



Routes to diagnosis 2015 update: pancreatic 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 pancreatic cancer. The definition used for this briefing is ICD10 C25. 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.

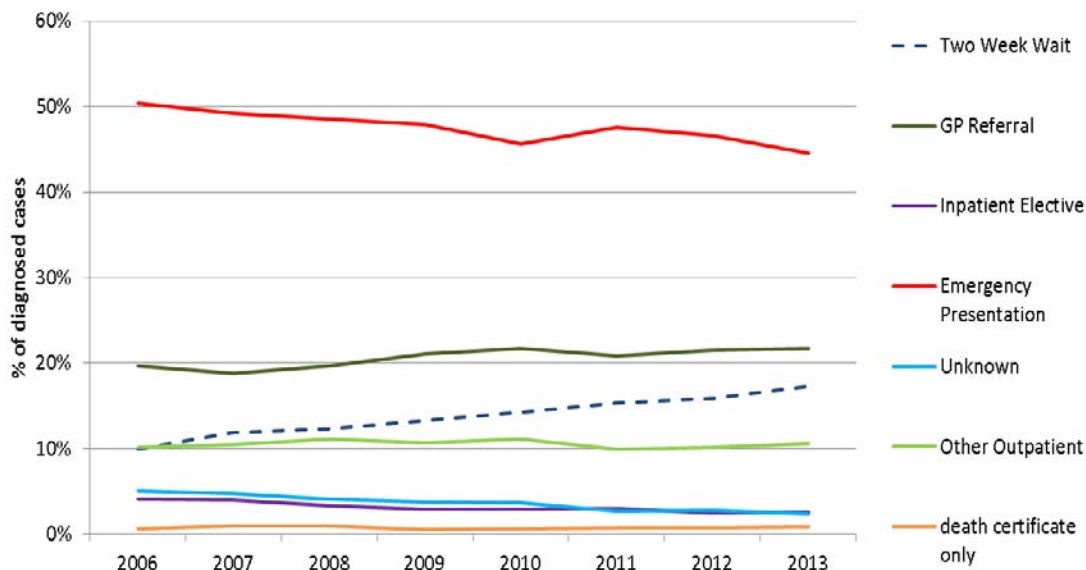
Summary of RtD for pancreatic cancer

Emergency presentation was the commonest route to diagnosis across the period analysed, however, the proportion significantly decreased from 50% in 2006 to 45% in 2013. Two week wait (TWW) significantly increased across the period from 10% in 2006 to 17% in 2013.

Key messages

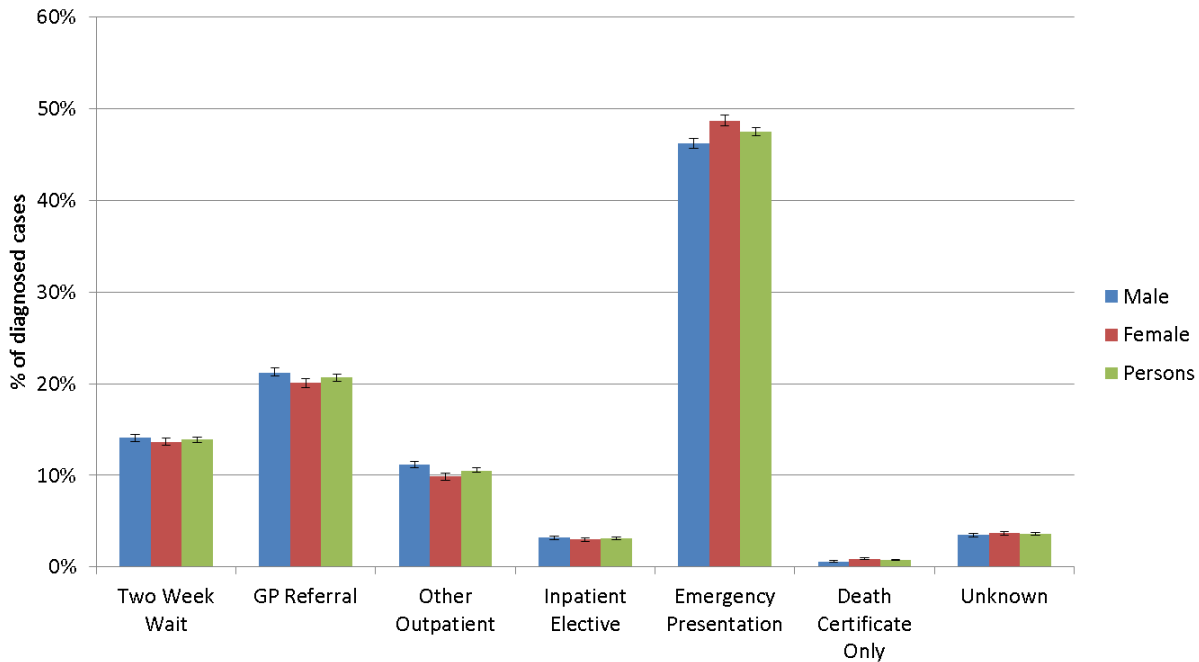
New data published for pancreatic cancer.

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

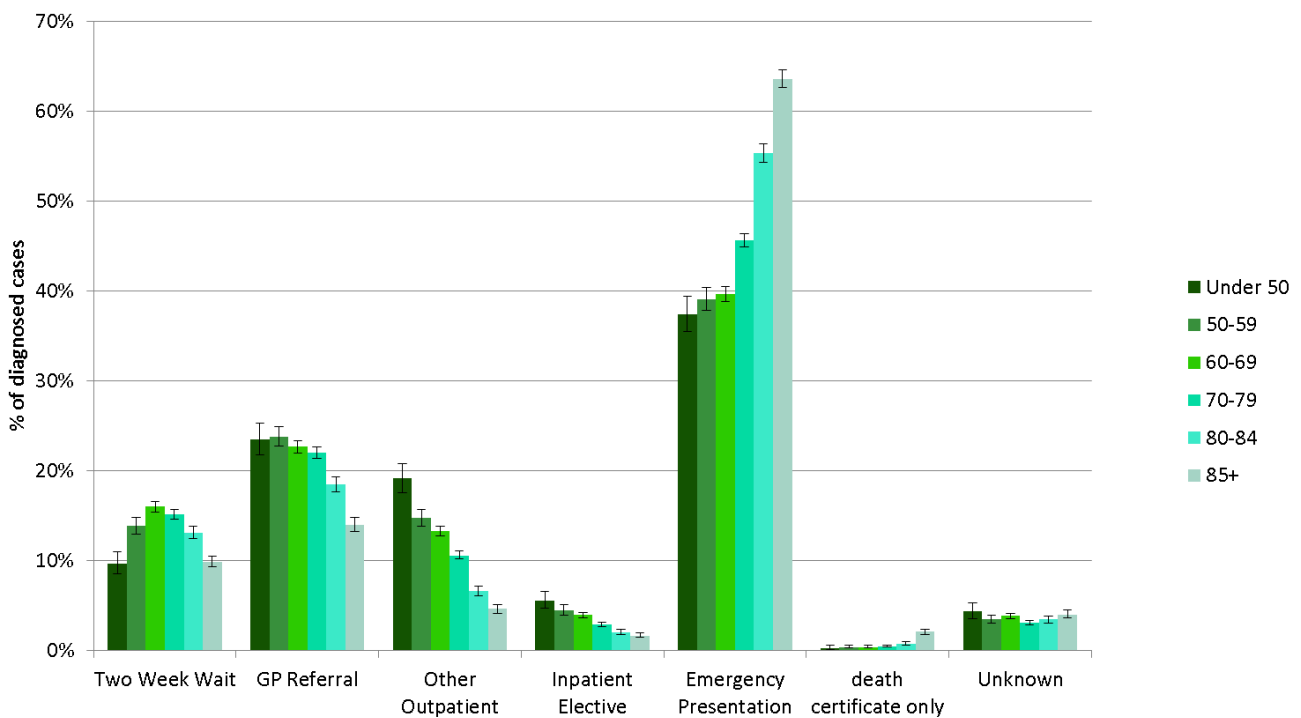


Route breakdowns for pancreatic cancer, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 49% compared to 46% for males. Compared to females, males had a significantly higher proportion of cases diagnosed through GP referral; 21% compared to 20%.

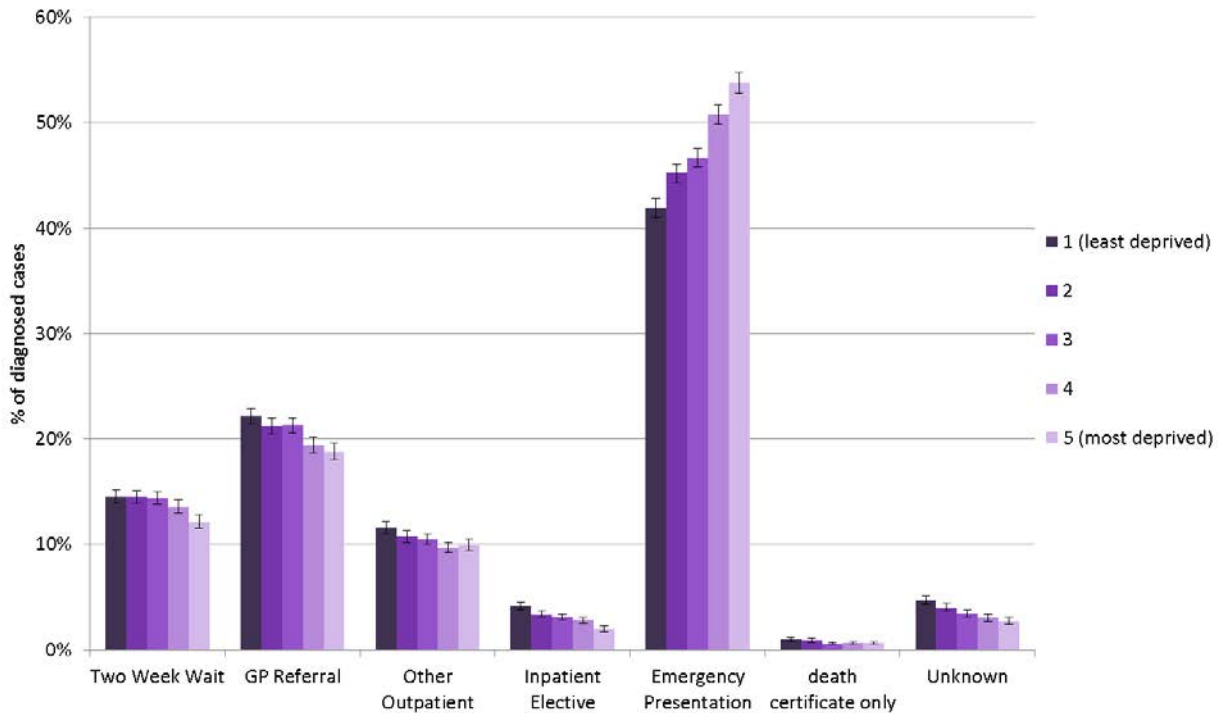


Age: emergency presentation generally increased with increasing age with a 26% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

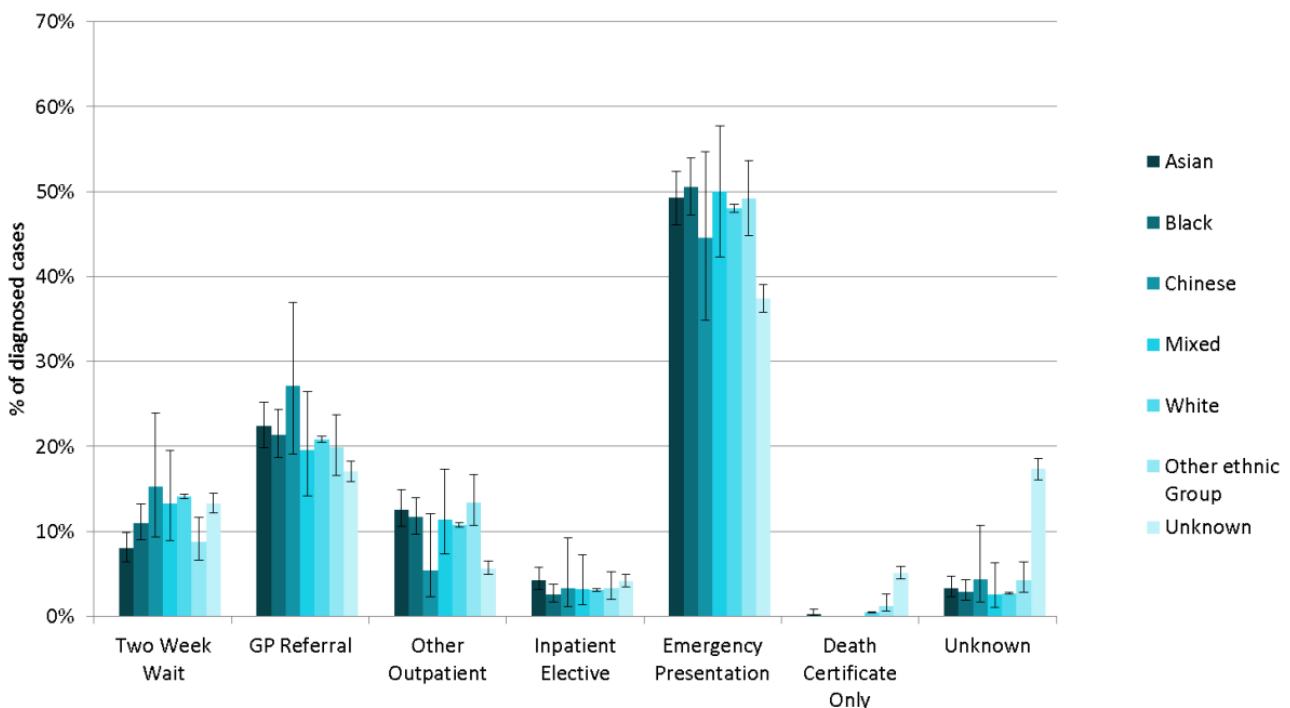


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Deprivation: emergency presentation increased with increasing deprivation with a 12% difference between those living in the least deprived areas and those living in the most deprived areas. The proportions diagnosed through both TWW and GP referral were significantly lower among those living in the most deprived areas compared to those living in the least deprived areas.

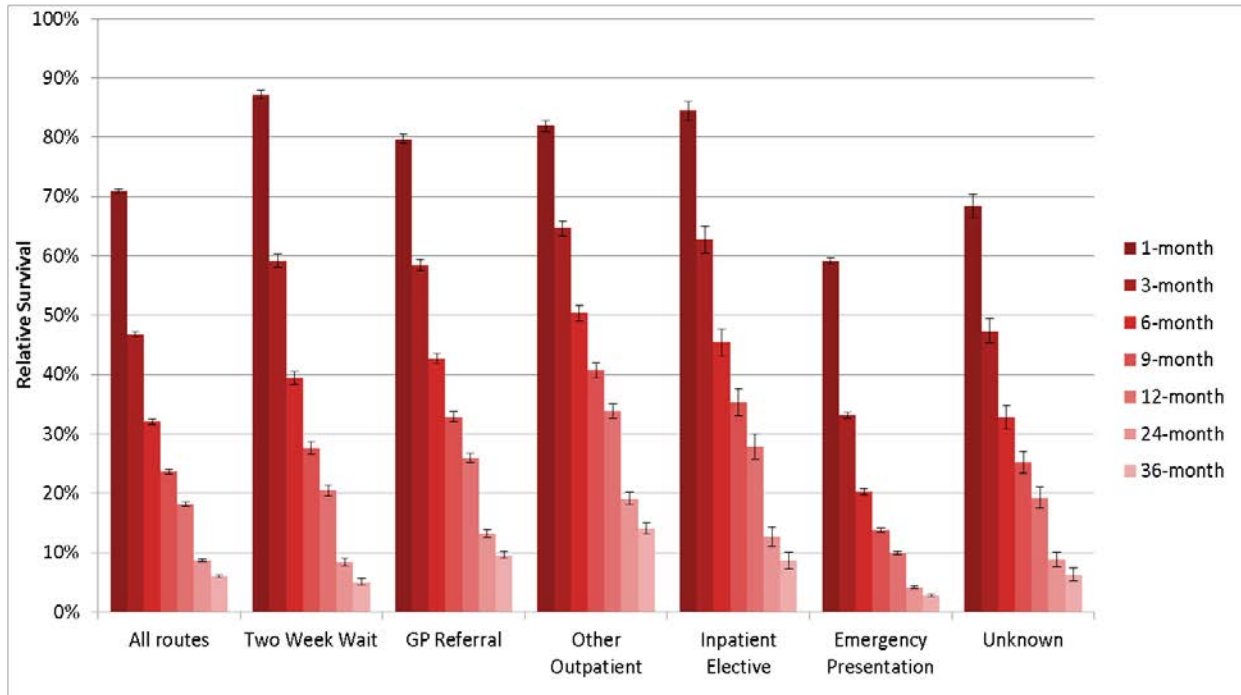


Ethnicity: those of white ethnicity had a significantly higher proportion of TWW compared to those of Asian and black ethnicities

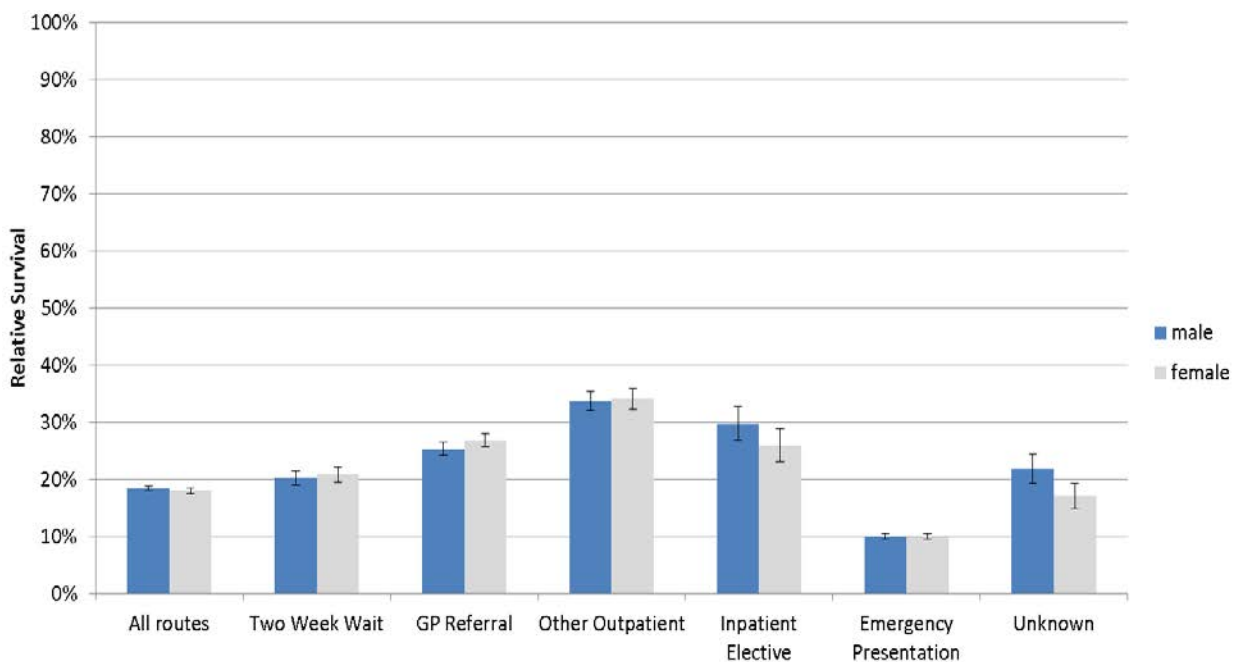


Survival results for pancreatic cancer, 2006 to 2013

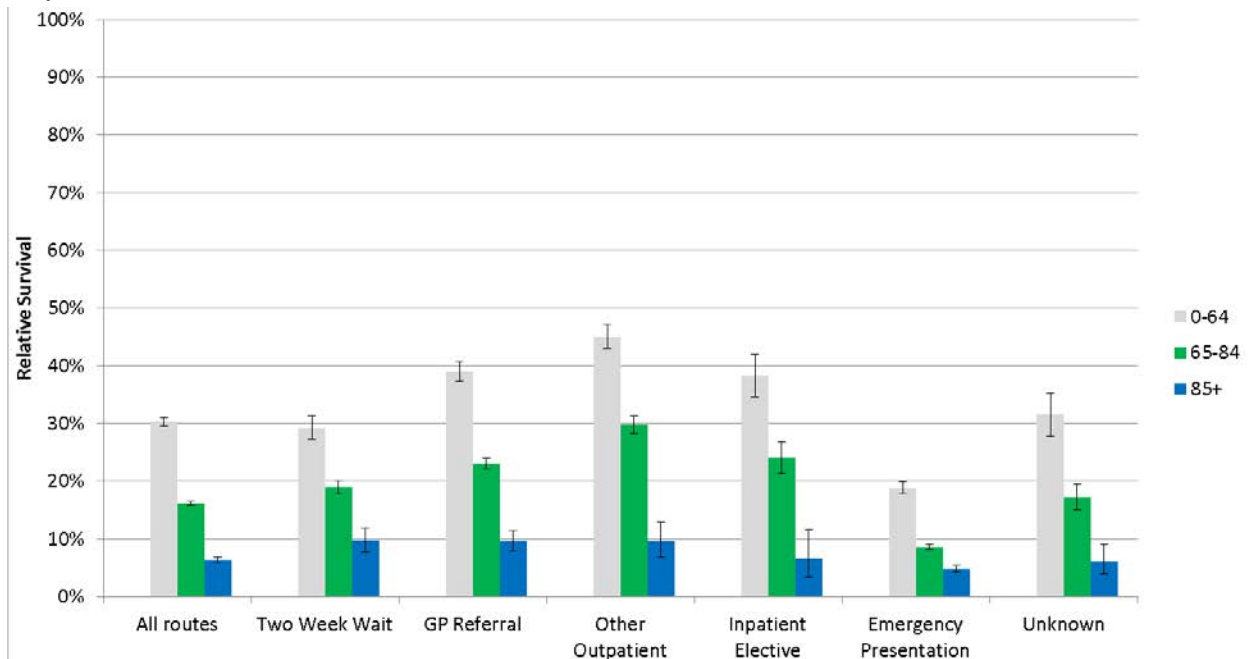
Survival for patients diagnosed through an emergency presentation was significantly lower than all other routes to diagnosis: ranging from 59% at one month to 3% at three years after diagnosis. Compared to other routes, TWW was significantly better at one month and other outpatient was significantly better for all other intervals.



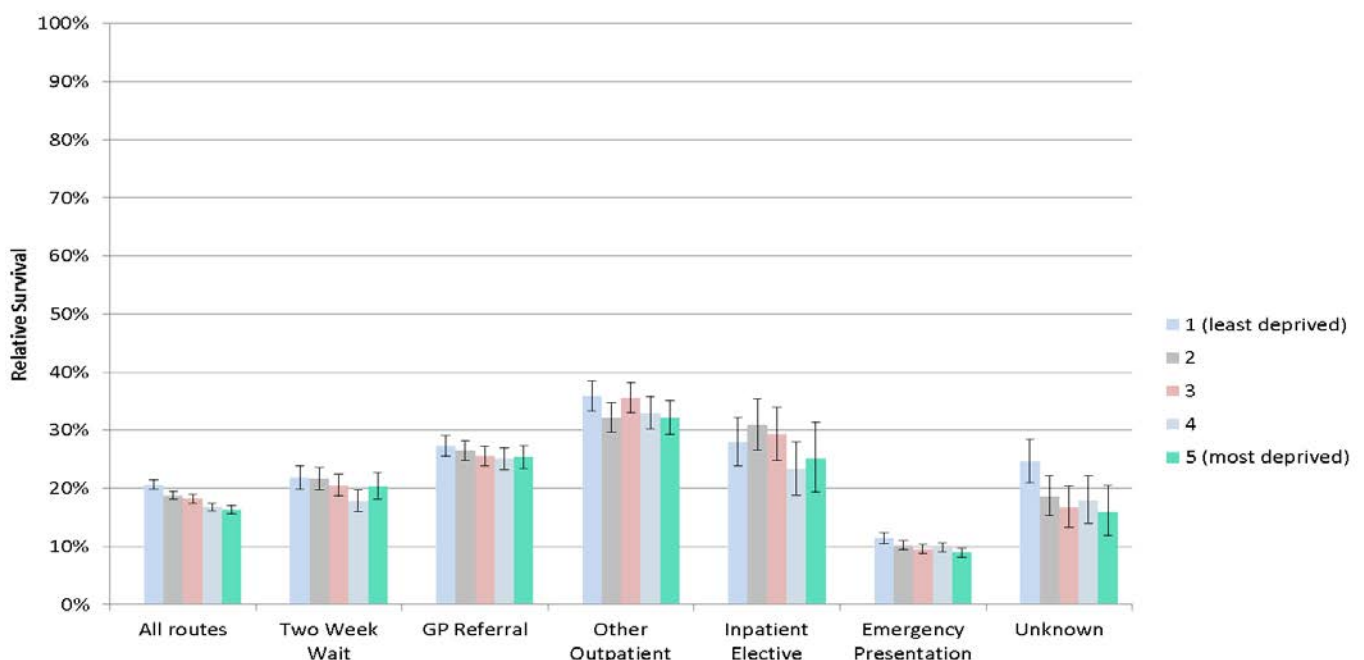
Sex: one year survival was not significantly different across routes when comparing males and females.



Age: one year survival significantly decreased as age increased across all routes to diagnosis. For those aged under 85, survival for those diagnosed through other outpatient was significantly higher for the same age groups in other routes and significantly lower than other routes for those diagnosed through emergency presentation.



Deprivation: overall, one year survival was significantly higher among patients living in the least deprived areas compared to those living in the most deprived areas; 21% compared to 16%, respectively. For emergency presentation, one year survival was also significantly different; 11% among those living in the least deprived areas compared to 9% among those living in the most 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

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