



Routes to diagnosis 2015 update: head and neck – salivary gland 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 – salivary gland cancer. The definition used for this briefing is ICD10 C07-C08. It includes variation in routes by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis, sex and age.

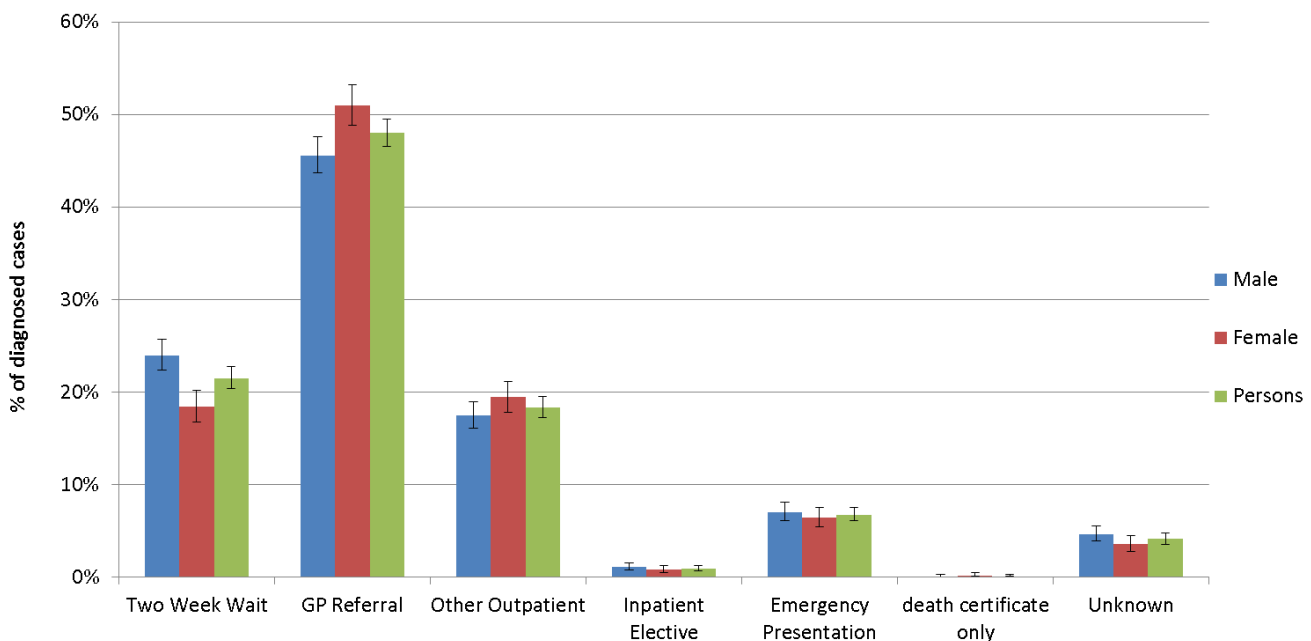
Route breakdowns for head and neck – salivary gland cancer

GP referral was the commonest route to diagnosis, accounting for 48% of all diagnoses. 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.

Key messages

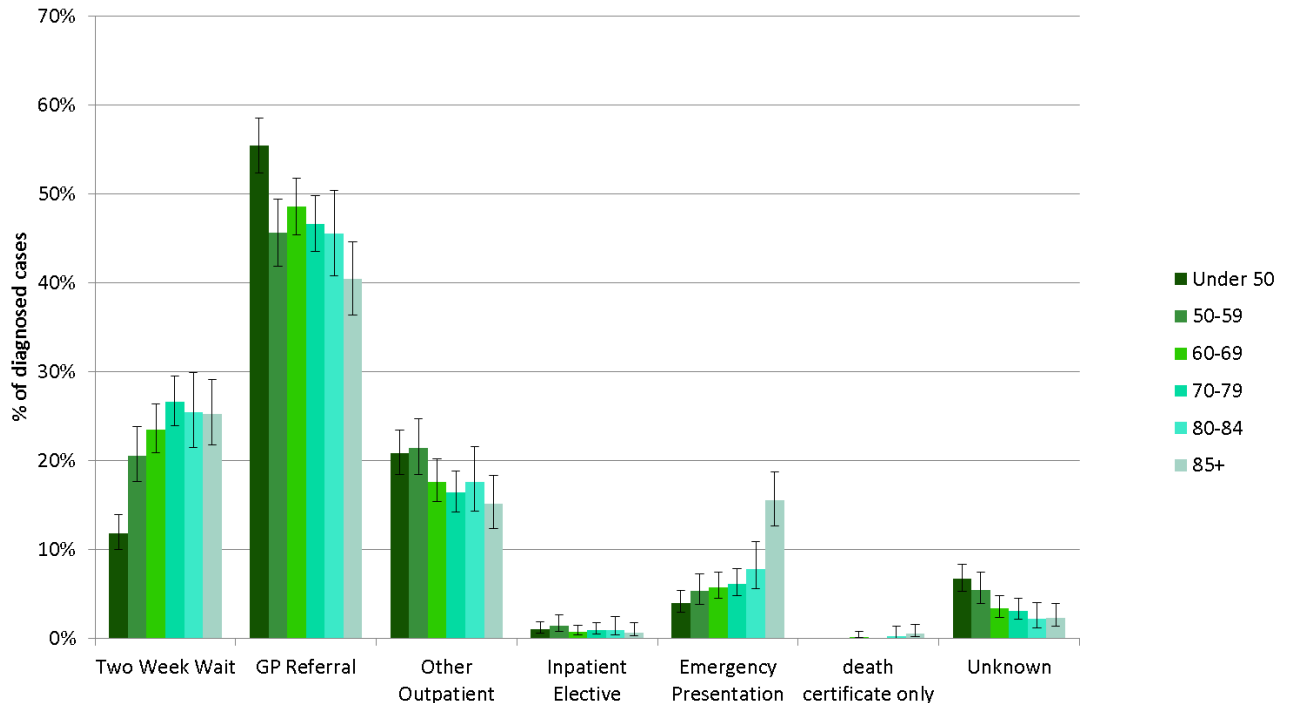
New data published for prostate and neck – salivary gland cancer.

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

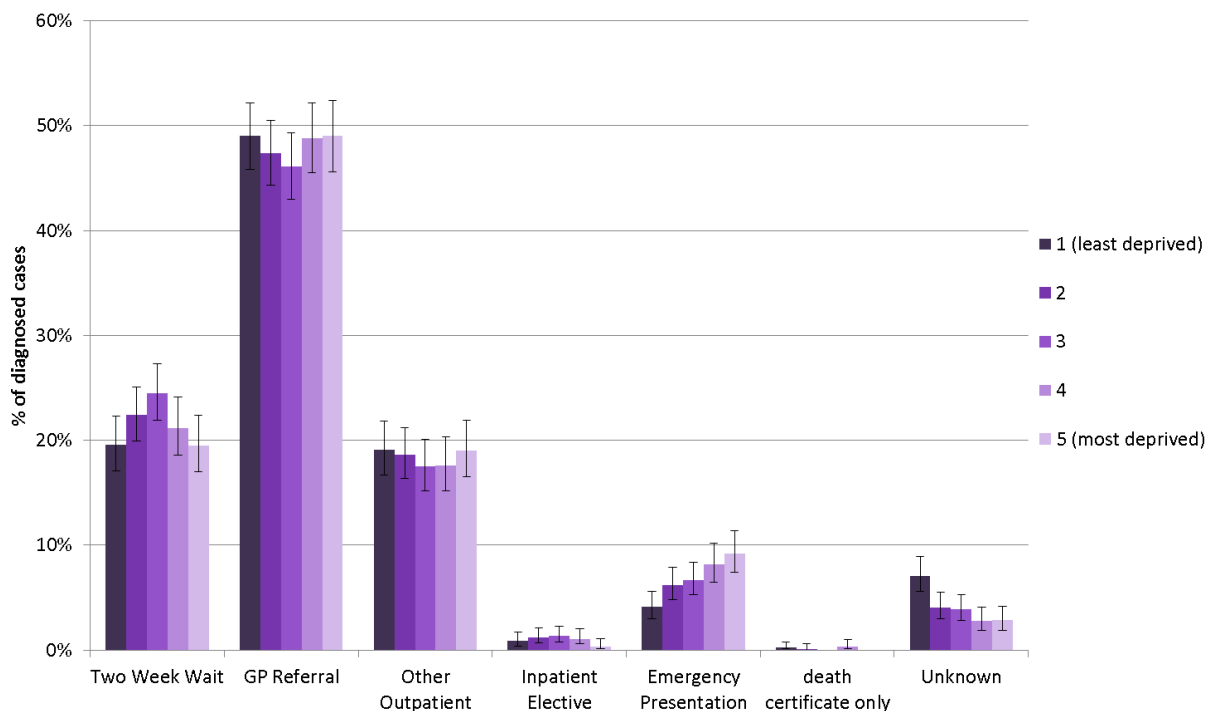


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Age: emergency presentation generally increased with increasing age with an 11% difference between those aged over 85 and those aged under 50. TWW increased with age and GP referral decreased with age.

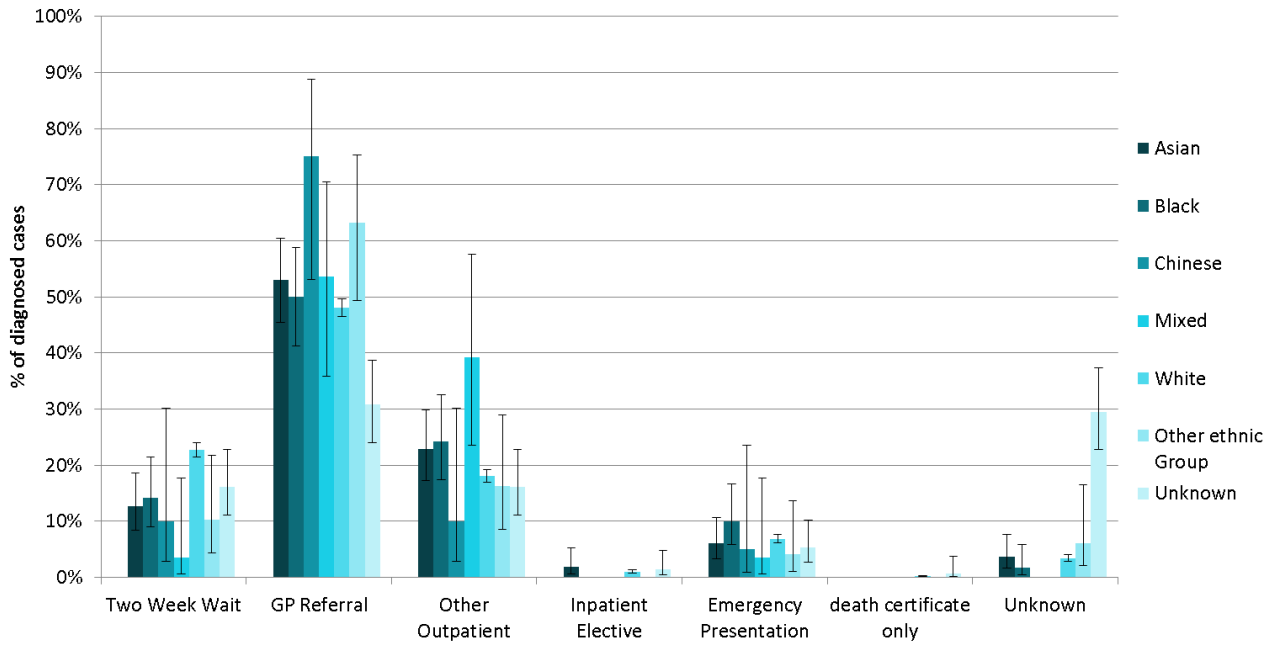


Deprivation: emergency presentation increased with increasing deprivation with a 5% difference between those living in the least deprived areas and those living in the most deprived areas. For managed routes, there were no significant differences between those living in the least deprived areas compared those living in the most deprived.



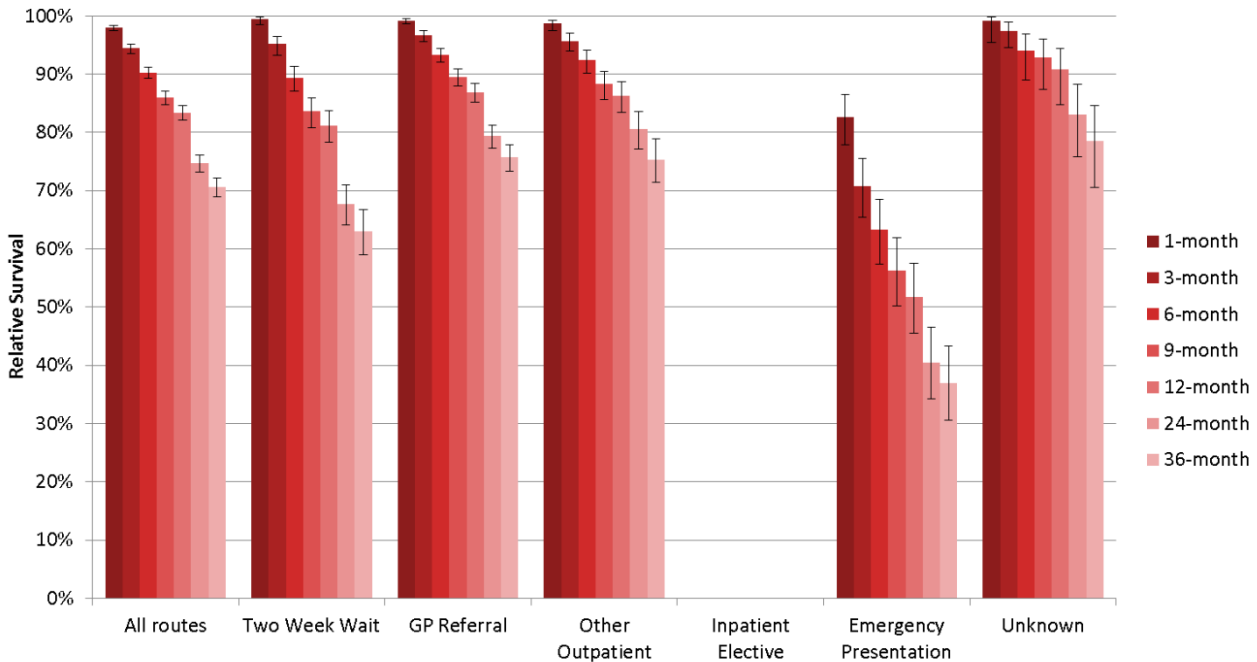
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Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. TWW was significantly higher among those of white ethnicity compared to those of Asian and mixed ethnicities.

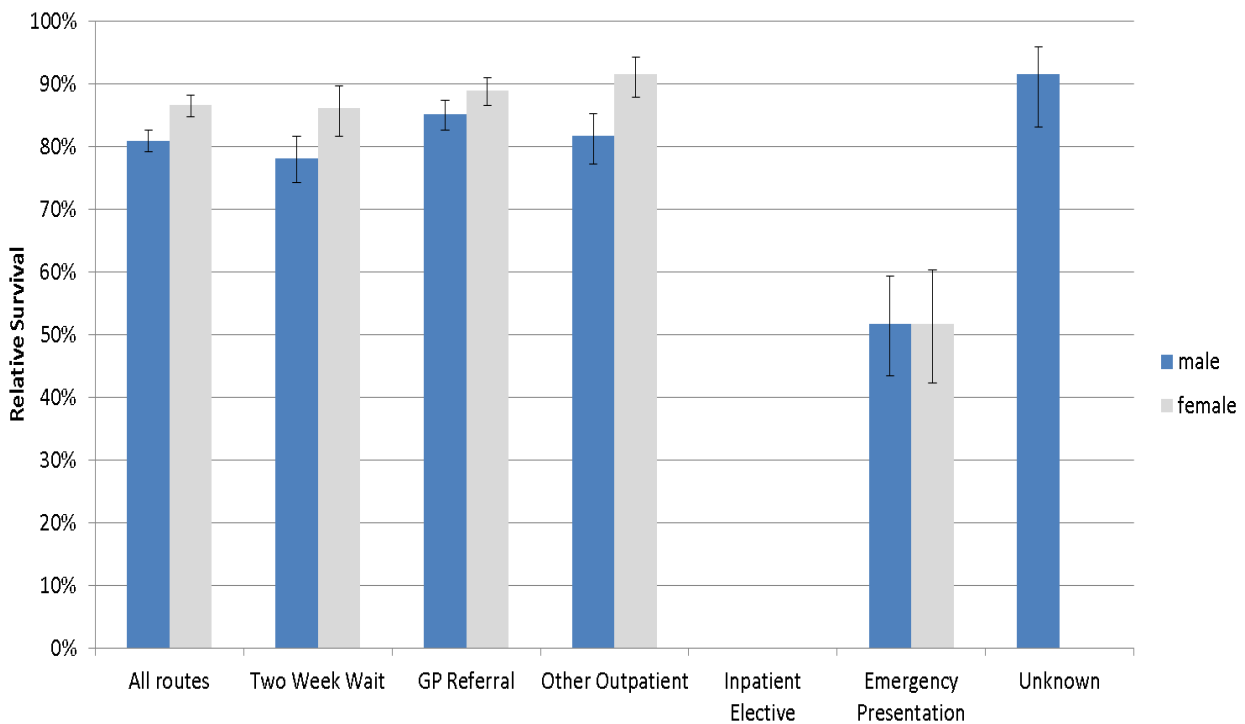


Survival results for head and neck – salivary gland cancer, 2006 to 2013

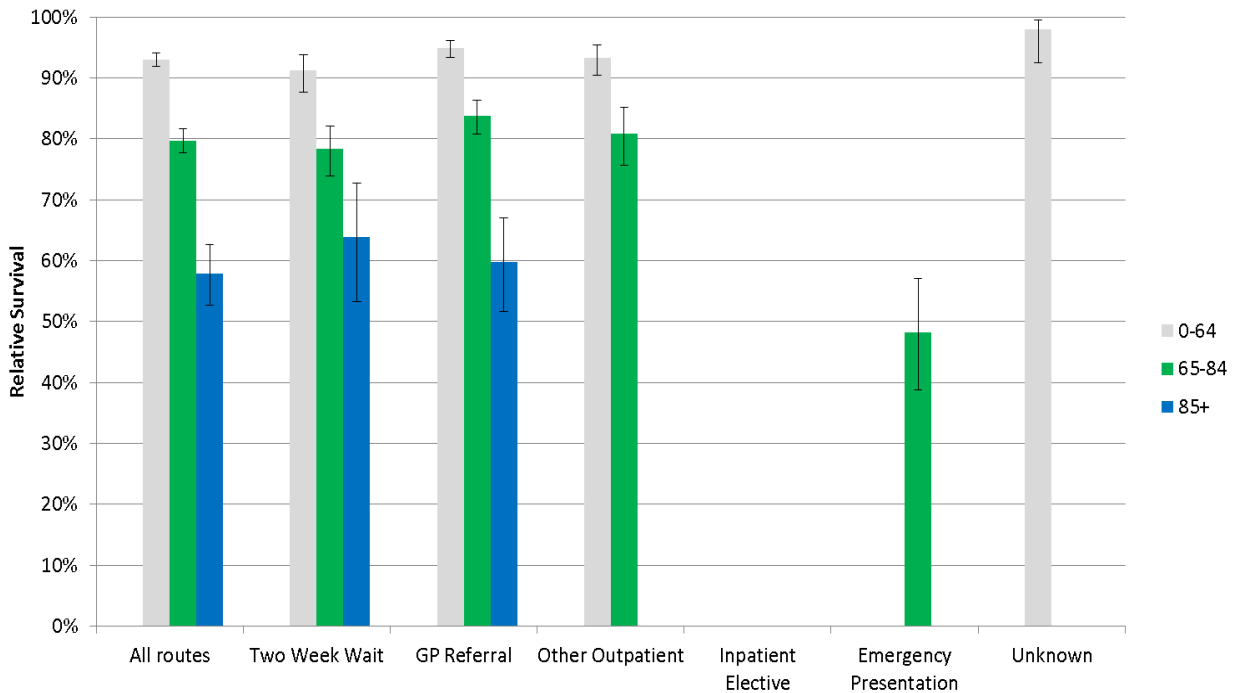
Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis ranging from 83% after one month to 37% after three years after diagnosis.



Sex: overall, one year survival is significantly lower for males compared to females; 81% compared to 87%, respectively. For other outpatient routes, males also had a significantly lower one year survival compared to females; 82% compared to 92%, respectively.



Age: one year survival significantly decreased as age increased across most routes to diagnosis. For all age groups, those diagnosed through emergency presentation had significantly lower one year survival than compared to the same age group in all managed routes, ranging from 71% for those under the age of 65 to 34% for those aged 85 and over.



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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