



Routes to diagnosis 2015 update: head and neck – oral cavity cancer

National Cancer Intelligence Network Short Report

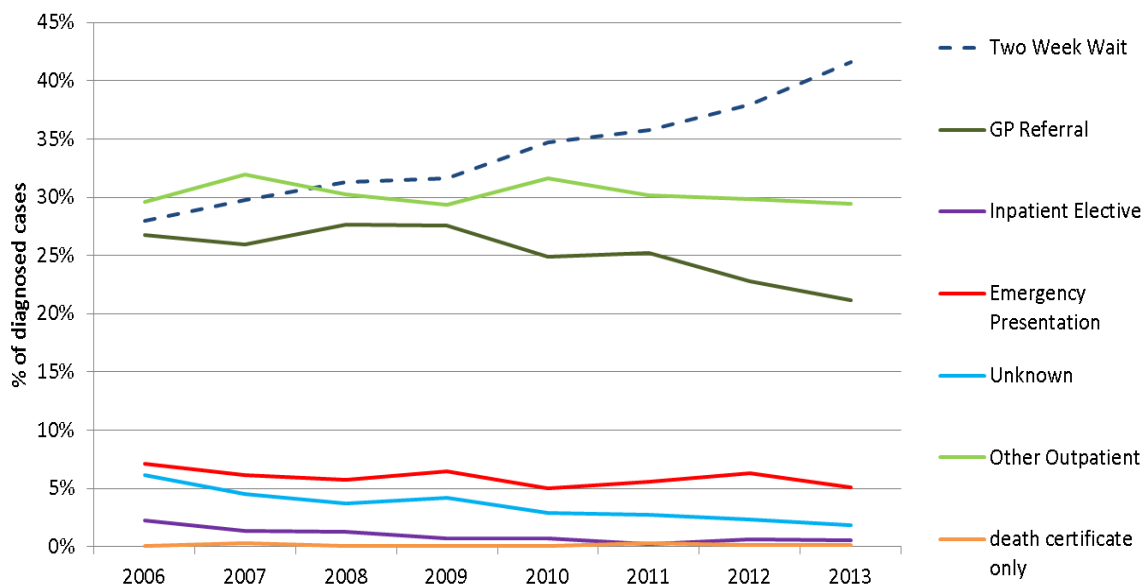
Introduction

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 – oral cavity cancer. The definition used for this briefing is ICD10 C02-C04, C06. 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 head and neck - oral cavity cancer

Two week wait (TWW), other outpatient and GP referral routes were similar in 2006 at around 27%-30%. However, since then GP referrals have decreased to 21% and TWW have increased to 42%.



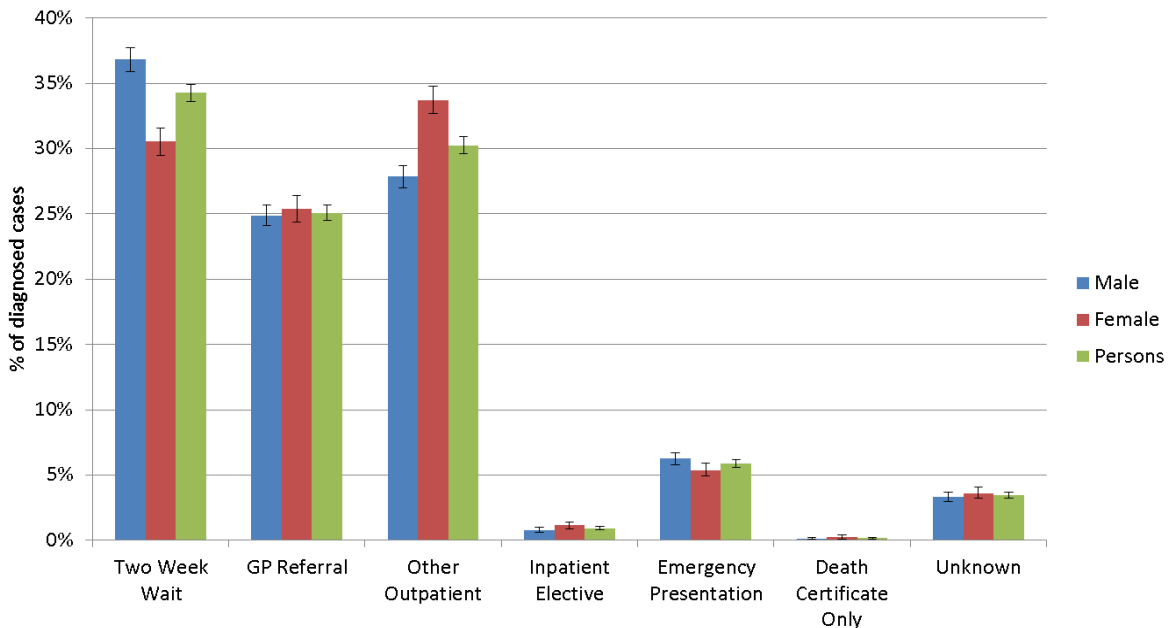
Key messages

New data published for head and neck – oral cavity cancer.

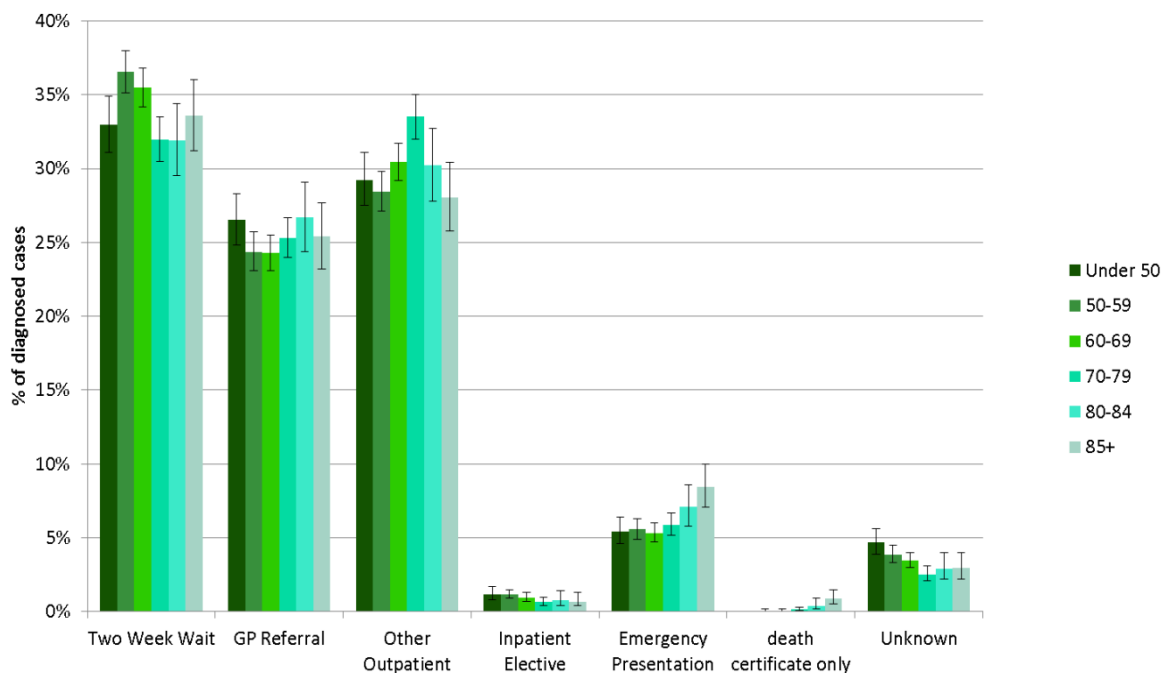
The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

Route breakdowns for head and neck – oral cavity cancer, 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 females, males had a significantly higher proportion of cases diagnosed through TWW; 37% compared to 31%. Compared to males, females had a significantly higher proportion diagnosed through other outpatient routes; 34% compared to 28%.

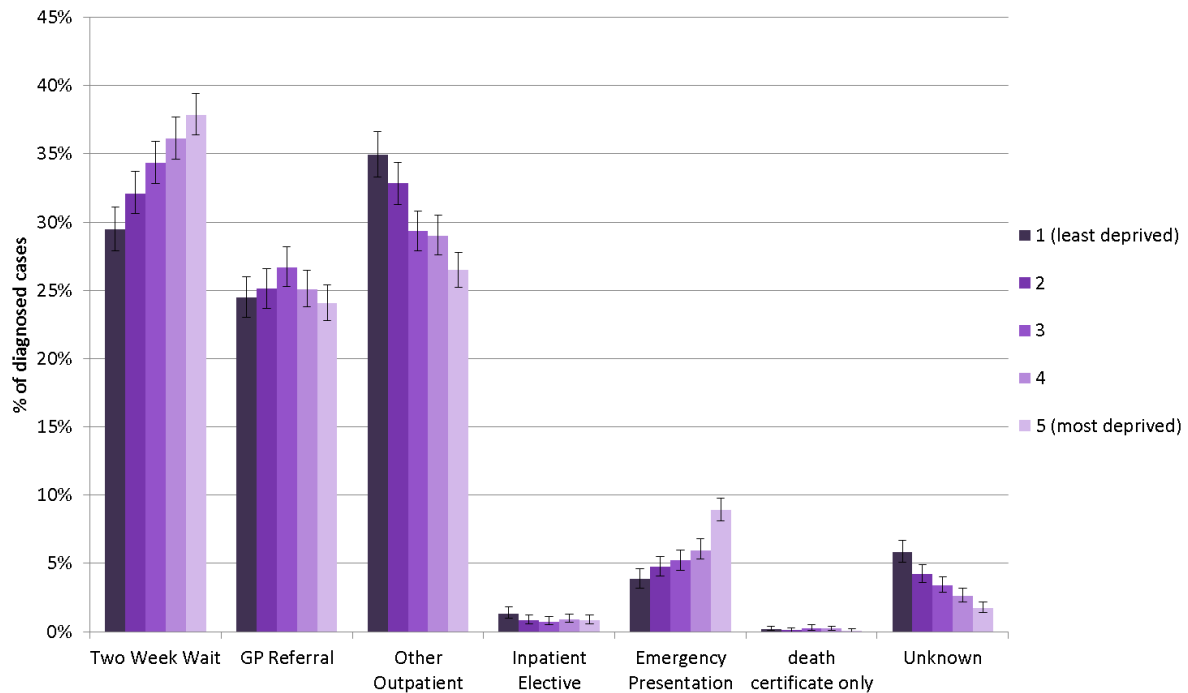


Age: emergency presentation generally increased with increasing age with a 3% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

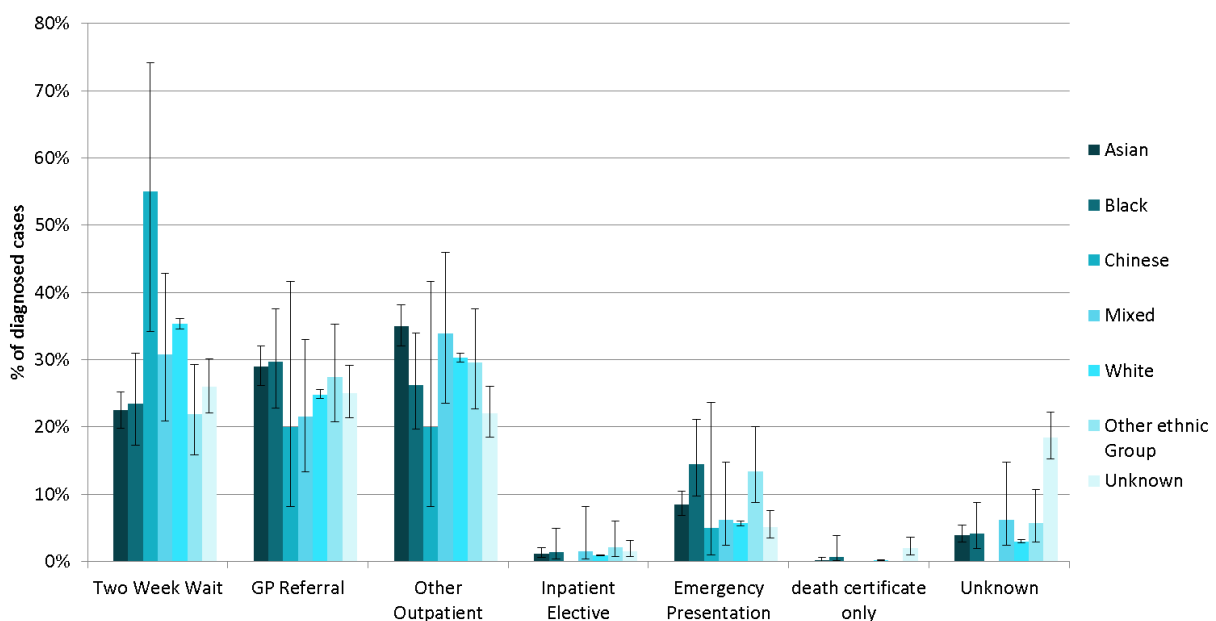


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Deprivation: emergency presentation increased with increasing deprivation with a 5% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in more deprived areas had a significantly higher proportion diagnosed through TWW compared to those living in the least deprived areas; 38% compared to 30%.

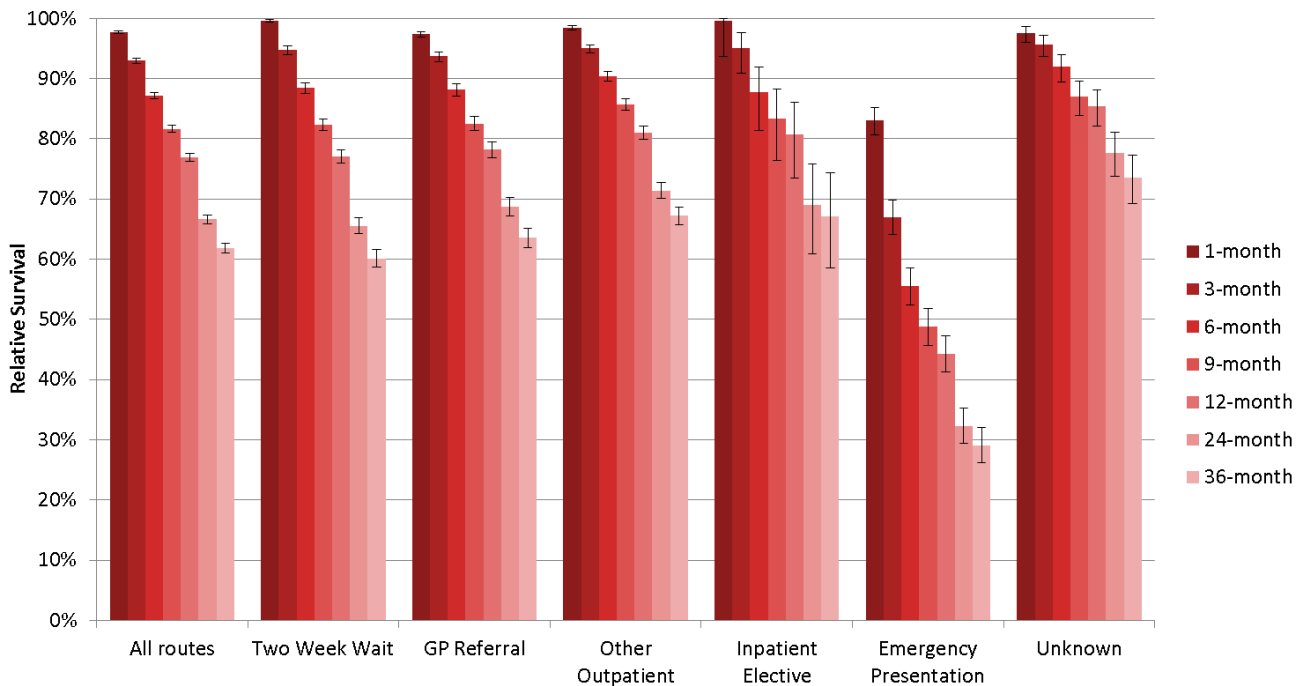


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence interval are wide. Those of white and Chinese ethnicity had a significantly higher proportion diagnosed through TWW compared to those of black and Asian ethnicities.

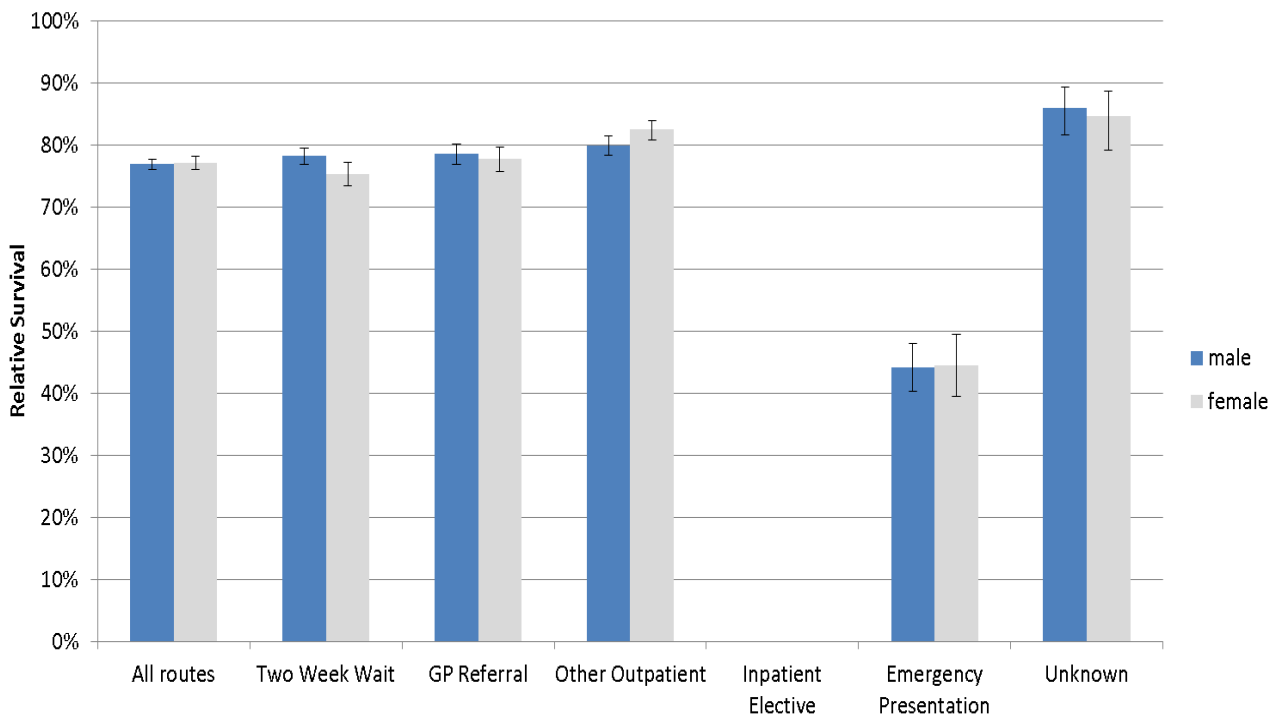


Survival results for head and neck – oral cavity cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than compared to all other routes to diagnosis: ranging from 83% at one month to 29% at three years after diagnosis.

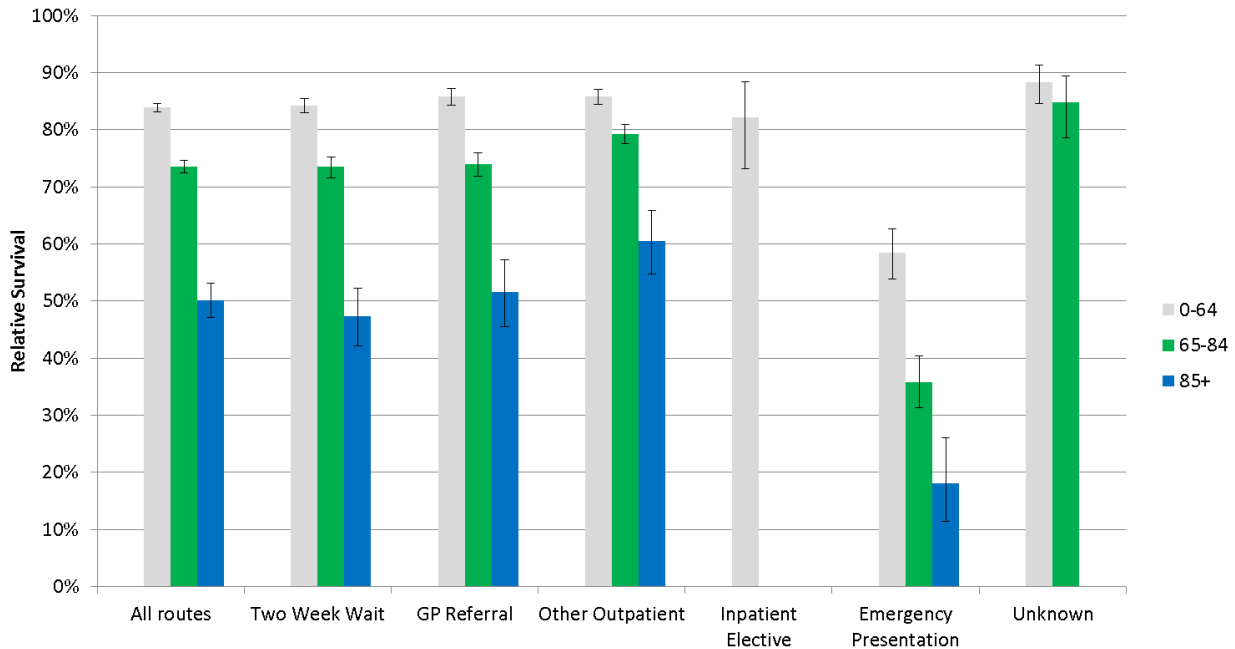


Sex: there were no significant differences between males and females across routes to diagnosis.

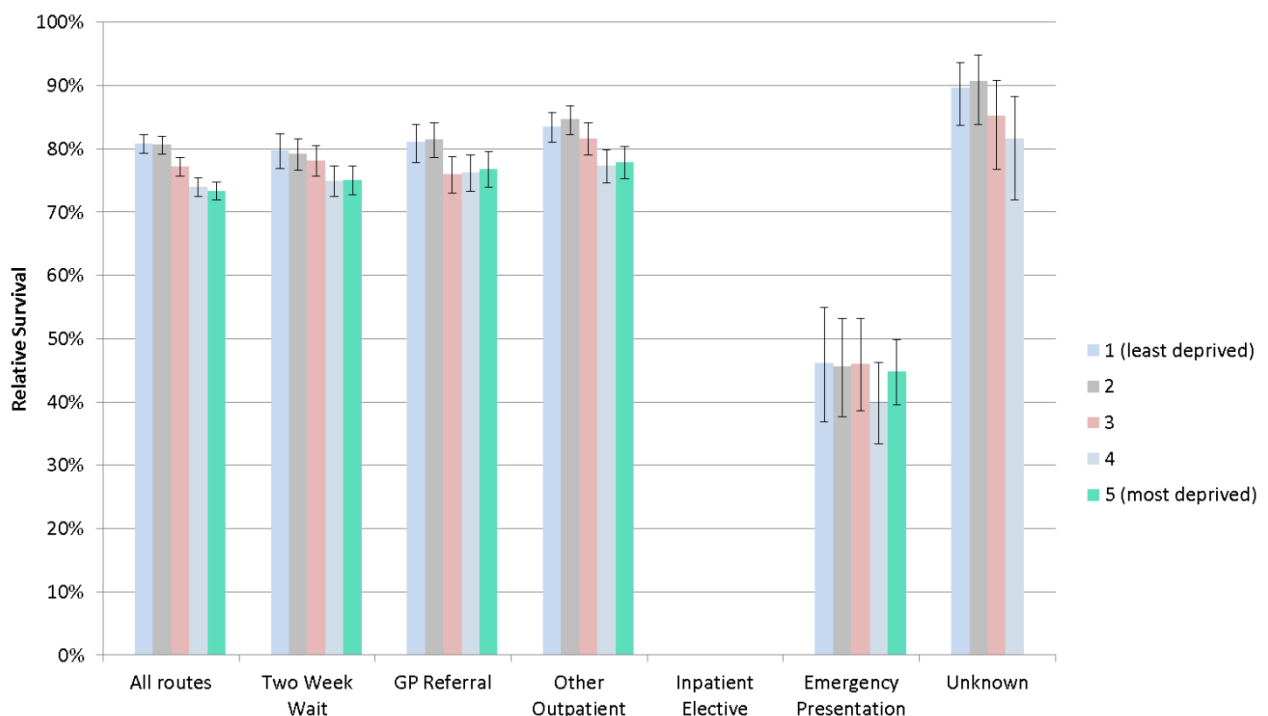


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Age: one year survival significantly decreased as age increased across most routes to diagnosis. One year survival for emergency presentations was significantly lower than for all other routes across all age groups, falling as low as 18% for those 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. For those diagnosed through other outpatient routes, survival was significantly lower among those living in the most deprived areas compared to those living in the least deprived areas; 78% compared to 84%, 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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