Public Health England

Protecting and improving the nation's health

Routes to diagnosis 2015 update: head and neck – oropharynx cancer

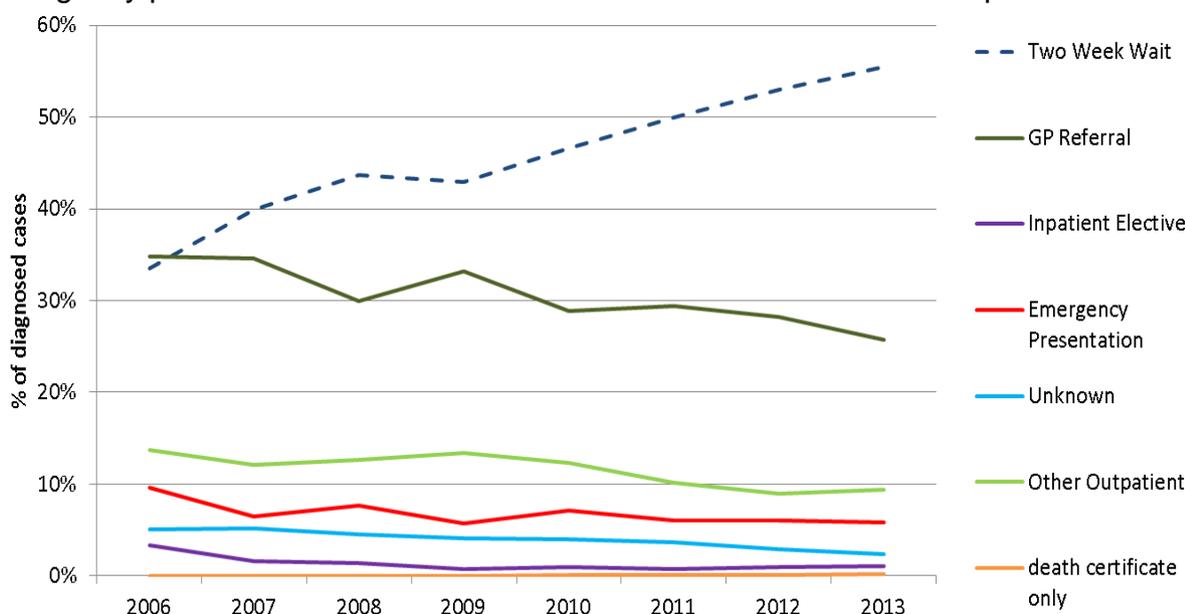# National Cancer Intelligence Network Short Report

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 – oropharynx cancer. The definition used for this briefing is ICD10 C01, C09, C10. 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 head and neck – oropharynx cancer.

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

Summary of RtD for head and neck – oropharynx cancer

Two week wait (TWW) was the commonest route, increasing from 33% in 2006 to 55% in 2013. GP referral showed a downward trend, decreasing from 35% in 2006 to 26% in 2013. Emergency presentation accounts for less than 10% of cases over the period.

Route breakdowns for head and neck – oropharynx cancer, 2006 to 2013
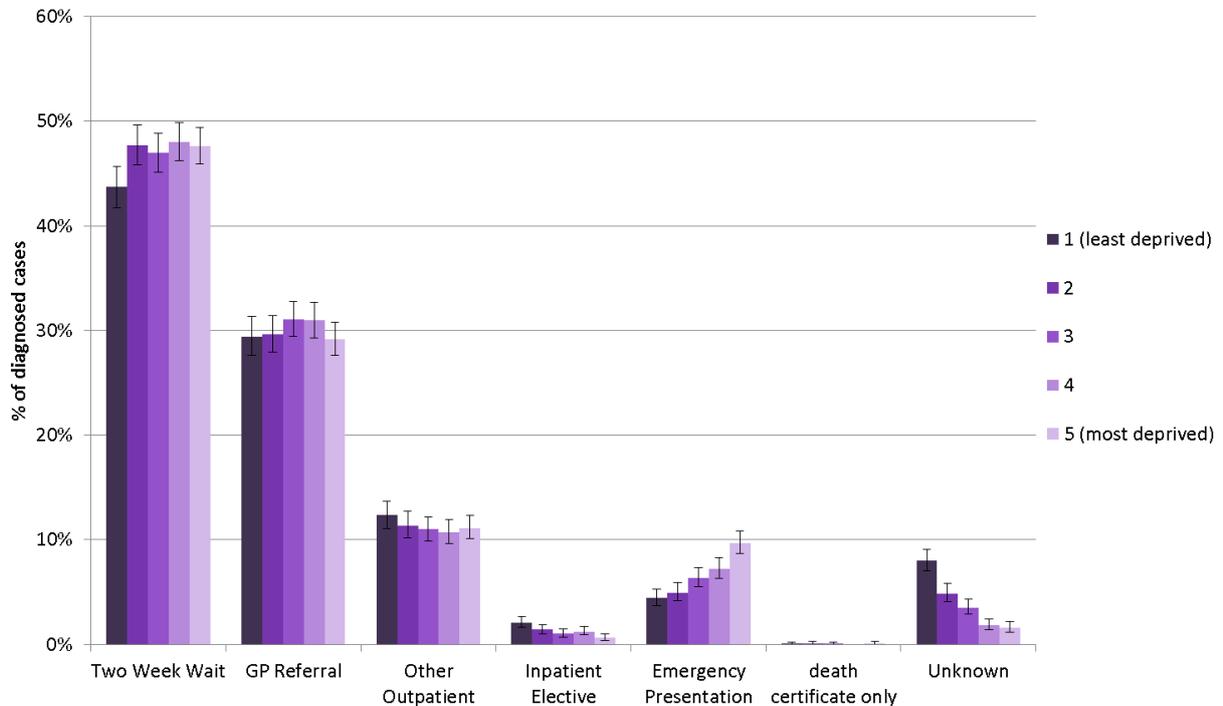
Sex: compared to males, the proportion of cases diagnosed through emergency presentation was not significantly different to the proportion in females. Compared to males, females had a significantly higher proportion of cases diagnosed through GP referral and a significantly lower proportion of cases diagnosed through TWW.
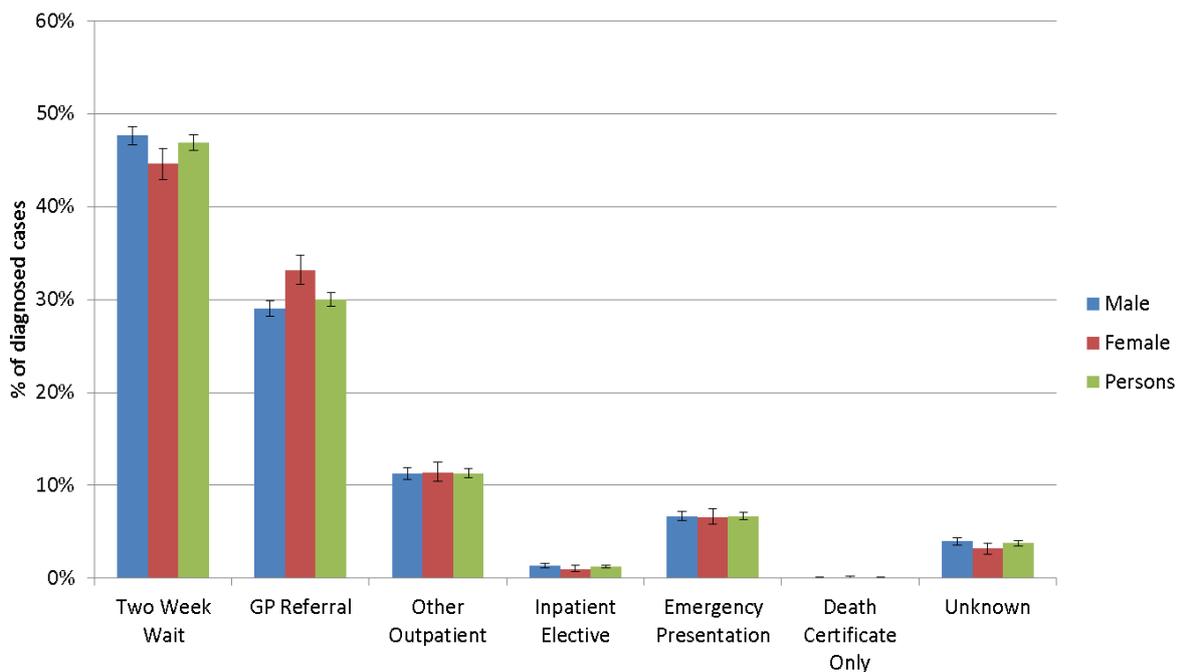
Age: emergency presentation generally increased with increasing age with a 10% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.
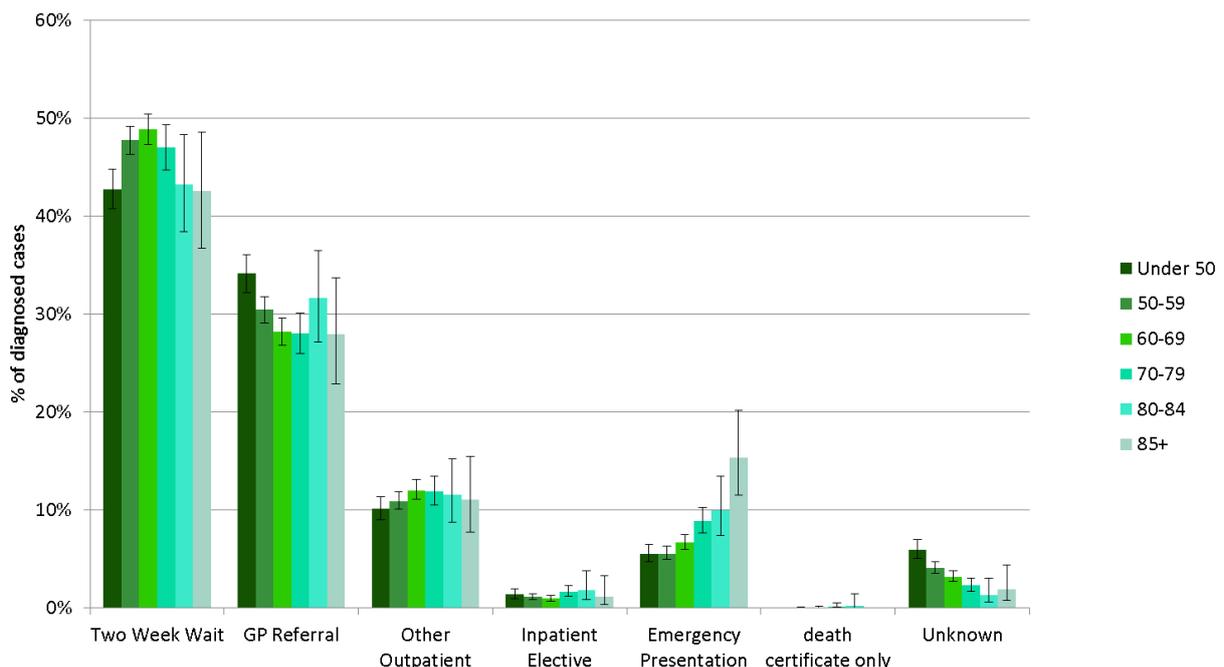
Deprivation: emergency presentation increased with increasing deprivation with a 5% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in more deprived areas had a significantly higher proportion diagnosed through TWW compared to those living in the least deprived areas; 48% compared to 44%, respectively.


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 of cases diagnosed through TWW compared to those of Asian or black ethnicities.
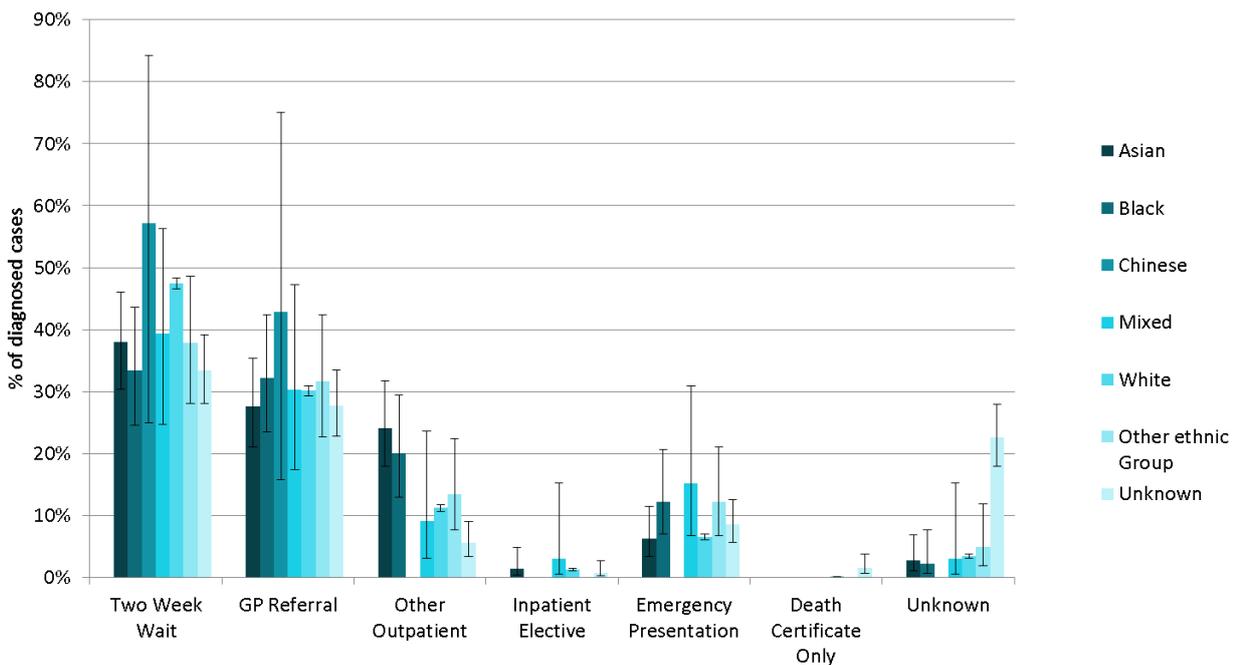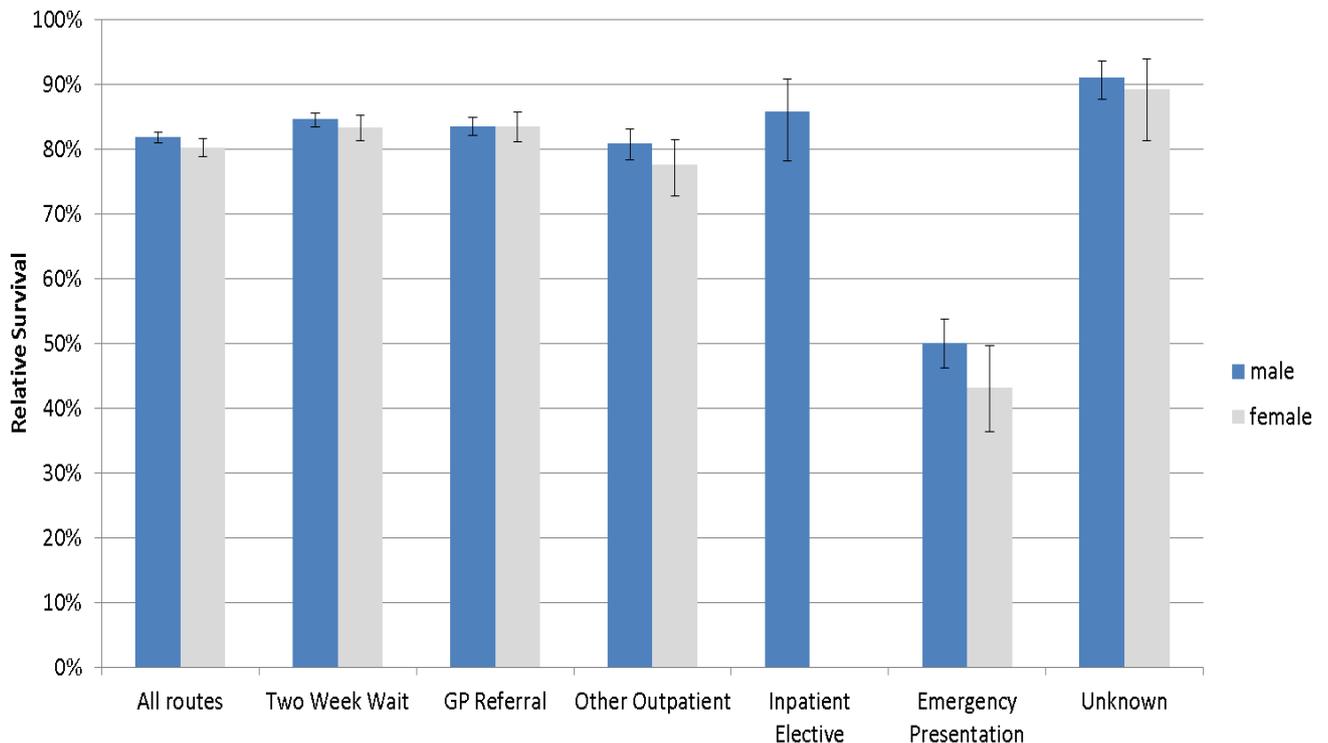
Survival results for head and neck – oropharynx cancer, 2006 to 2013

Emergency presentation was significantly lower than all other routes to diagnosis: ranging from 85% at one month to 35% at three years after diagnosis.
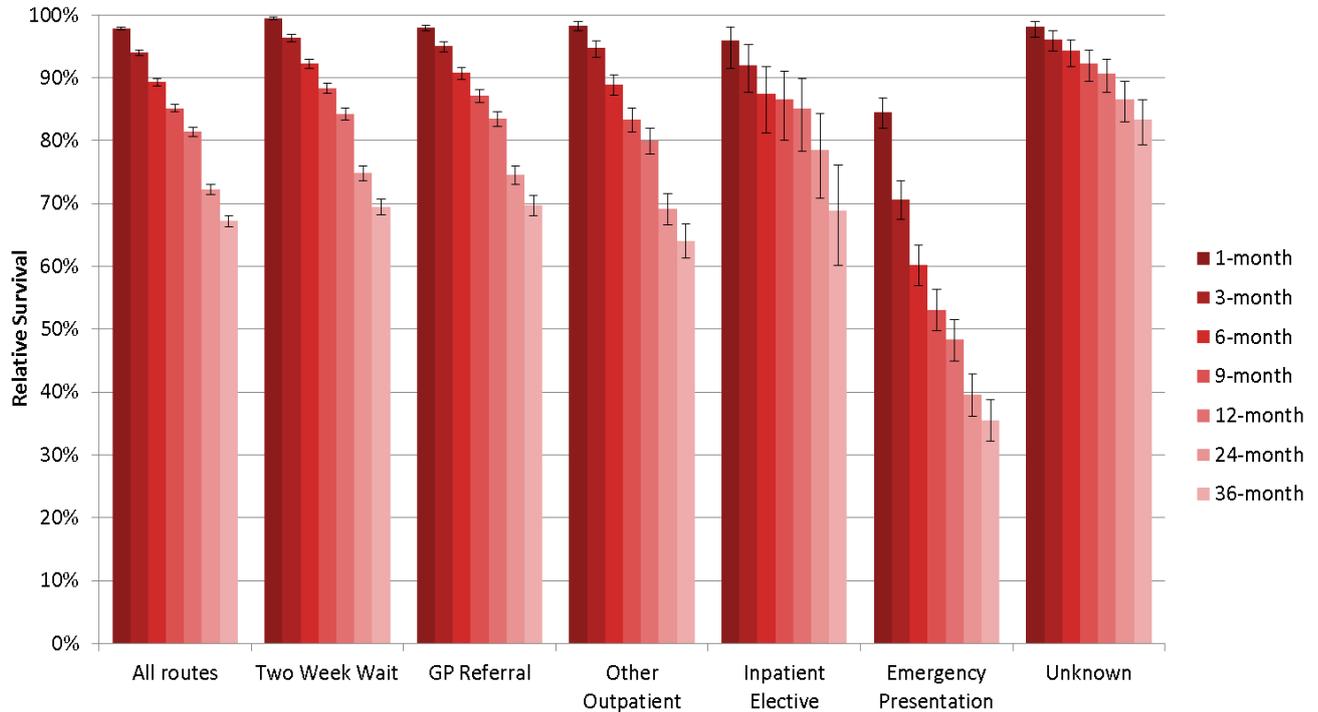

Sex: there were no significant differences in one year survival when comparing males and females across all routes to diagnosis.

Age: one year survival significantly decreased with increasing age for most routes to diagnosis. For all available age groups, one year survival was significantly lower for emergency presentation than for all other routes, falling as low as 30% for those aged 65 to 84.
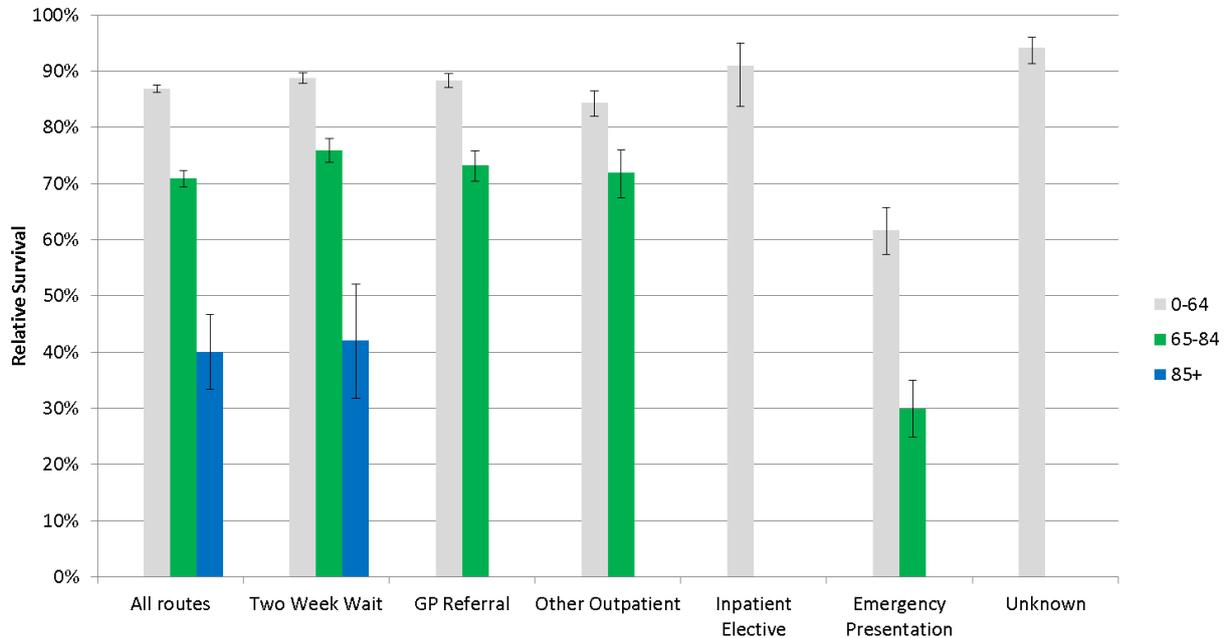
Deprivation: one year survival significantly decreased as deprivation increased for most routes to diagnosis, for example, those diagnosed through TWW living in the most deprived areas had one year survival of 77% compared to 88% among those living in the least deprived areas.
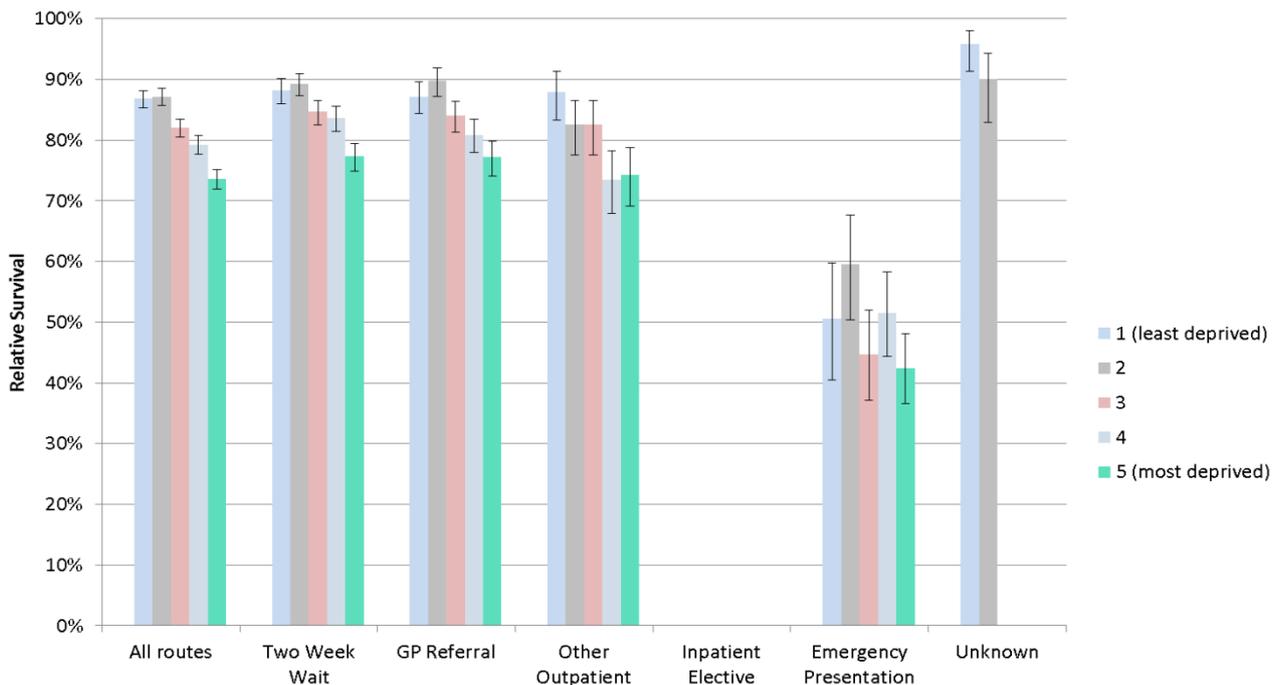
Find out more:

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