Public Health England

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

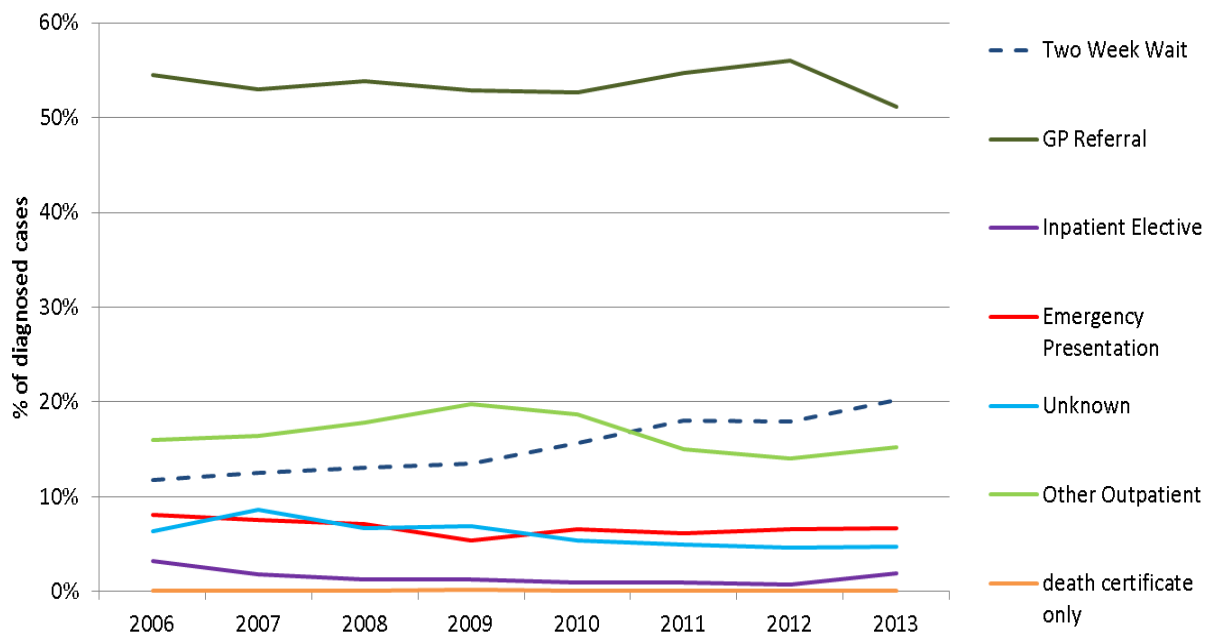## National Cancer Intelligence Network Short Report

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 – thyroid cancer. The definition used for this briefing is ICD10 C73. It includes variation in routes over time, by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis and sex.

Key messages

New data published for head and neck – thyroid cancer.

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

Summary of RtD for head and neck – thyroid cancer

GP referral was the commonest route across the time period analysed, ranging from 55% in 2006 to 51% in 2013. Two week wait (TWW) increased from 12% in 2006 to 20% of diagnoses in 2013. Emergency presentations remained below 10%.
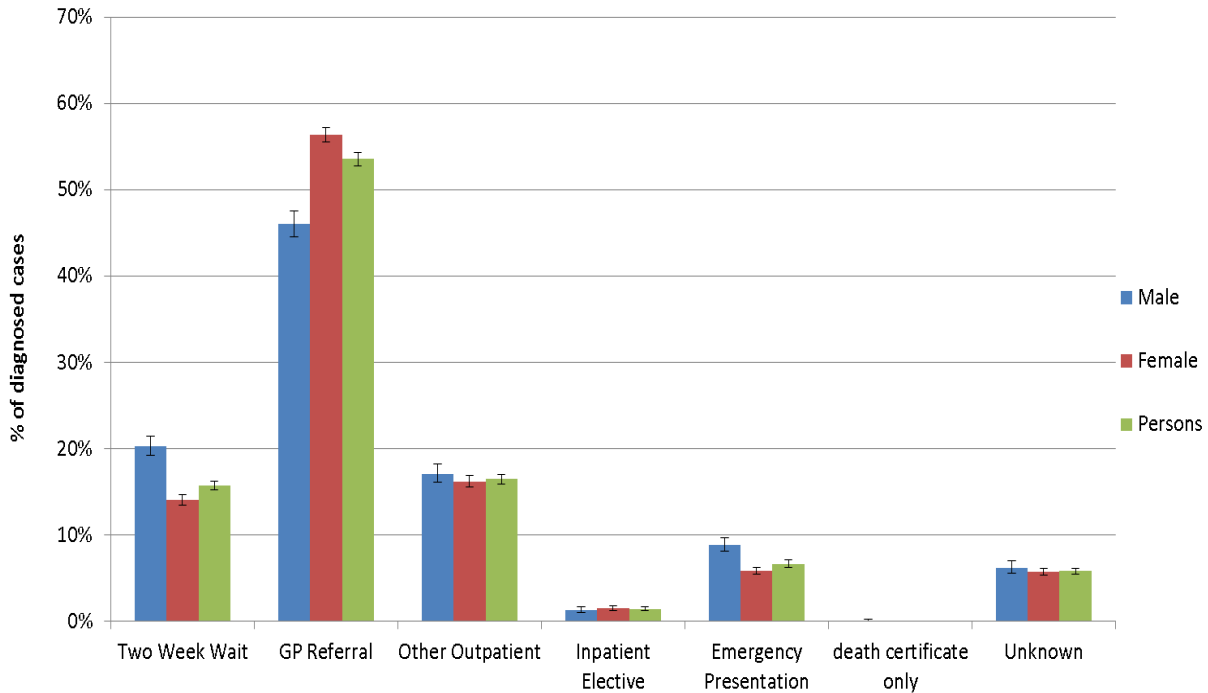
Route breakdowns for head and neck – thyroid cancer, 2006 to 2013

Sex: males had a significantly higher proportion of cases diagnosed through emergency presentation; 9% compared to 6%. 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 increased significantly with increasing age with a 34% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.
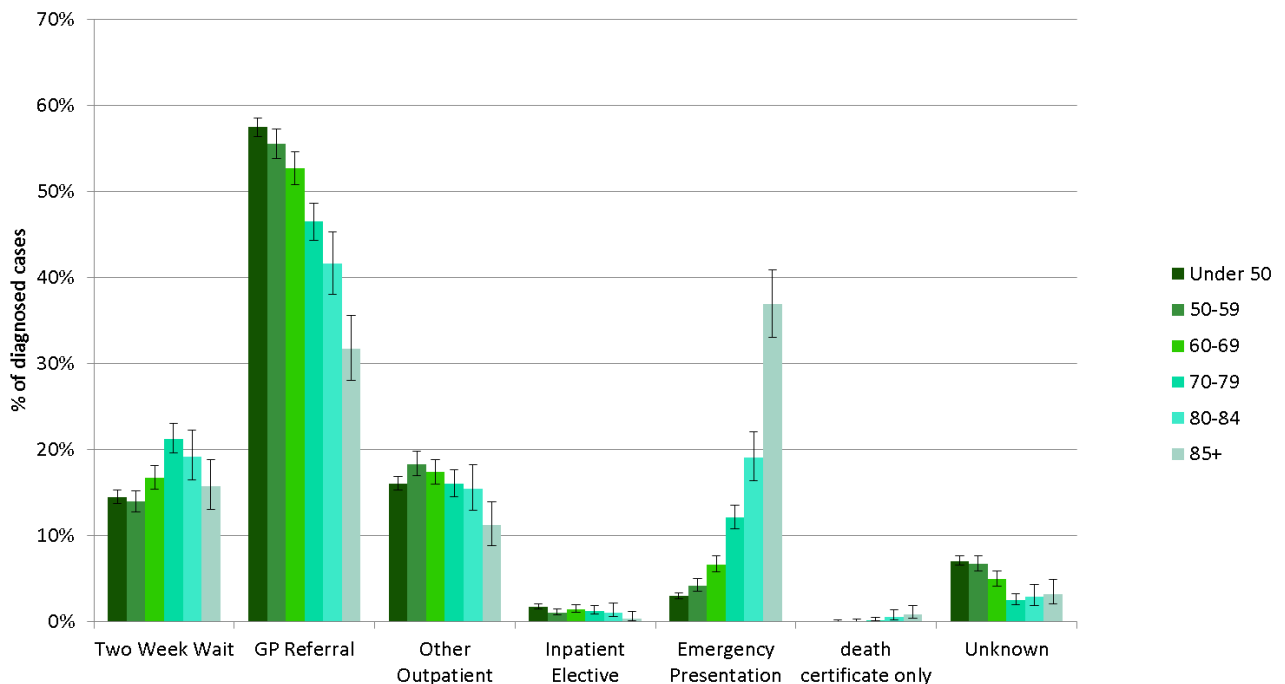
Deprivation: emergency presentation increased with increasing deprivation with a 2% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in more deprived areas had a significantly higher proportion diagnosed through GP referral compared to those living in the least deprived areas; 58% compared to 51%.
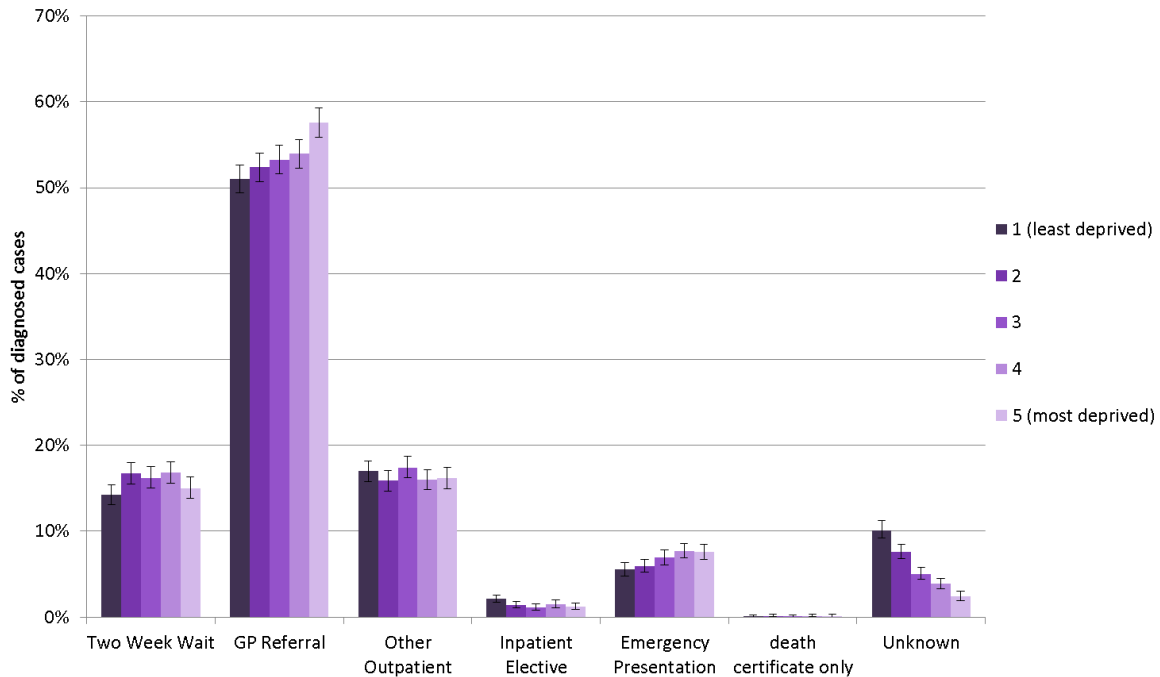

Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. GP referrals were significantly higher among those of Asian and black ethnicity compared to those of white ethnicity. TWW are higher among those of white ethnicity compared to those of Asian and black ethnicity.
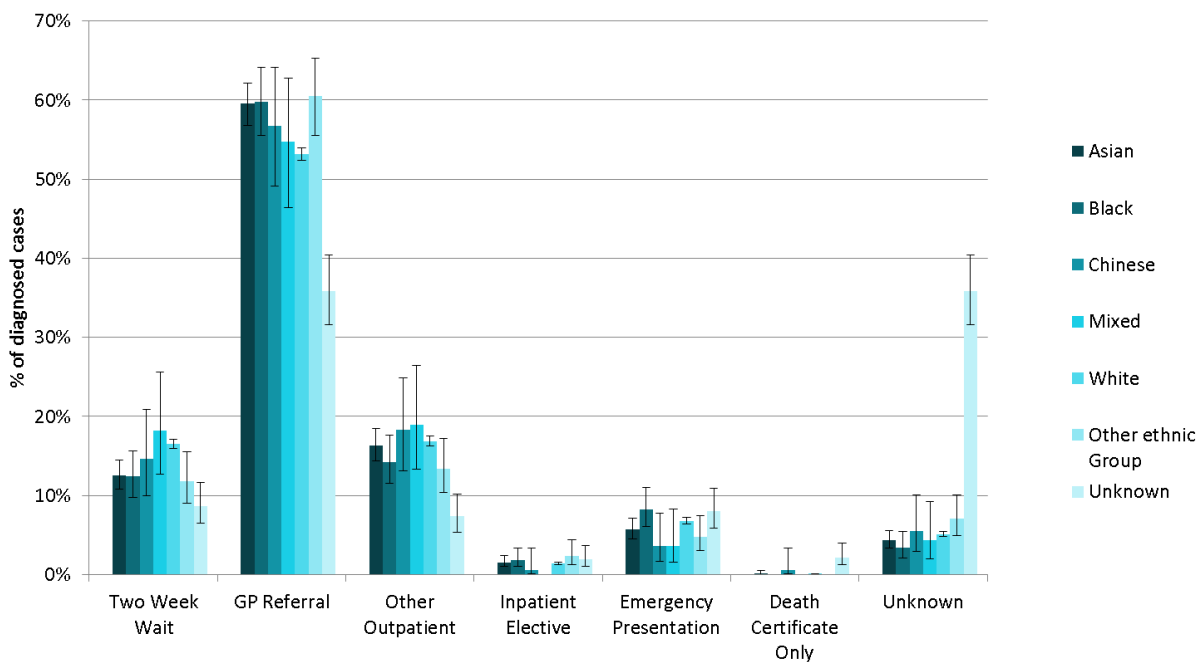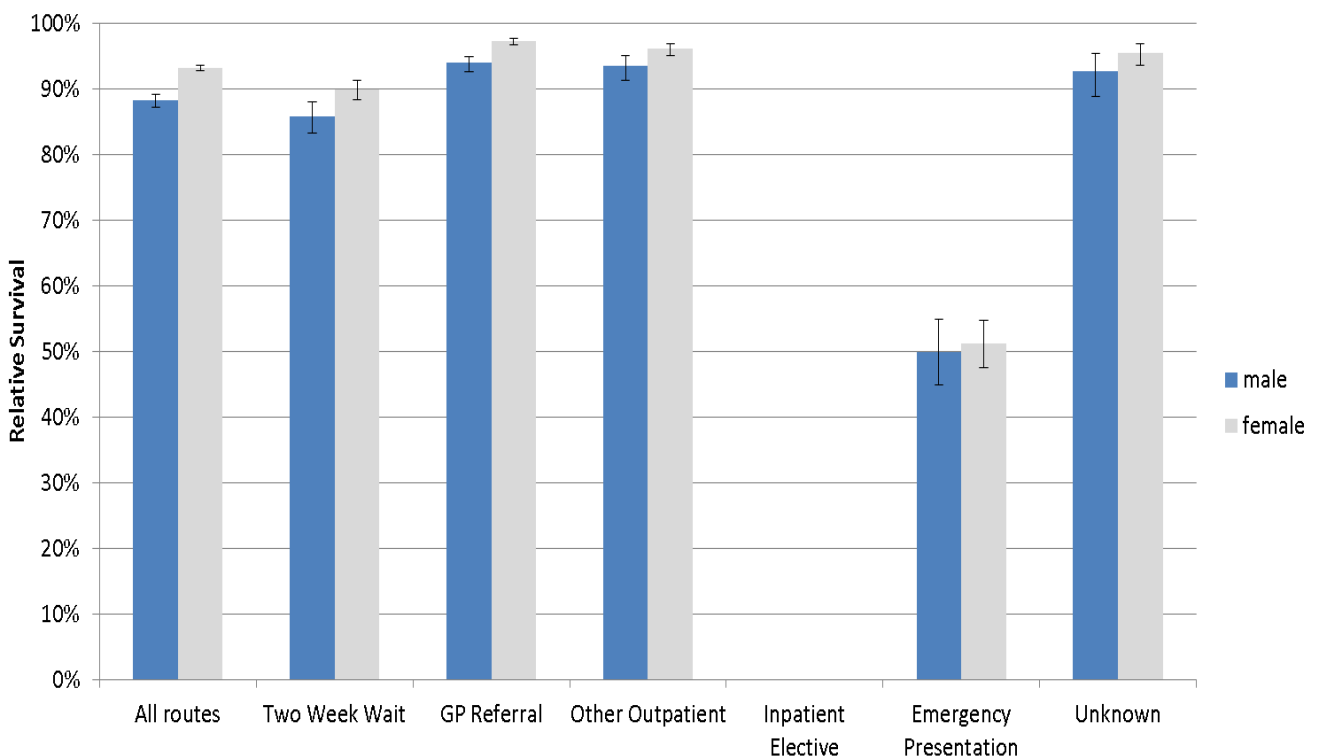
Survival results for head and neck – thyroid cancer, 2006-2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis ranging from 71% at one month to 45% at three years after diagnosis.
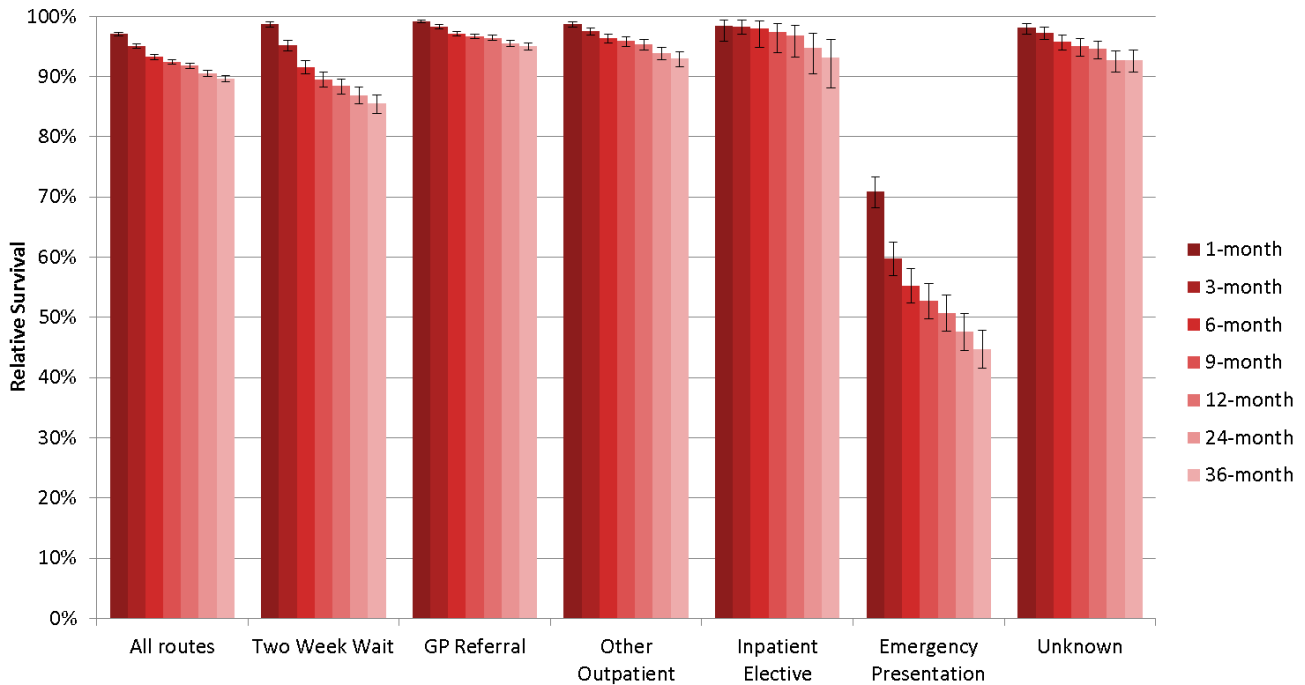

Sex: overall, males had significantly lower one year survival compared to females; 88% compared to 93%, respectively. For GP referral, one year survival was also significantly lower for males compared to females; 94% compared to 97%, respectively.

Age: for all routes to diagnosis, one year survival significantly decreased as age increased. By age group, survival for emergency presentation was significantly lower compared to the same age group across all routes to diagnosis, falling as low as 10% for those aged 85 and over.
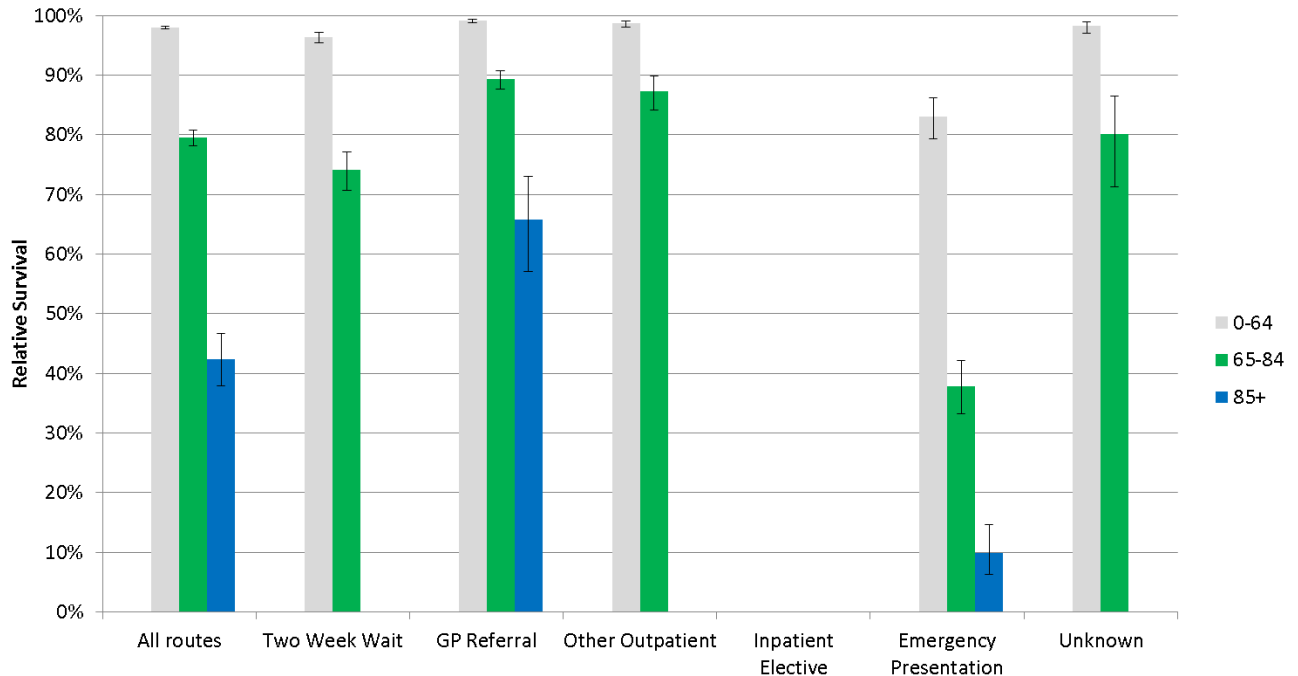
Deprivation: for all known routes, there were no significant differences in one year survival when comparing those who live in the least and most deprived areas.
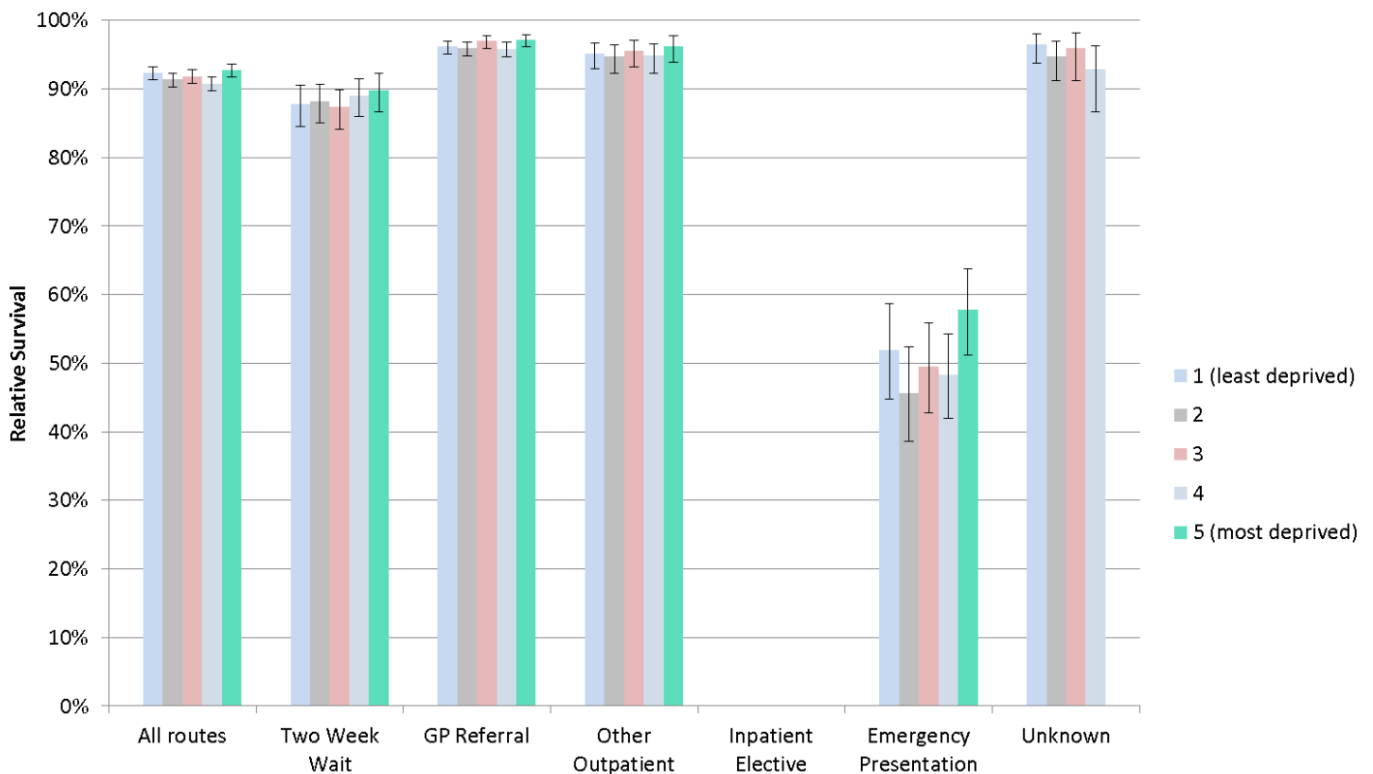
Find out more:

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