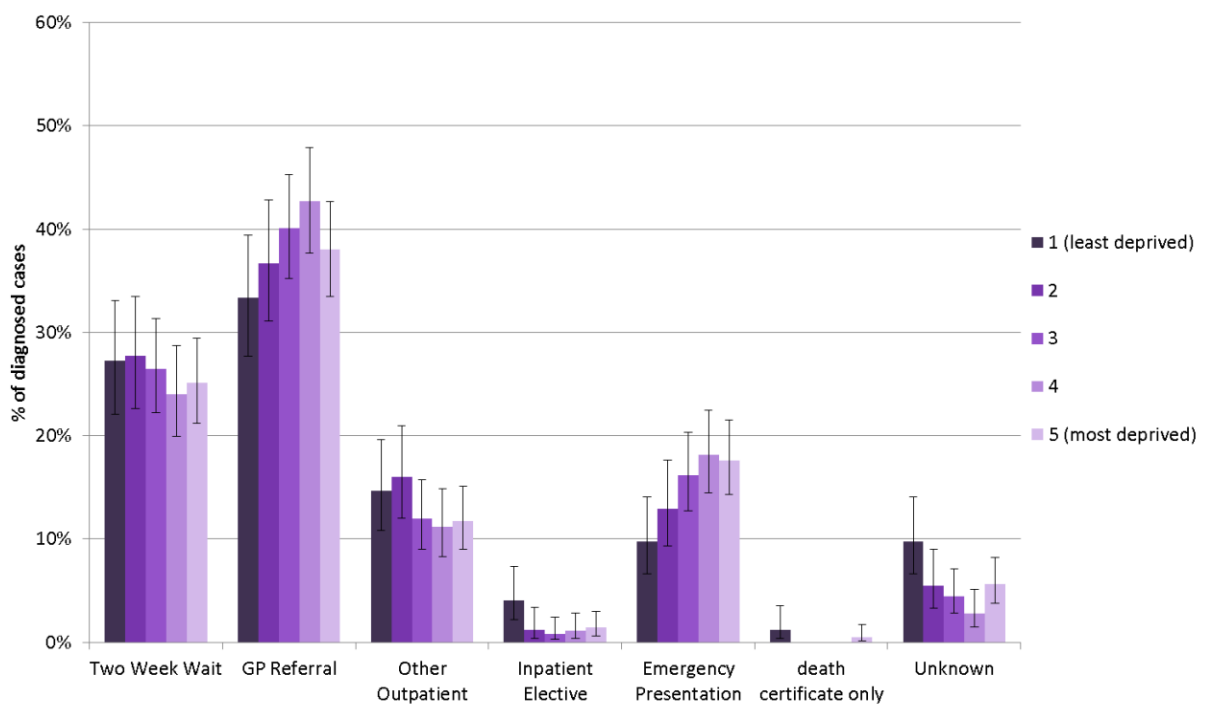


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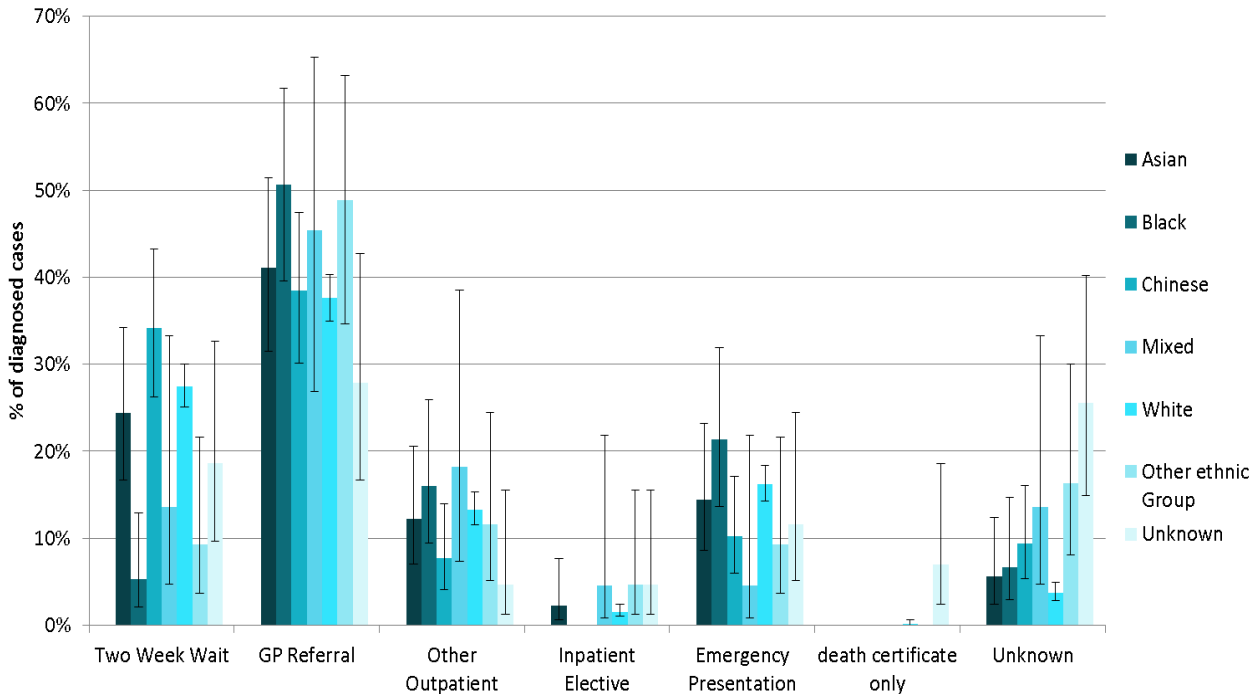
Age: emergency presentation generally increased with increasing age with a 28% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age, although this variation is not significant.



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. There were no significant differences between those living in the least deprived areas and those living in the most deprived.

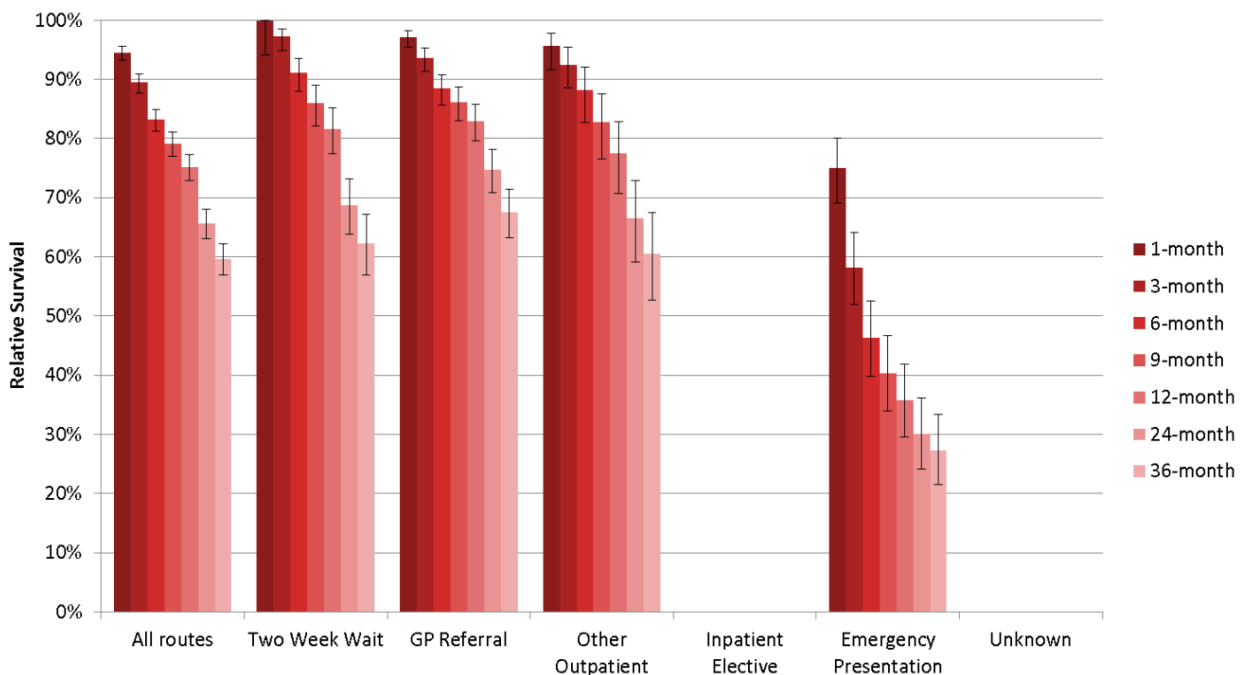


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence interval are wide. Those of black ethnicity had a significantly lower proportion of TWW compared to several other ethnicity groups.



Survival results for head and neck – nasopharynx cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 75% at one month to 27% at three years after diagnosis.



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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