



Routes to diagnosis 2015 update: small intestine 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 small intestine cancer. The definition used for this briefing is ICD10 C17. It includes variation in routes by sex, age, deprivation and variation in survival by time from diagnosis, sex, age and deprivation.

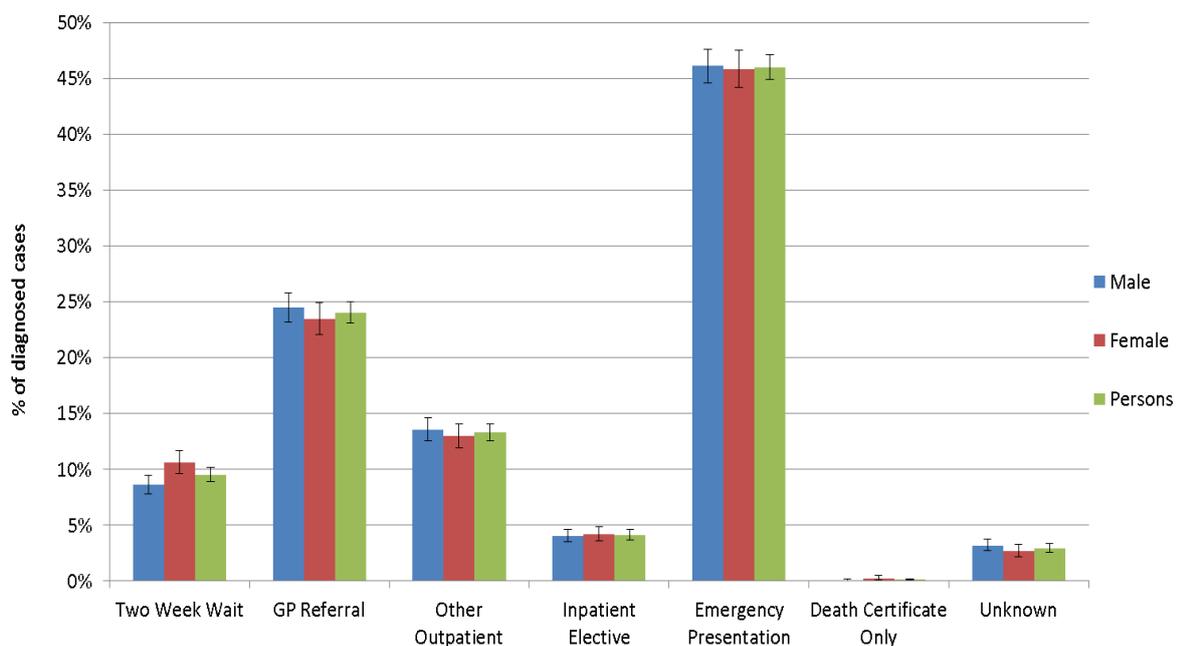
Key messages

New data published for small intestine cancer.

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

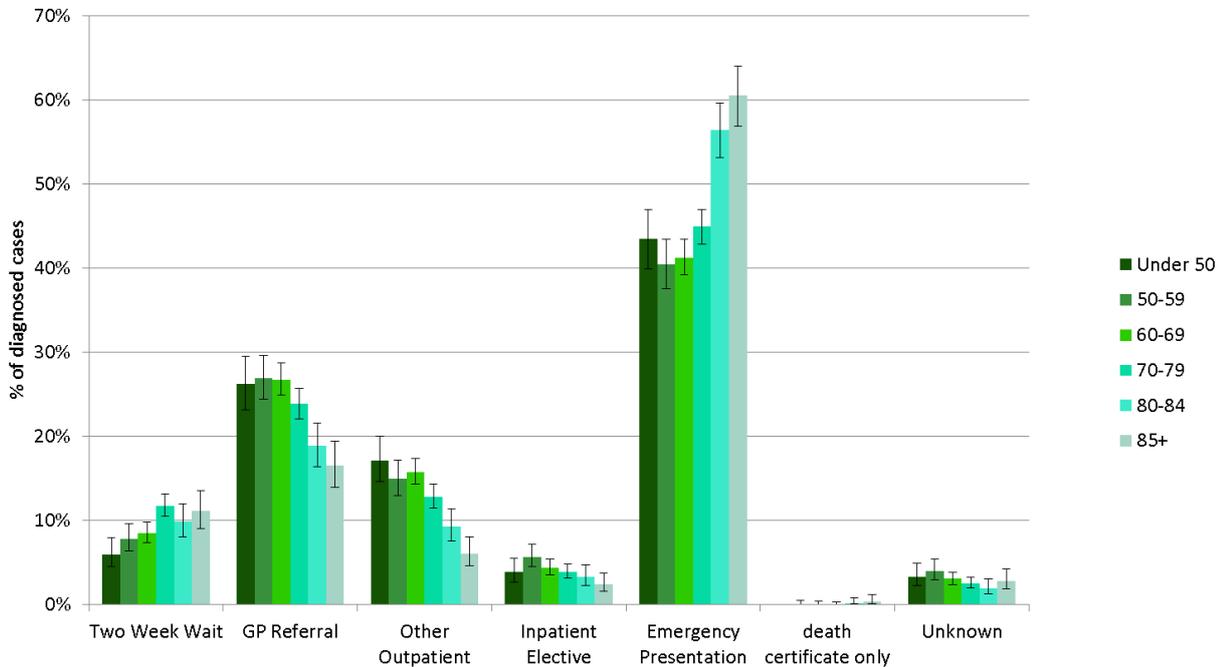
Route breakdowns for small intestine cancer, 2006 to 2013

Emergency presentation was the commonest route to diagnosis at 46%. Compared to males, females had a significantly higher proportion of cases diagnosed through two week wait (TWW); 9% compared to 11%, respectively.

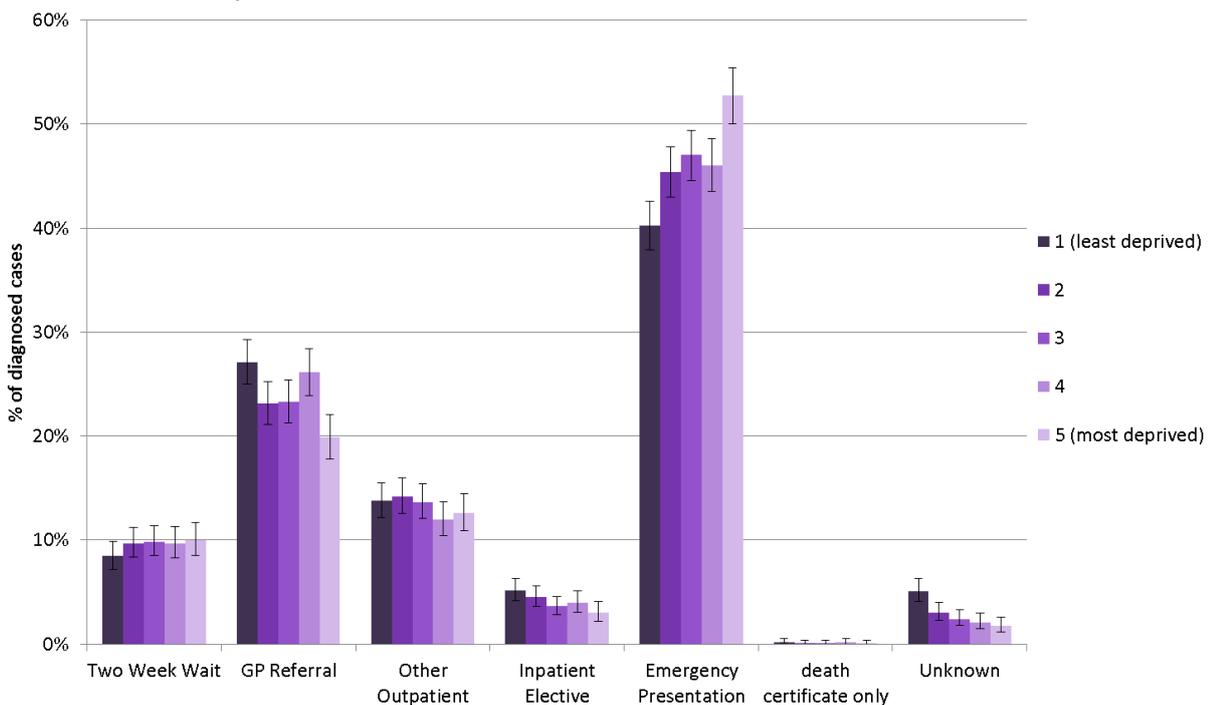


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Age: emergency presentation generally increased with increasing age with a 17% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age with the exception of TWW.

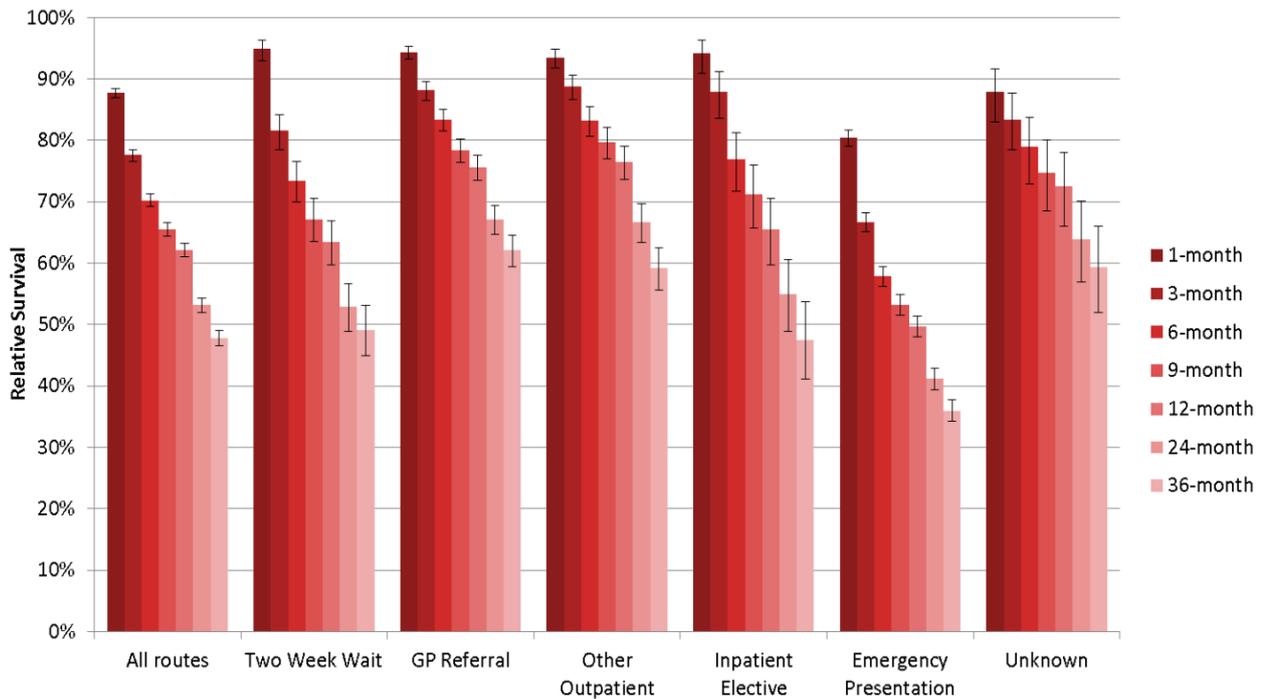


Deprivation: emergency presentation increased with increasing deprivation with a 12% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the most deprived areas had a significantly lower proportion diagnosed through GP referral compared to those living in the least deprived areas; 20% compared to 27%.

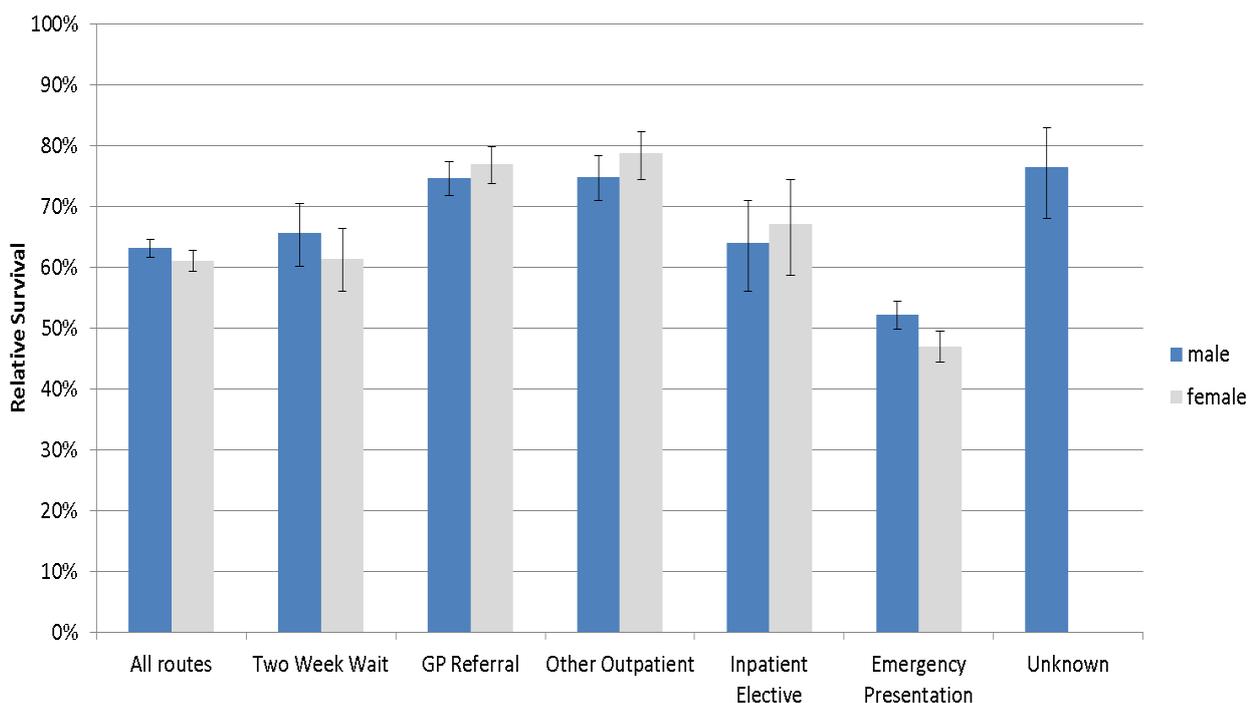


Survival results for small intestine cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 80% at one month to 36% at three years after diagnosis.

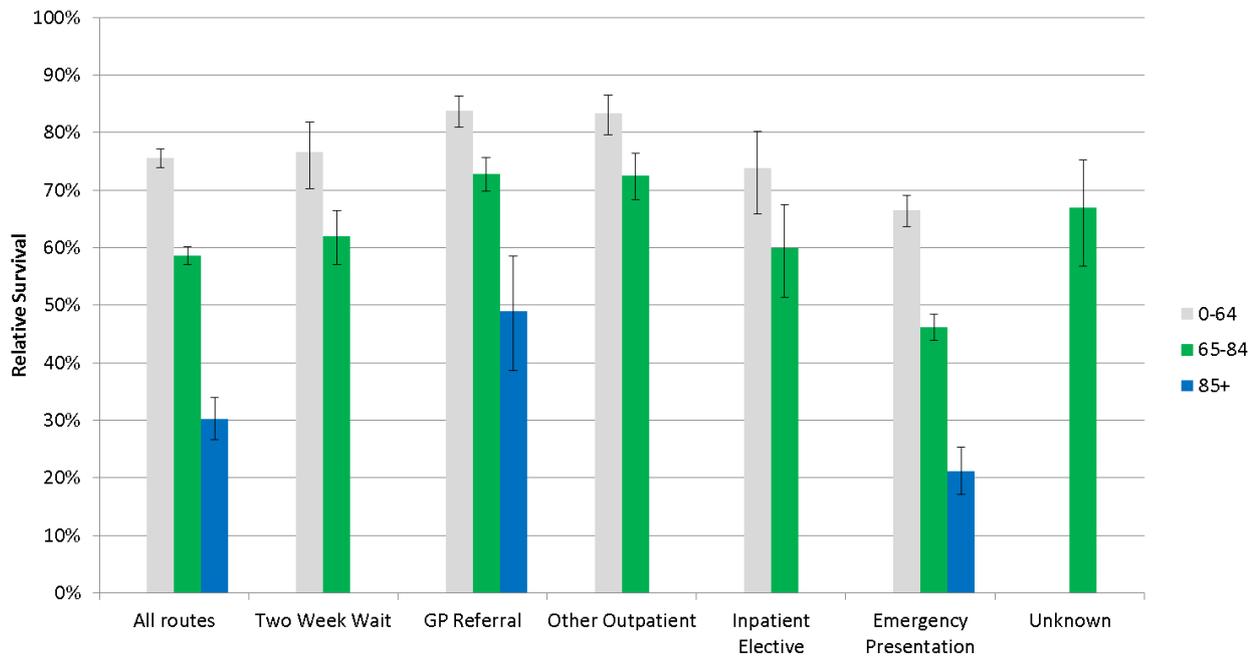


Sex: there were no significant differences in one year survival for males compared to females across all the routes to diagnosis. For females, one year survival for the unknown route could not be calculated.

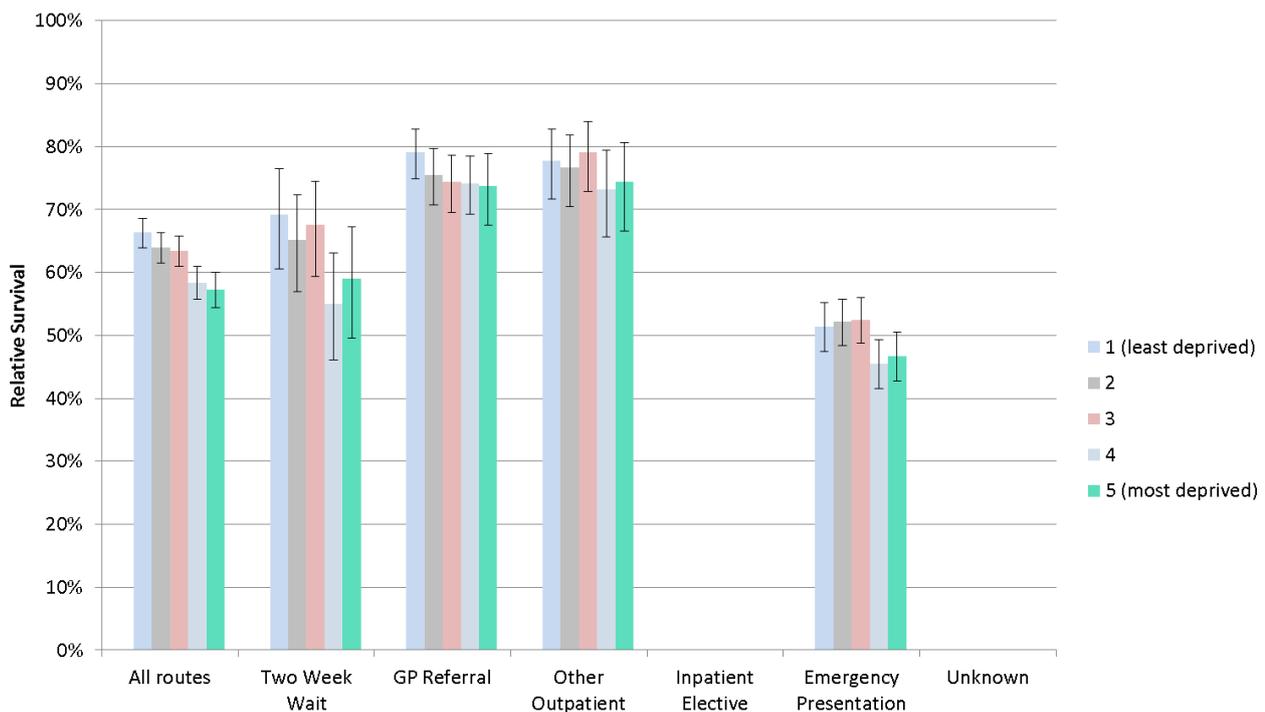


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Age: one year survival significantly decreased as age increased across most of the routes to diagnosis. By age group, one year survival for emergency presentation was significantly lower than for the same age group across most routes to diagnosis, falling as low as 21% for those aged 85 and over.



Deprivation: overall, one year survival was significantly lower among those living in the most deprived areas compared to those living in the least deprived areas; 57% compared to 66%, respectively, however, by route there were no significant differences.



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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