Routes to diagnosis 2015 update: uterine cancer

National Cancer Intelligence Network Short Report

Introduction

The routes to diagnosis (RtD) study has been updated to include all patients diagnosed from 2006 to 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 uterine cancer. The definition used for this briefing is ICD10 C54-C55. It includes variation in routes over time, by age, deprivation and ethnicity and variation in survival by time from diagnosis, age and deprivation.
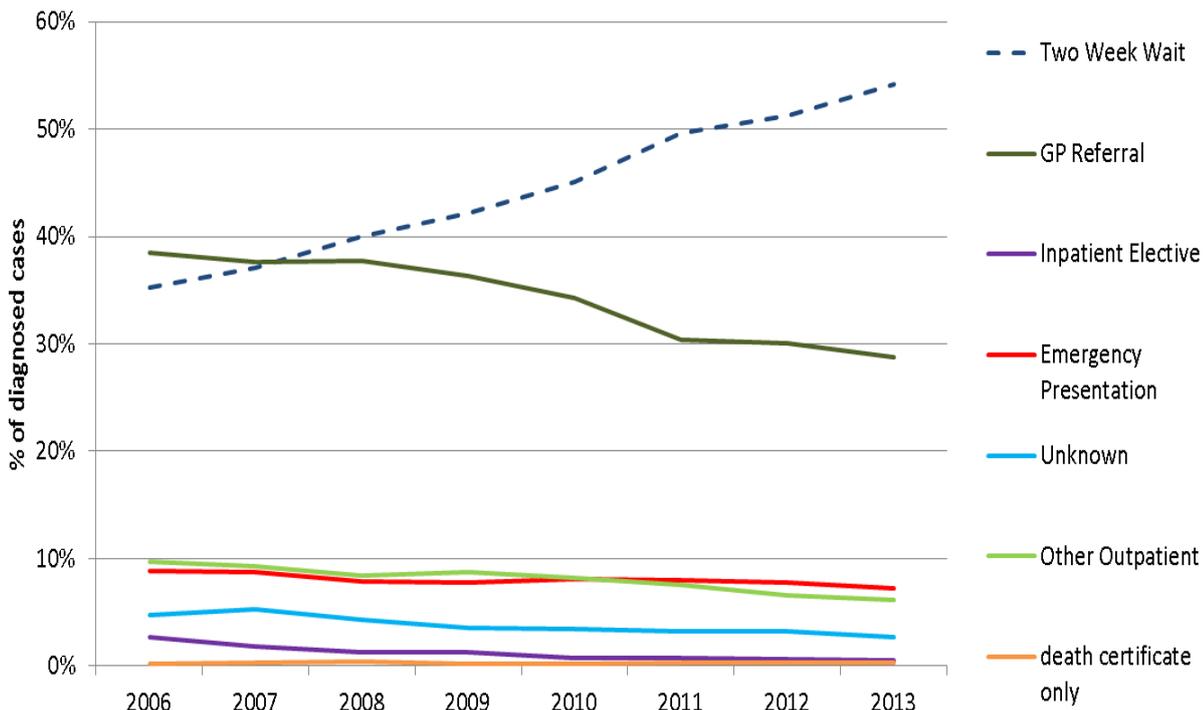
Key messages

New data published for uterine cancer

The data shows variation by route over time, by age, deprivation and ethnicity and also variation in survival
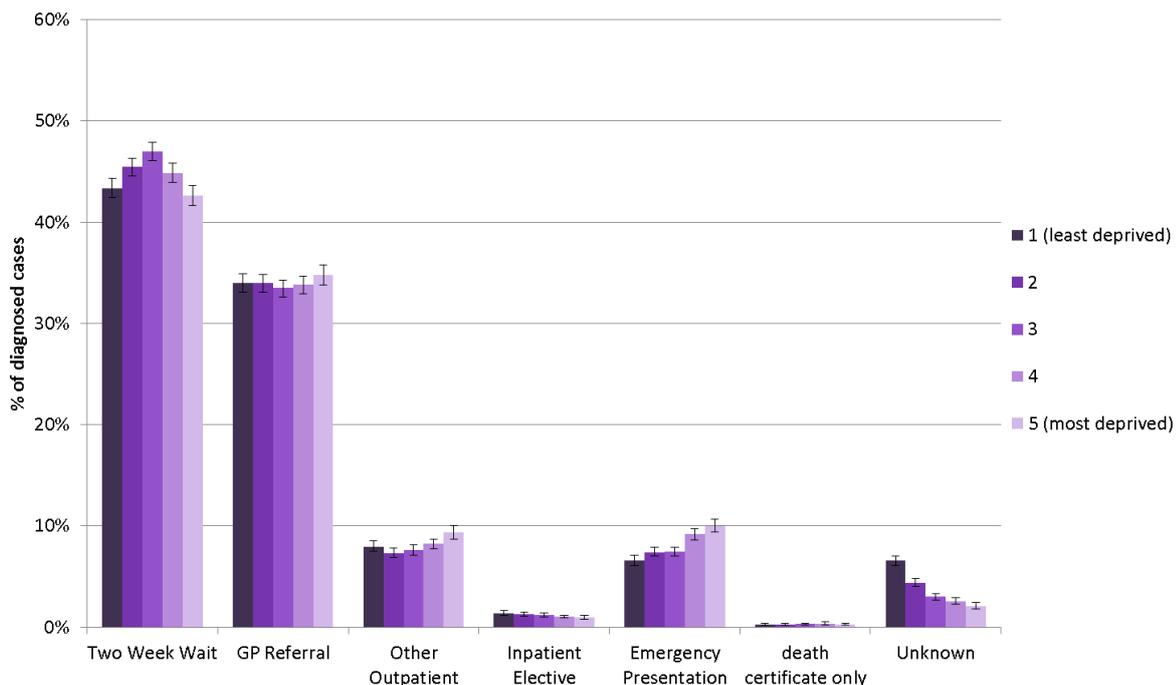
Summary of RtD for uterine cancer

Two week wait (TWW) was the commonest route, rising to 54% in 2013. GP referrals significantly decreased from 39% in 2006 to 29% in 2013. All other routes remained stable.

Route breakdowns for uterine cancer, 2006 to 2013

Age: emergency presentation generally increased with increasing age with a 16% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.
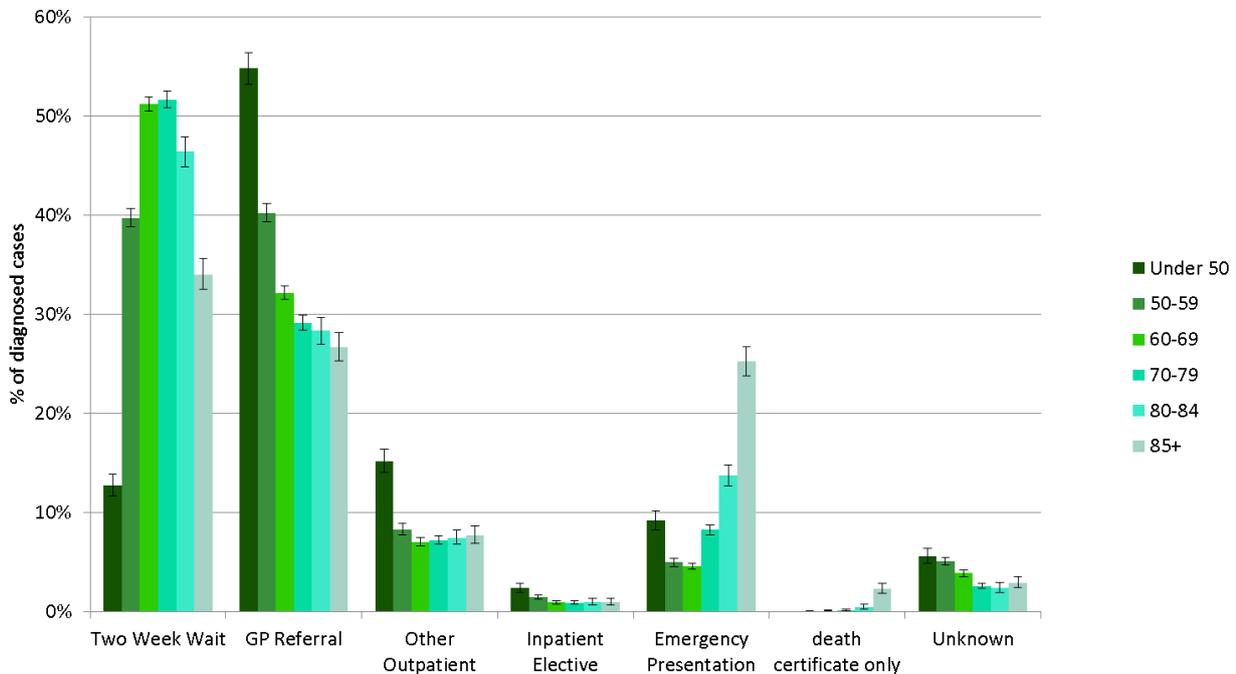

Deprivation: emergency presentation increased with increasing deprivation with a 3% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.

Ethnicity: TWW was significantly higher among those of white ethnicity compared to those of Asian, black and Chinese ethnicities. Those of black ethnicity had a significantly higher proportion of emergency presentations than those of other ethnicities.
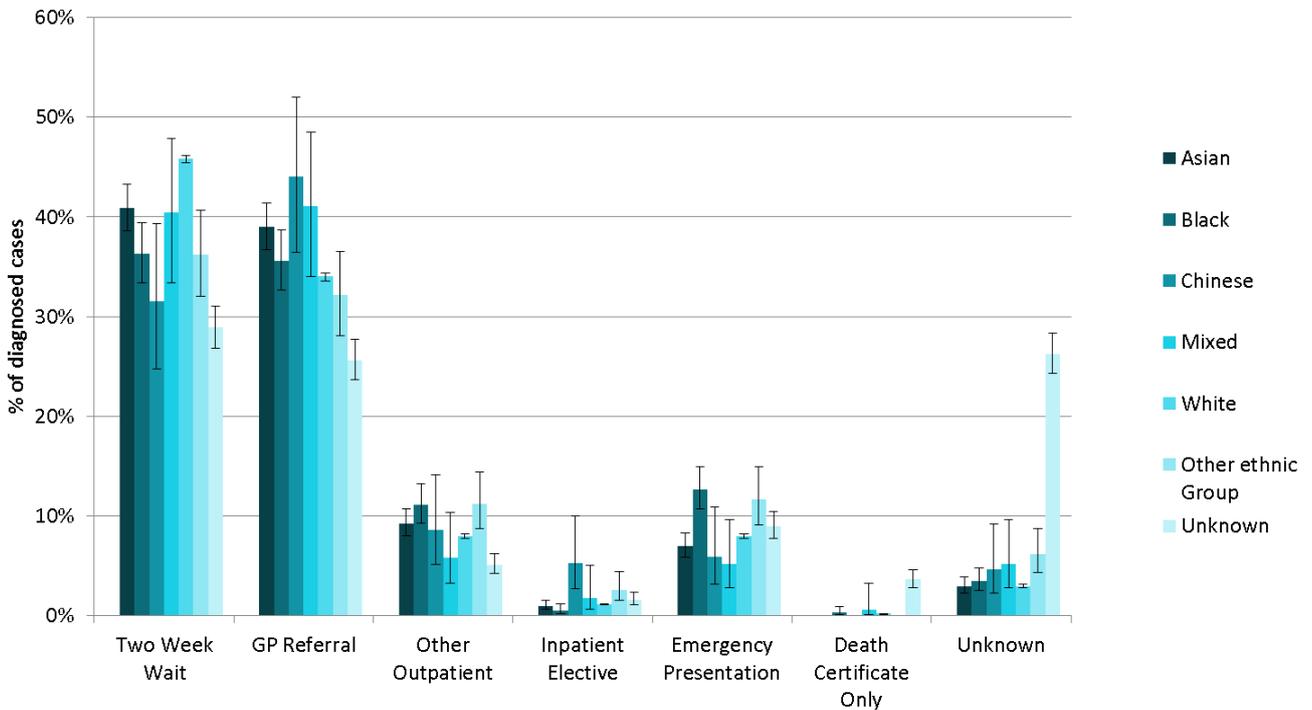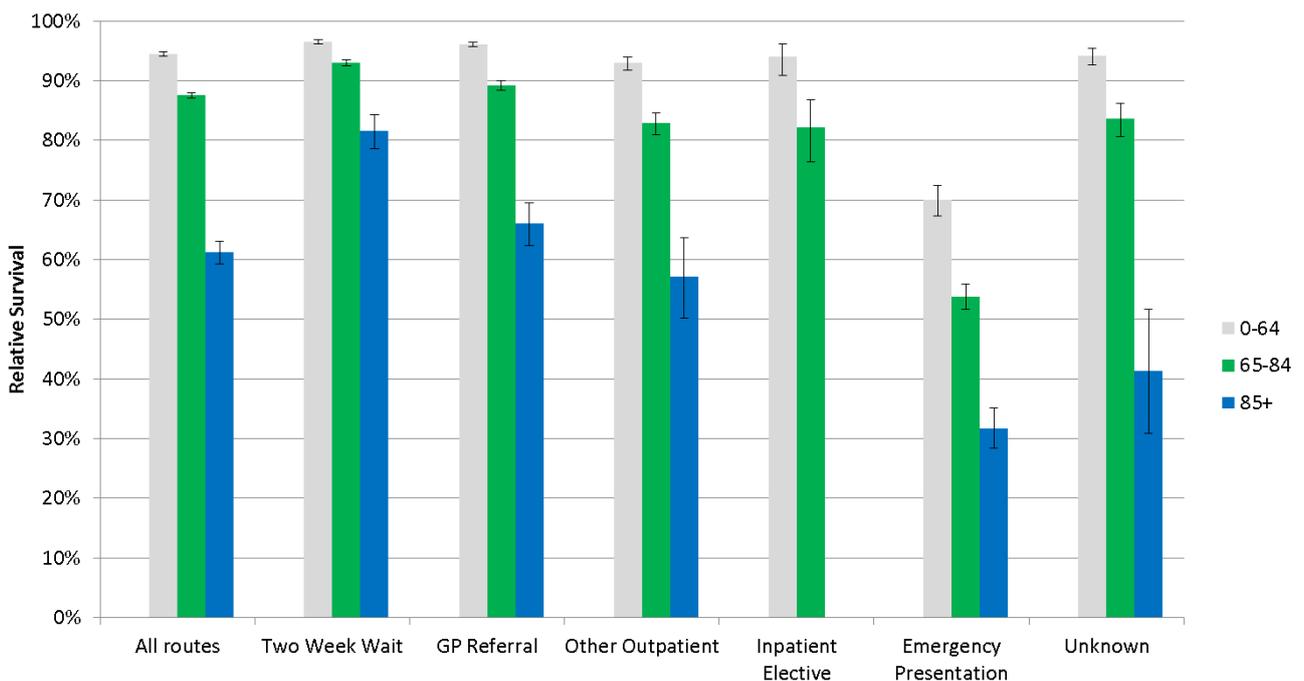
Survival results for uterine cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 82% at 1 month to 39% at 3 years after diagnosis.
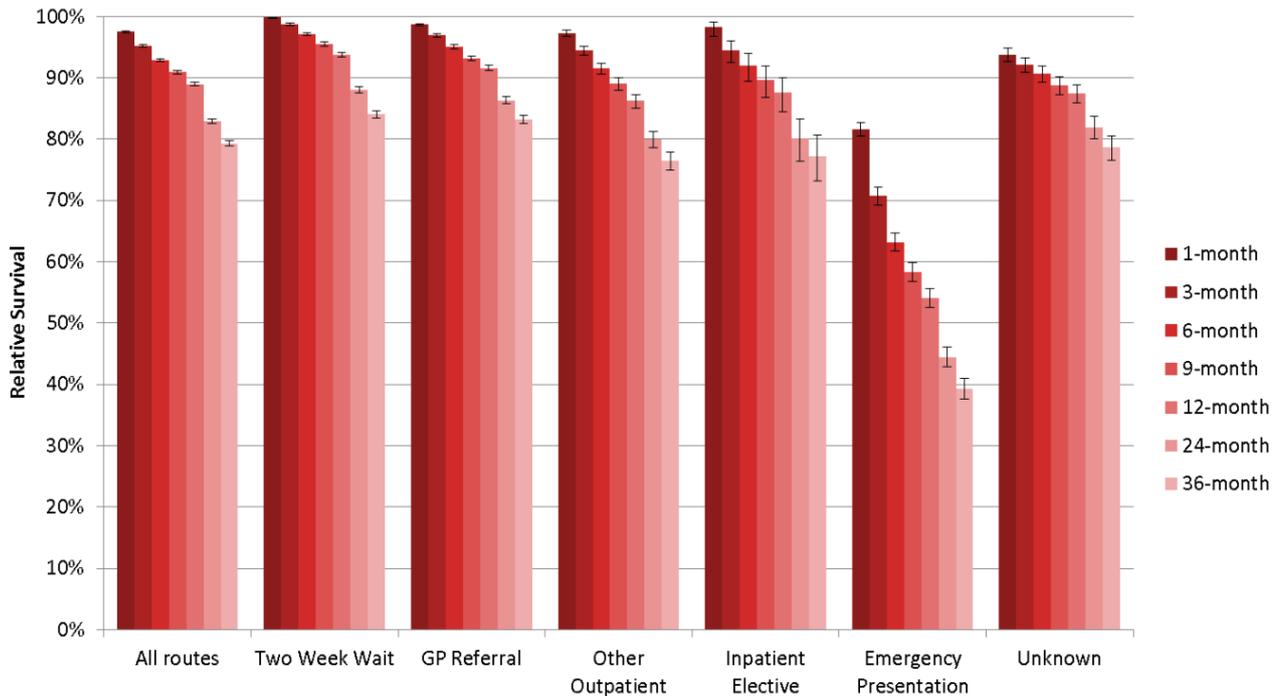

Age: one year survival significantly decreased as age increased across most routes to diagnosis. By age group, survival for emergency presentation was significantly lower than for all other known routes, falling to 32% for those age 85 and over.

Deprivation: one year survival was not significantly different across deprivation groups for known routes to diagnosis.
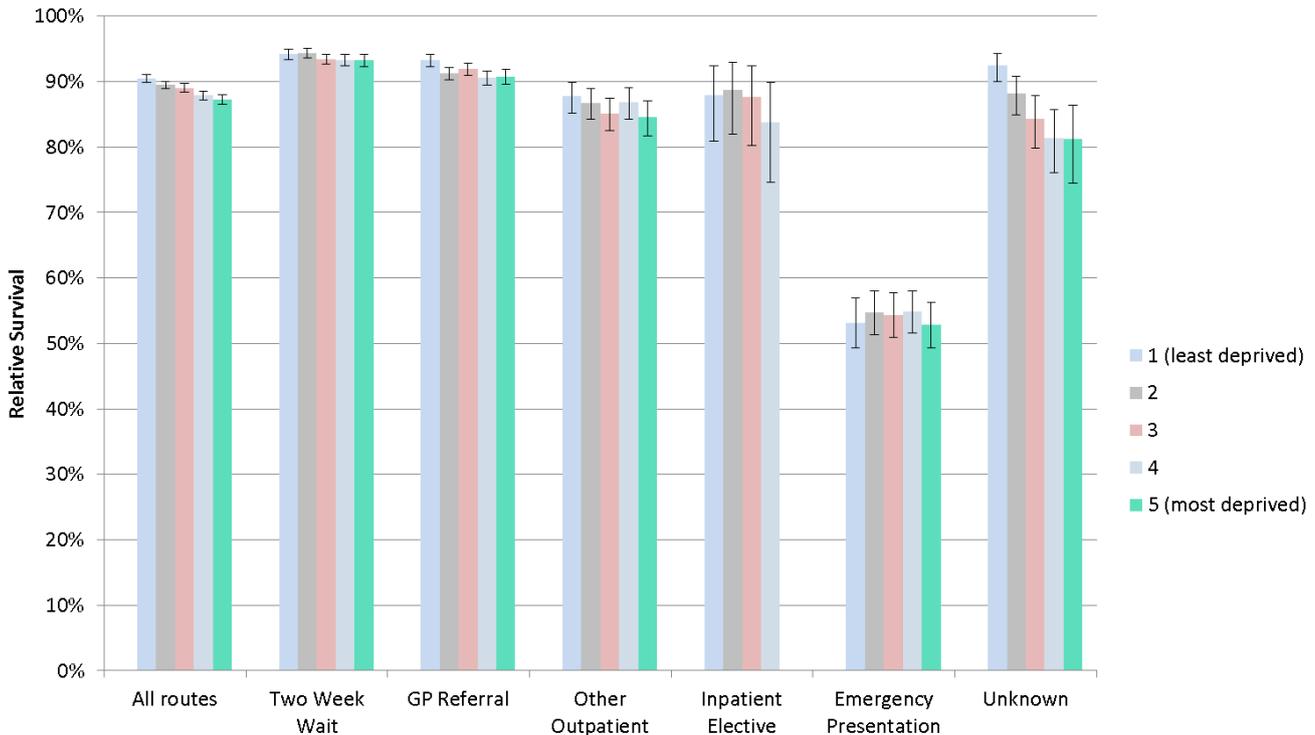
Find out more:

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