



Routes to diagnosis 2015 update: non-Hodgkin lymphoma

National Cancer Intelligence Network Short Report

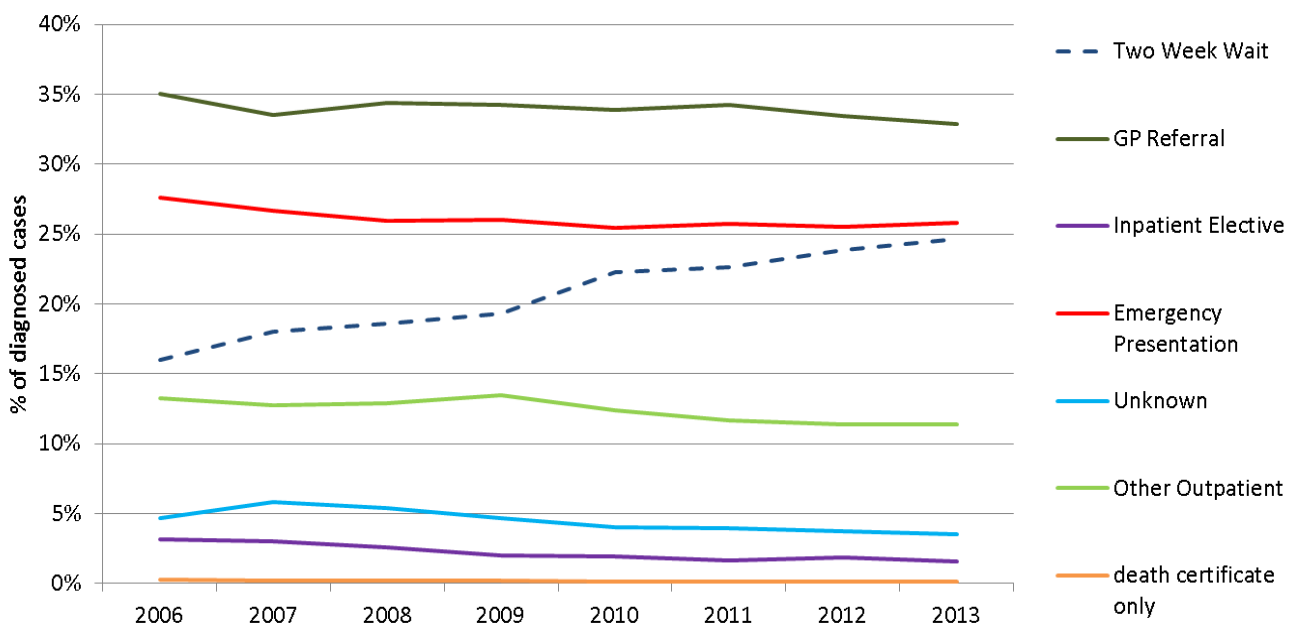
Introduction

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 non-Hodgkin lymphoma. The definition used for this briefing is ICD10 C82-C85. 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.

Summary of RtD for non-Hodgkin lymphoma

GP referral was the commonest route across the time period analysed accounting for around 34%. Two week wait (TWW) significantly increased from 16% in 2006 to 25% in 2013.



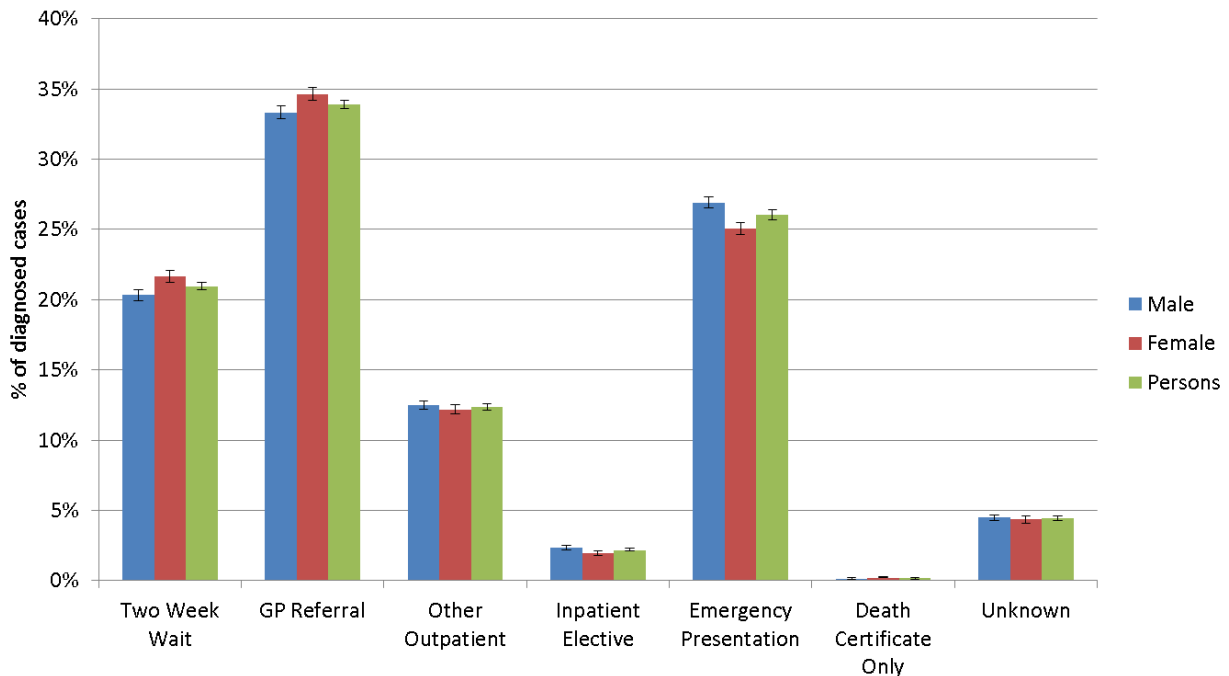
Key messages

New data published for non-Hodgkin lymphoma.

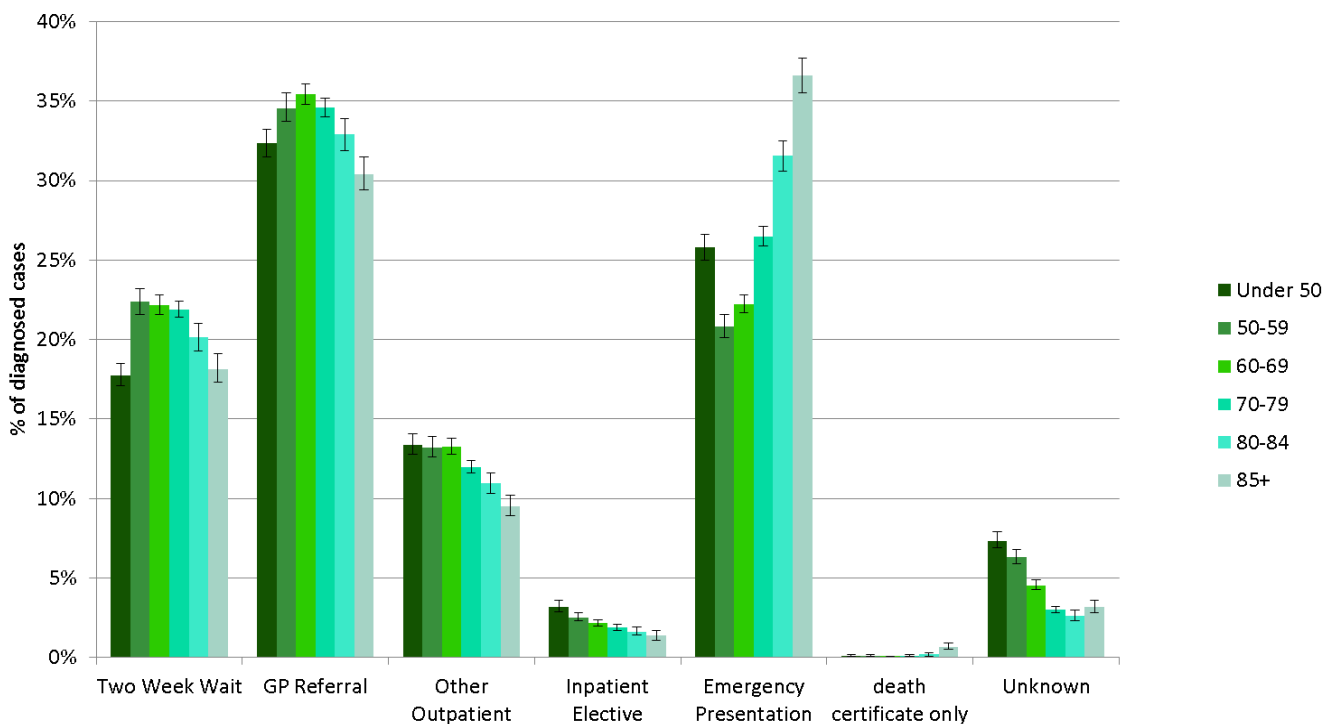
The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

Route breakdowns for non-Hodgkin lymphoma, 2006 to 2013

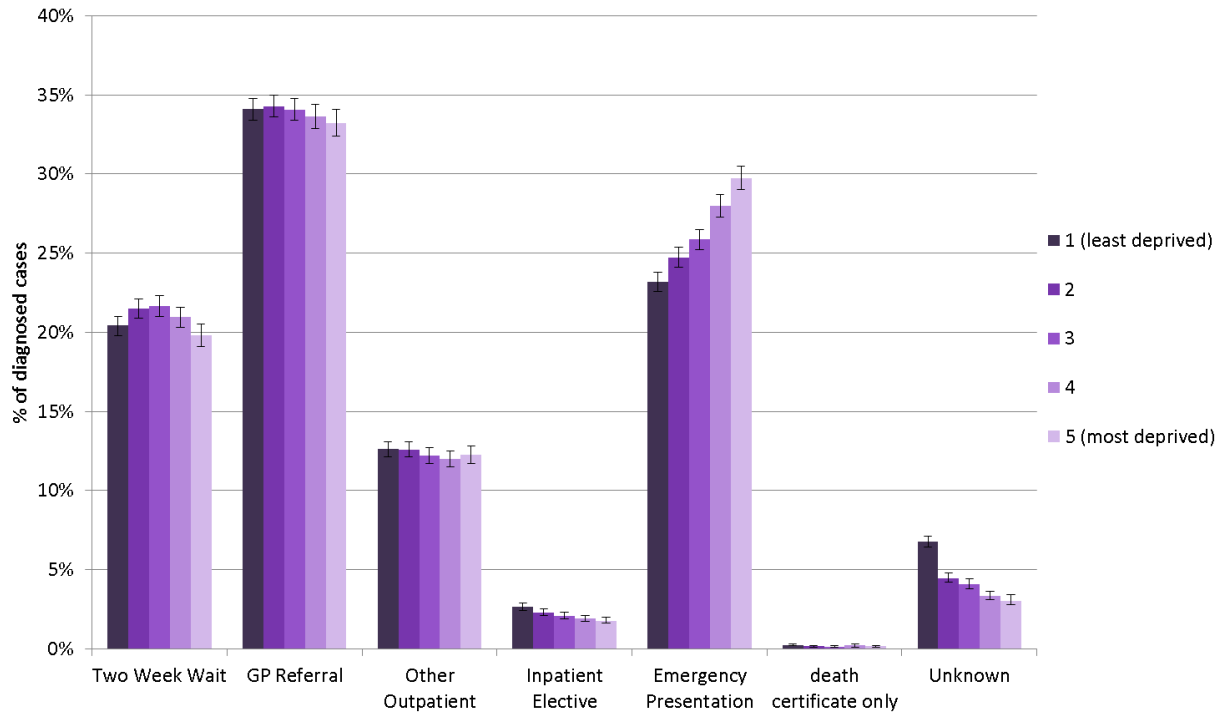
Sex: males had a significantly higher proportion of cases diagnosed through emergency presentation; 27% compared to 25%. Compared to males, females had significantly higher proportions of cases diagnosed through both TWW and GP referral.



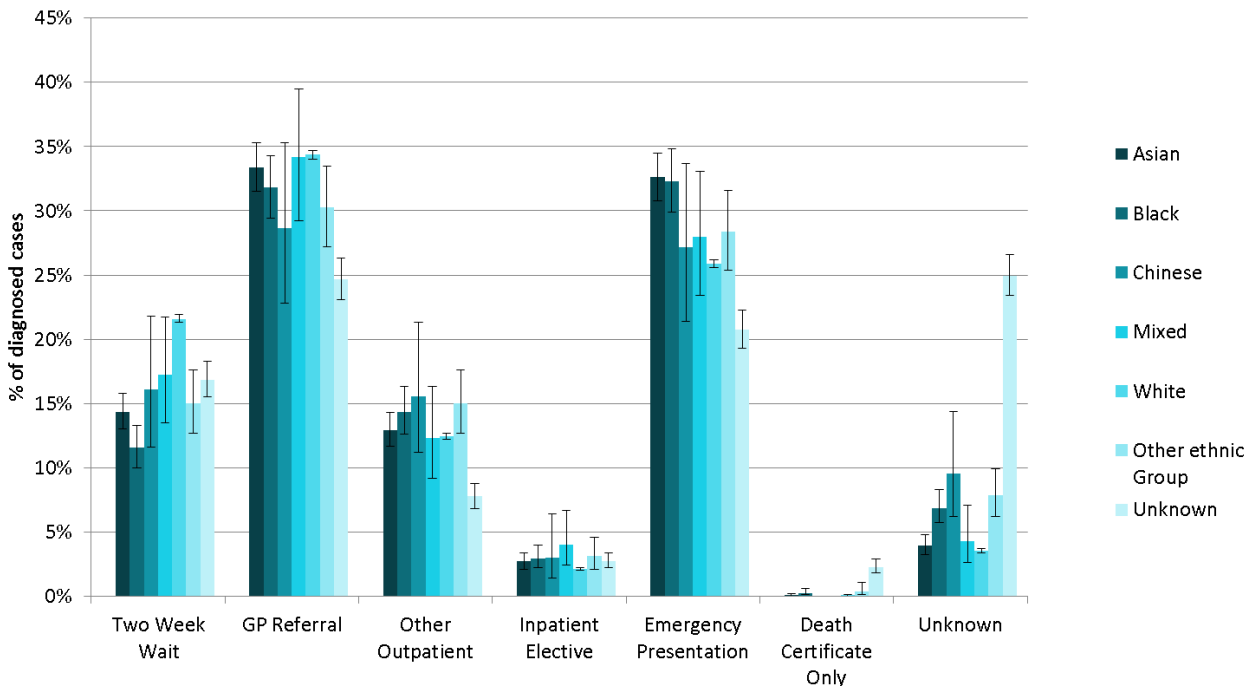
Age: emergency presentation generally increased with increasing age with an 11% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.



Deprivation: emergency presentation increased with increasing deprivation with a 7% 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.

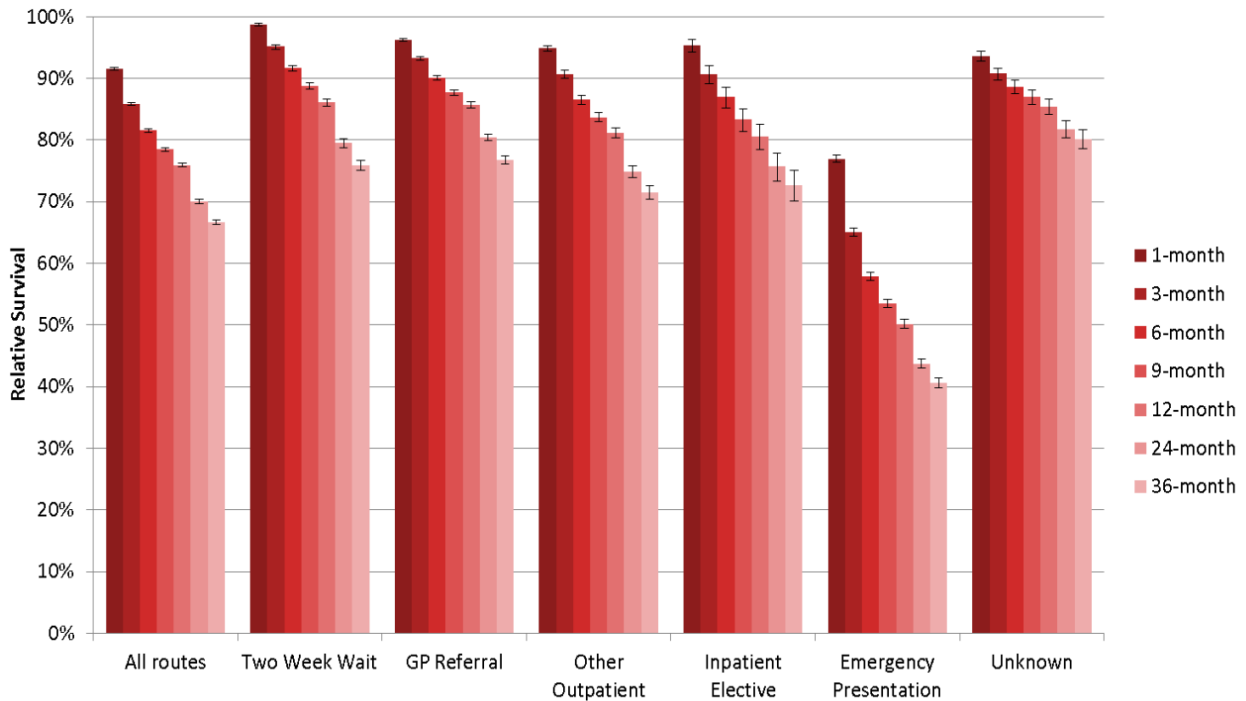


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had a significantly higher proportion diagnosed through TWW compared to Asian and black ethnicities. The converse was true for emergency presentation.

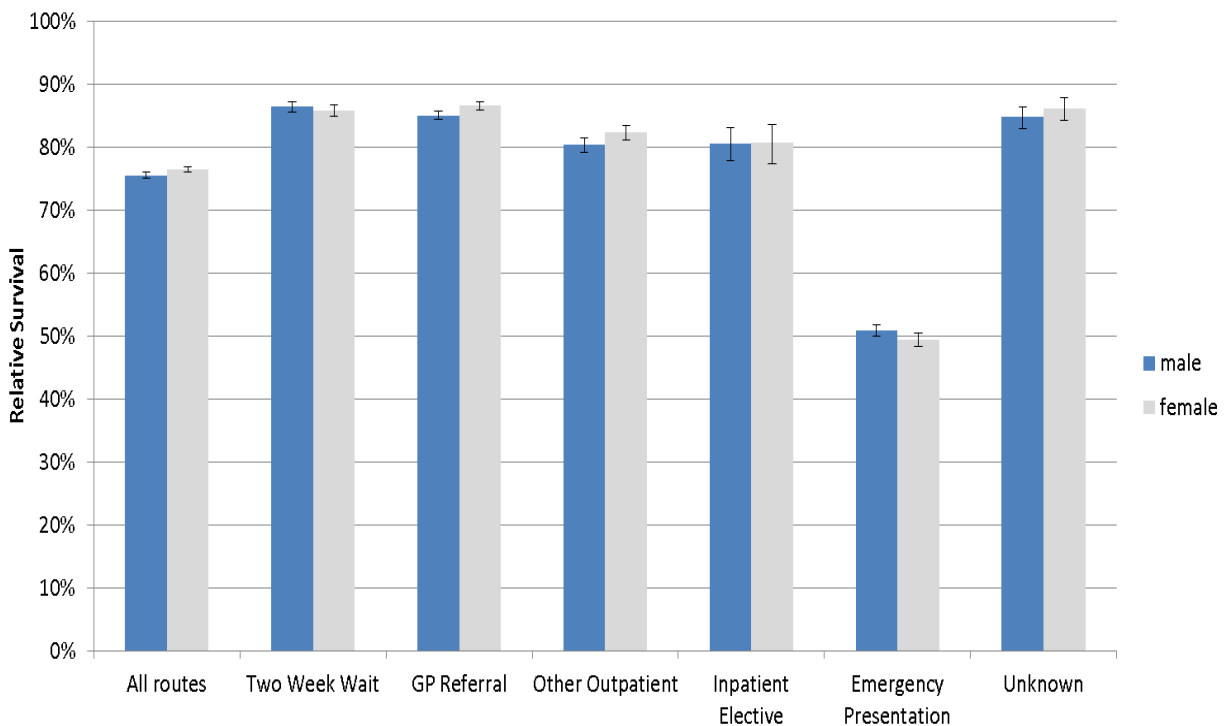


Survival results for non-Hodgkin lymphoma, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 77% at one month to 41% at three years after diagnosis.

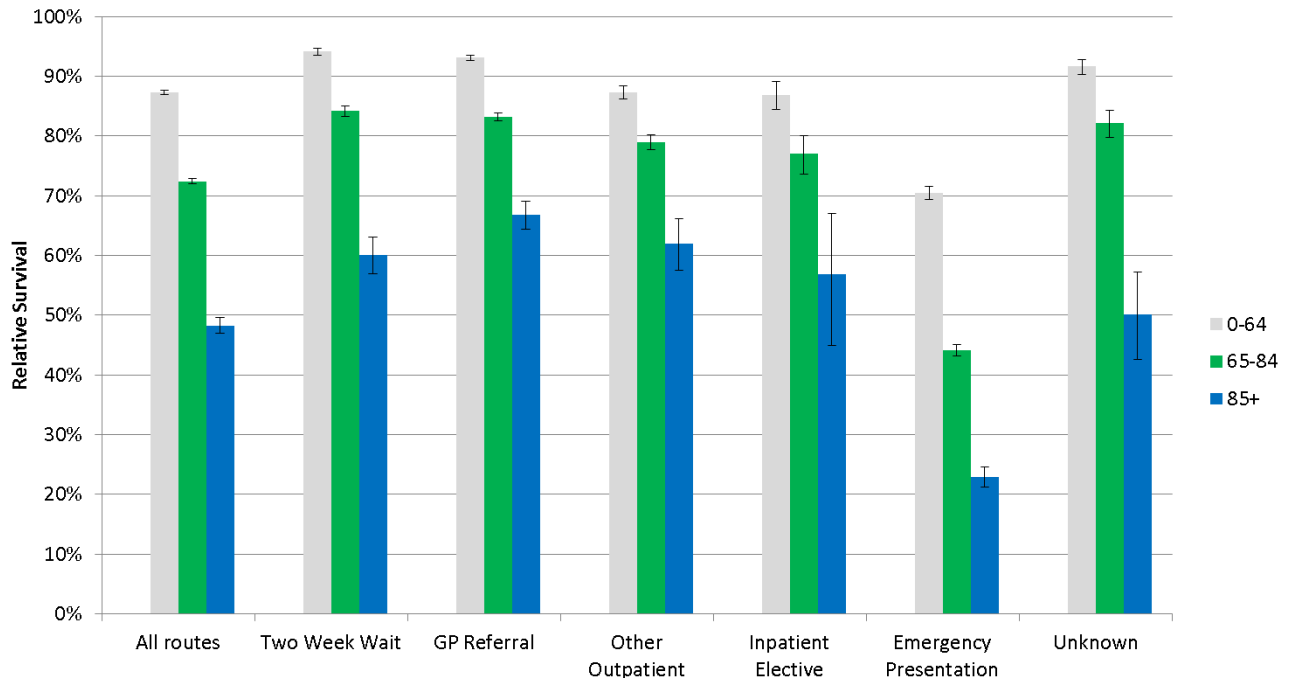


Sex: overall, one year survival was significantly higher among females compared to males. For GP referral, one year survival was significantly higher among females compared to males; 86% compared to 85%, respectively.

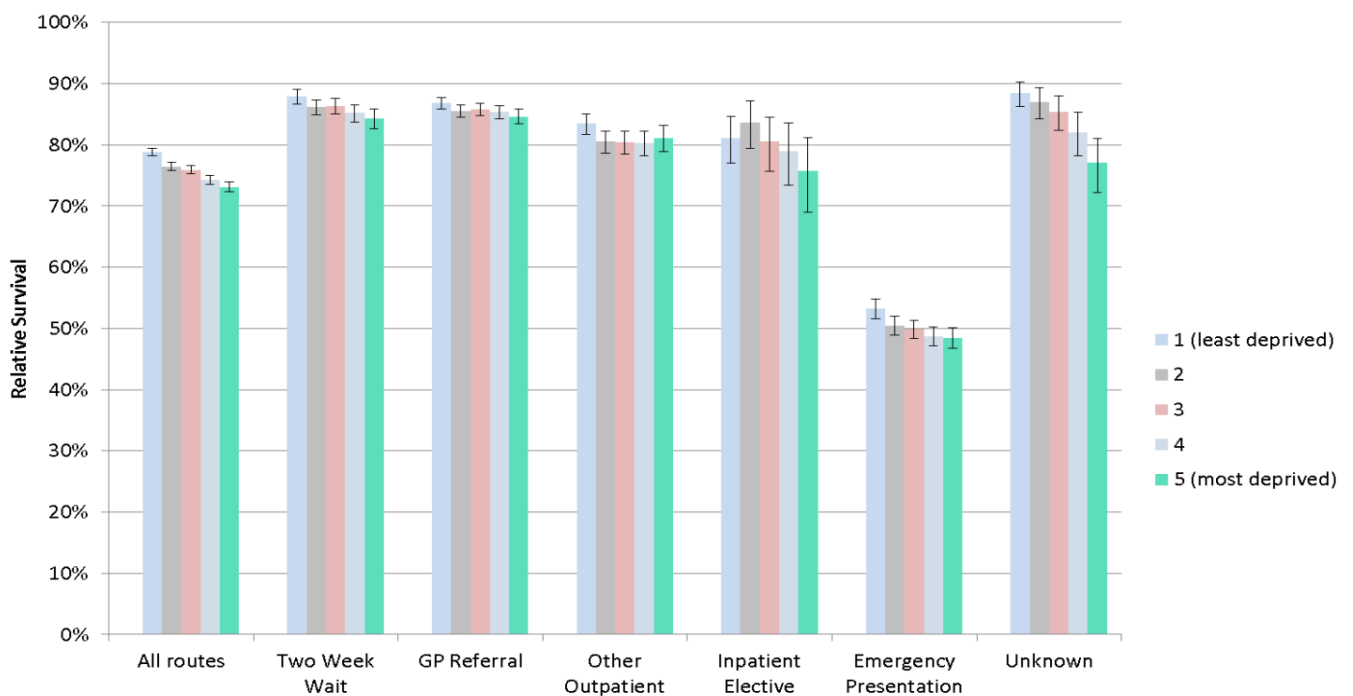


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Age: one year survival significantly decreased with increasing age across all routes to diagnosis. For all age groups, one year survival was significantly lower for emergency presentations compared to all other routes, falling to 23% for those aged 85 and over.



Deprivation: one year survival was significantly lower among patients living in the most deprived areas compared to those living in the least deprived areas for those diagnosed through TWW and emergency presentation; 84% compared to 88% and 48% compared to 53%, 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.

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

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