



Routes to diagnosis 2015 update: prostate 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 prostate cancer. The definition used for this briefing is ICD10 C61. It includes variation in routes over time, by age, deprivation and ethnicity and variation in survival by time from diagnosis, age and deprivation.

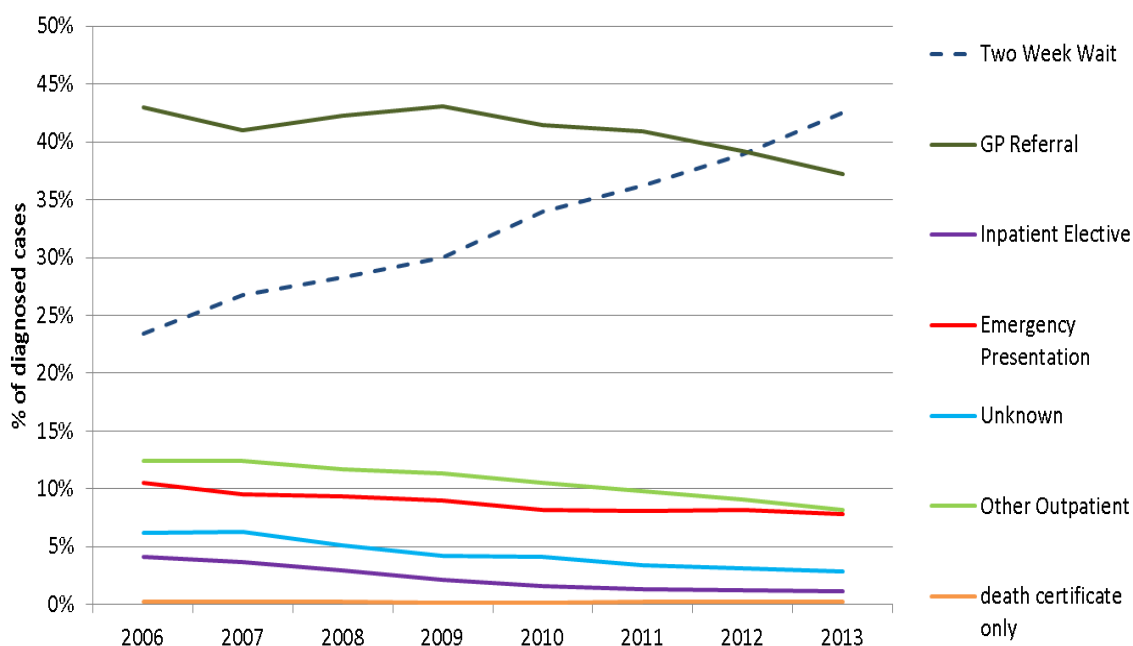
Summary of RtD for prostate cancer

Two week wait (TWW) significantly increased across the time period analysed to become the commonest route to diagnosis, increasing from 23% in 2006 to 43% in 2013. GP referral significantly decreased from 43% in 2006 to 37% in 2013. GP referral significantly decreased from 43% in 2006 to 37% in 2013. GP referral significantly decreased from 43% in 2006 to 37% in 2013.

Key messages

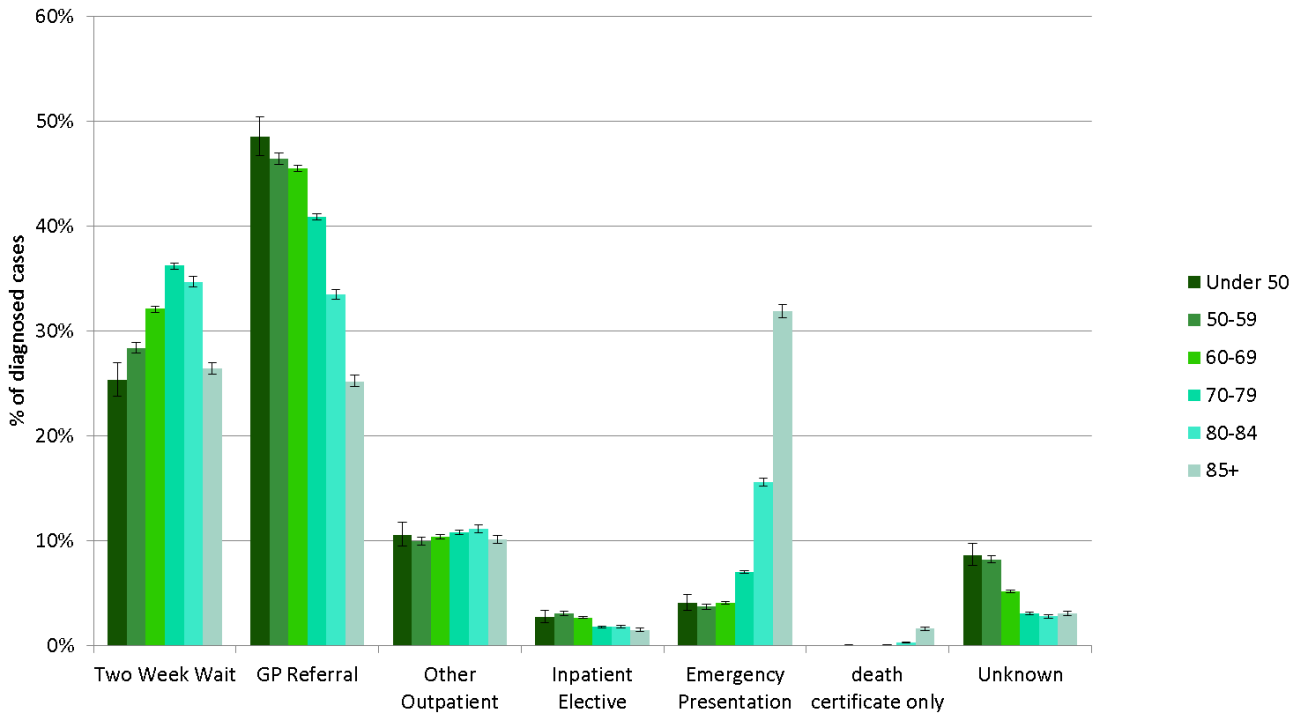
New data published for prostate cancer.

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

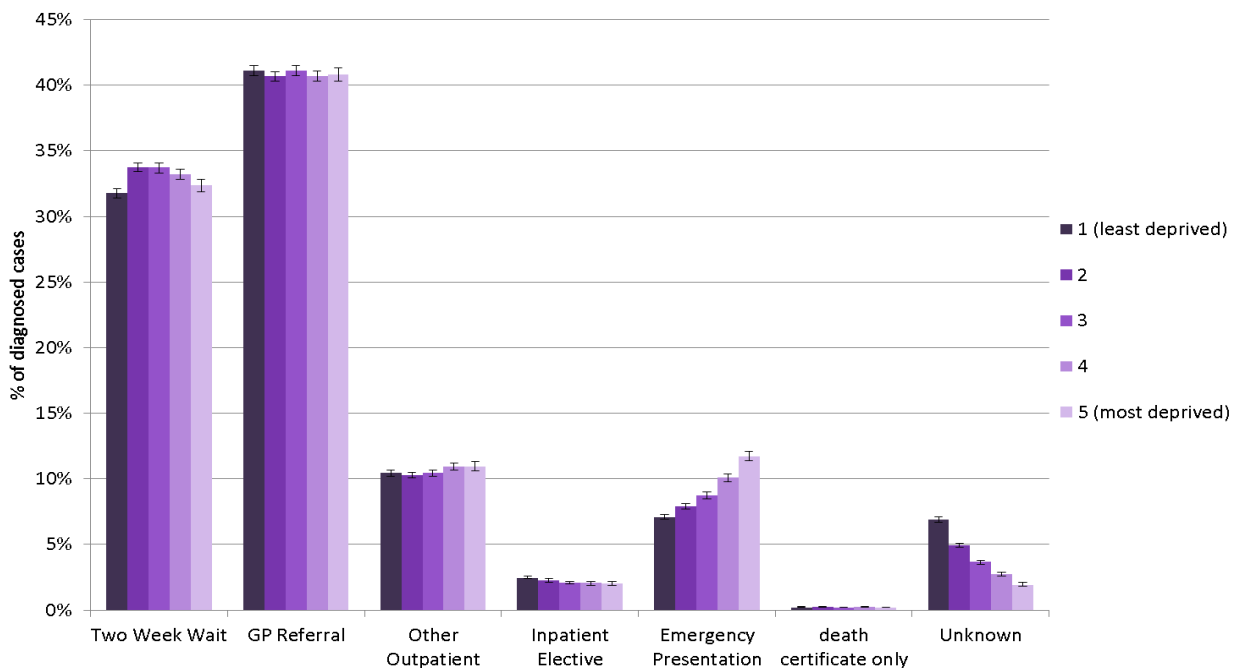


Route breakdowns for prostate cancer, 2006 to 2013

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, with the exception of TWW.

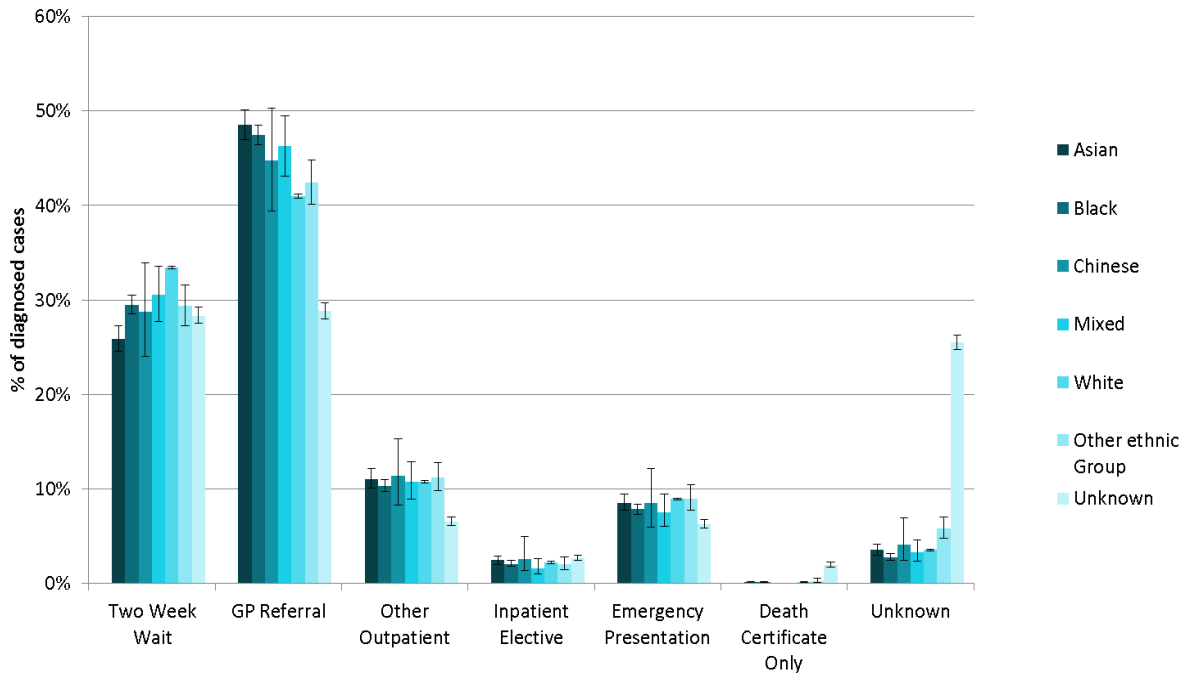


Deprivation: emergency presentation increased with increasing deprivation with a 5% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.



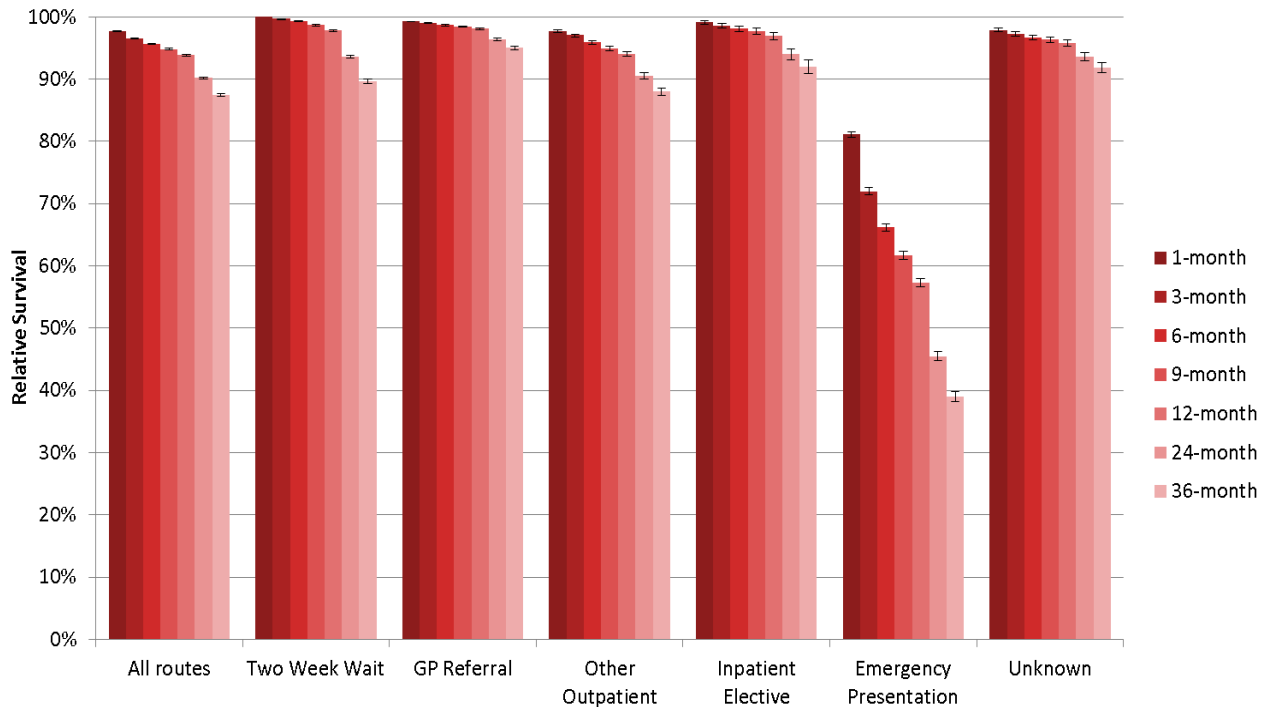
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Ethnicity: TWW was significantly higher for those of white ethnicity compared to those of Asian and black ethnicities and the converse was true for GP referrals.

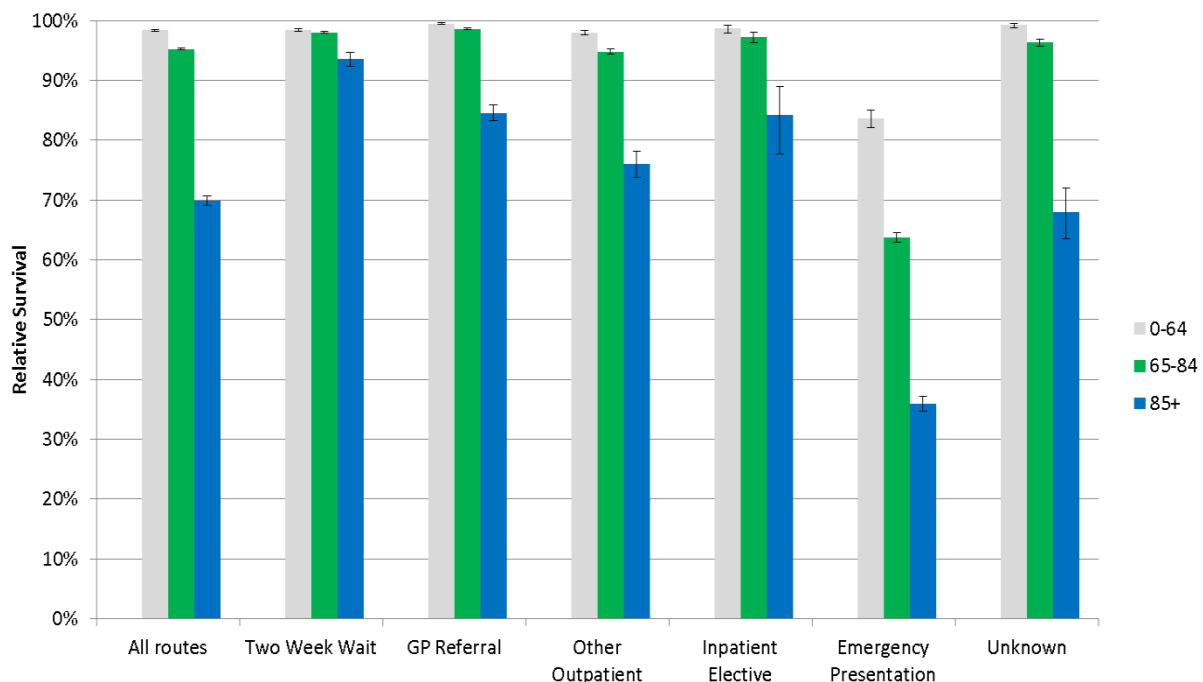


Survival results for prostate cancer, 2006 to 2013

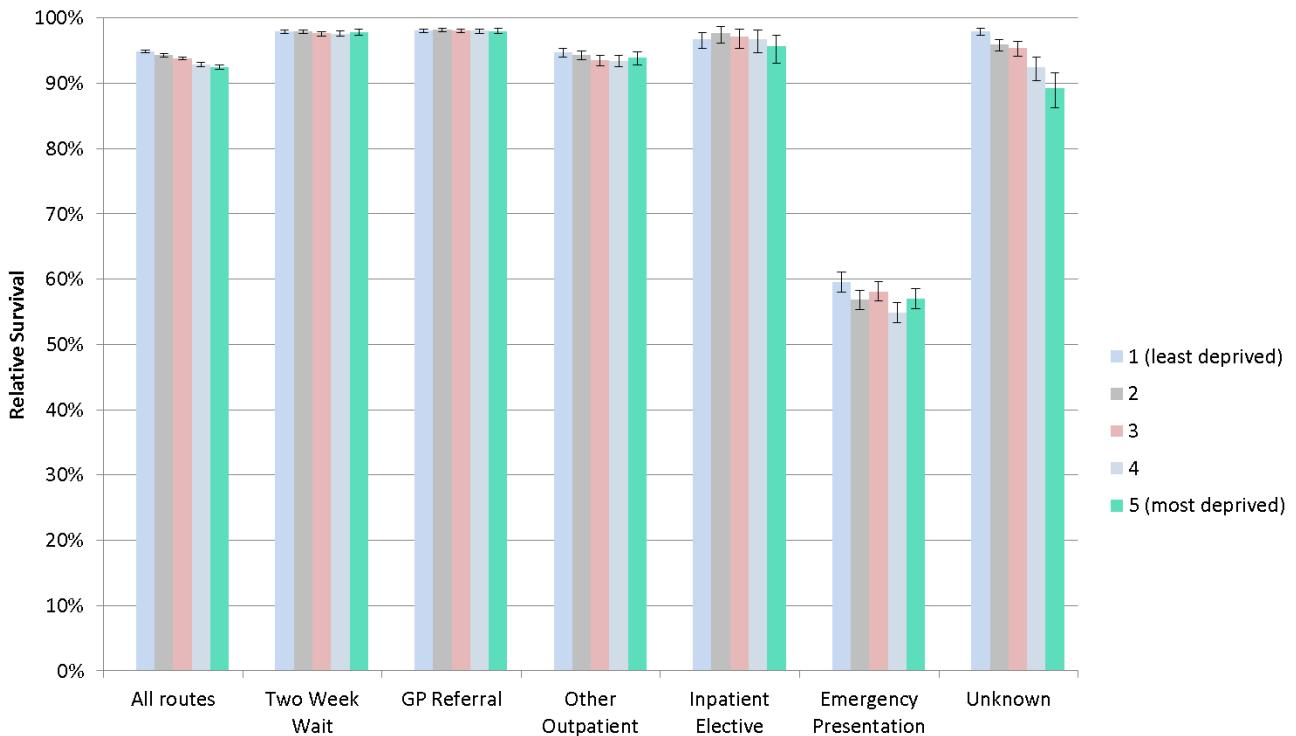
Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 81% at one month to 39% at three years after diagnosis.



Age: one year survival significantly decreased as age increased across all routes to diagnosis. By age group, survival for emergency presentations was significantly lower than for the same age group in all other routes, falling as low as 36% for those age 85 and over.



Deprivation: one year survival was not significantly different across deprivation groups for known routes to diagnosis. For emergency presentation, there was a significant difference when comparing those living in the least deprived areas and those living in the second most deprived areas; 60% compared to 55%, 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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