



Routes to diagnosis 2015 update: anal 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.

Key messages

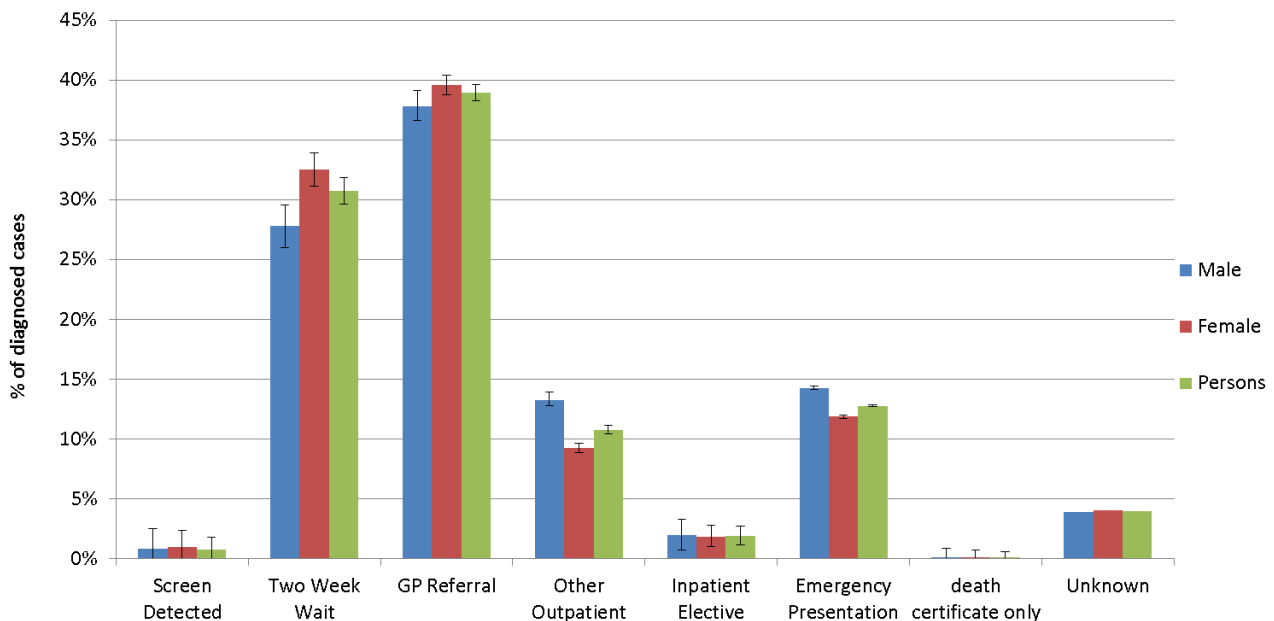
New data published for anal cancer.

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

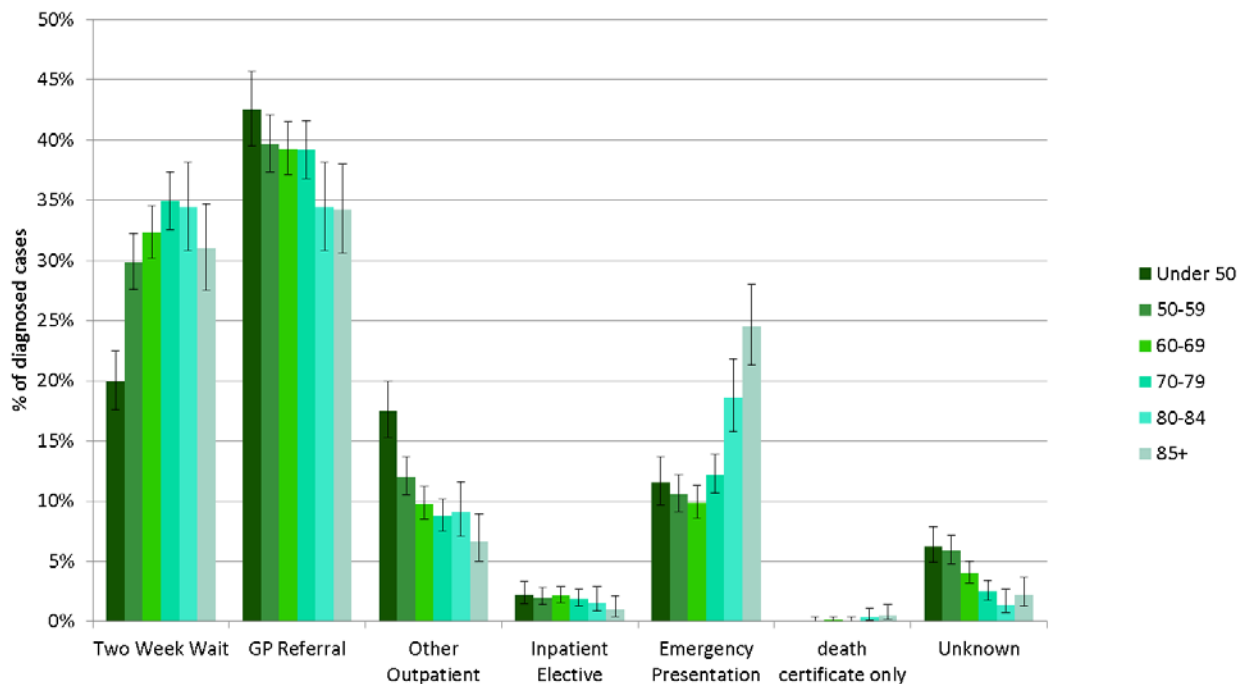
This briefing describes the national RtD results for anal cancer. The definition used for this briefing is ICD10 C21. It includes variation in routes by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis, sex, age and deprivation.

Route breakdowns for anal cancer, 2006 to 2013

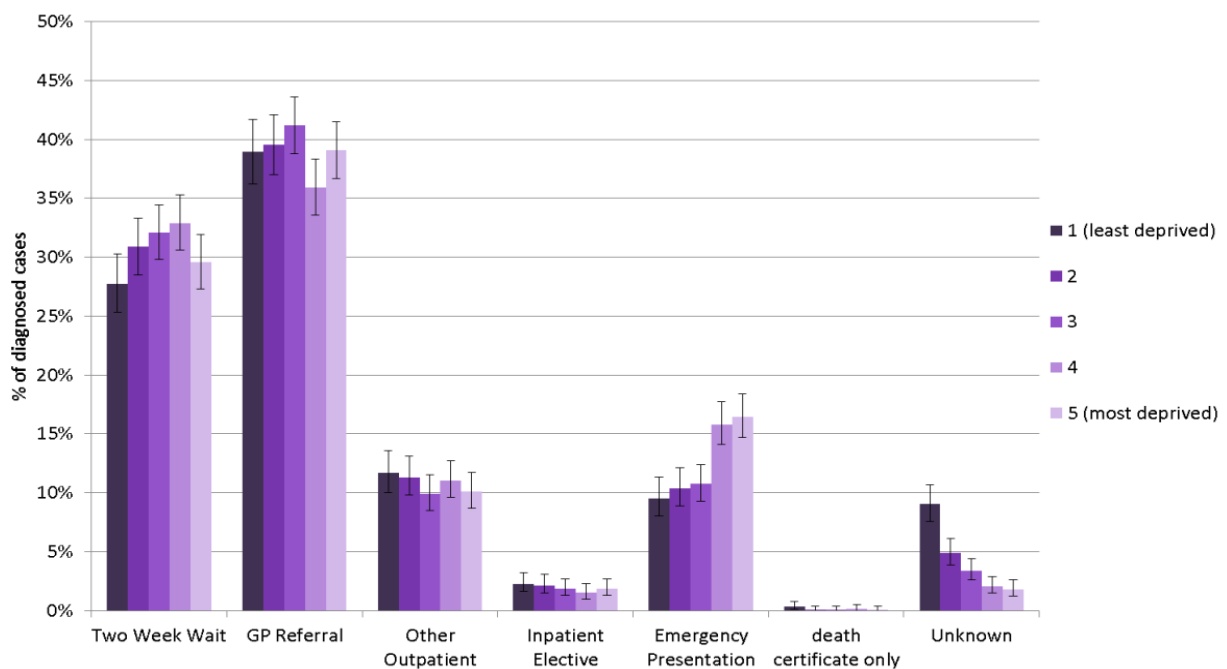
Overall, GP referral is the commonest route at 39%. Males had a significantly higher proportion of cases diagnosed through emergency presentation; 14% compared to 12%. Compared to males, females had a significantly higher proportion of cases diagnosed through TWW; 33% compared to 28%.



Age: emergency presentation generally increased with increasing age with a 13 percentage point difference between those aged over 85 and those aged under 50.

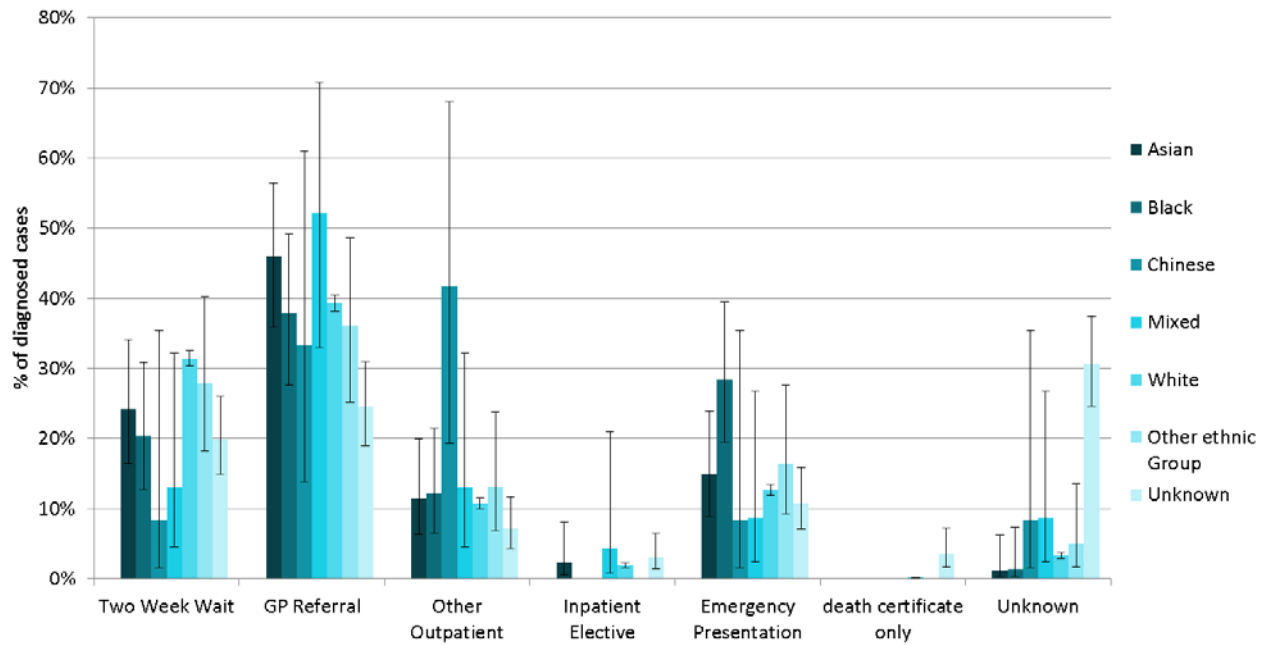


Deprivation: emergency presentation increased with increasing deprivation. There was a seven percentage point difference between those living in the least deprived areas and those living in the most deprived areas. There was no significant difference in the proportion of cases diagnosed by either TWW or GP referral when comparing those living in the least deprived areas and those living in the most deprived areas.



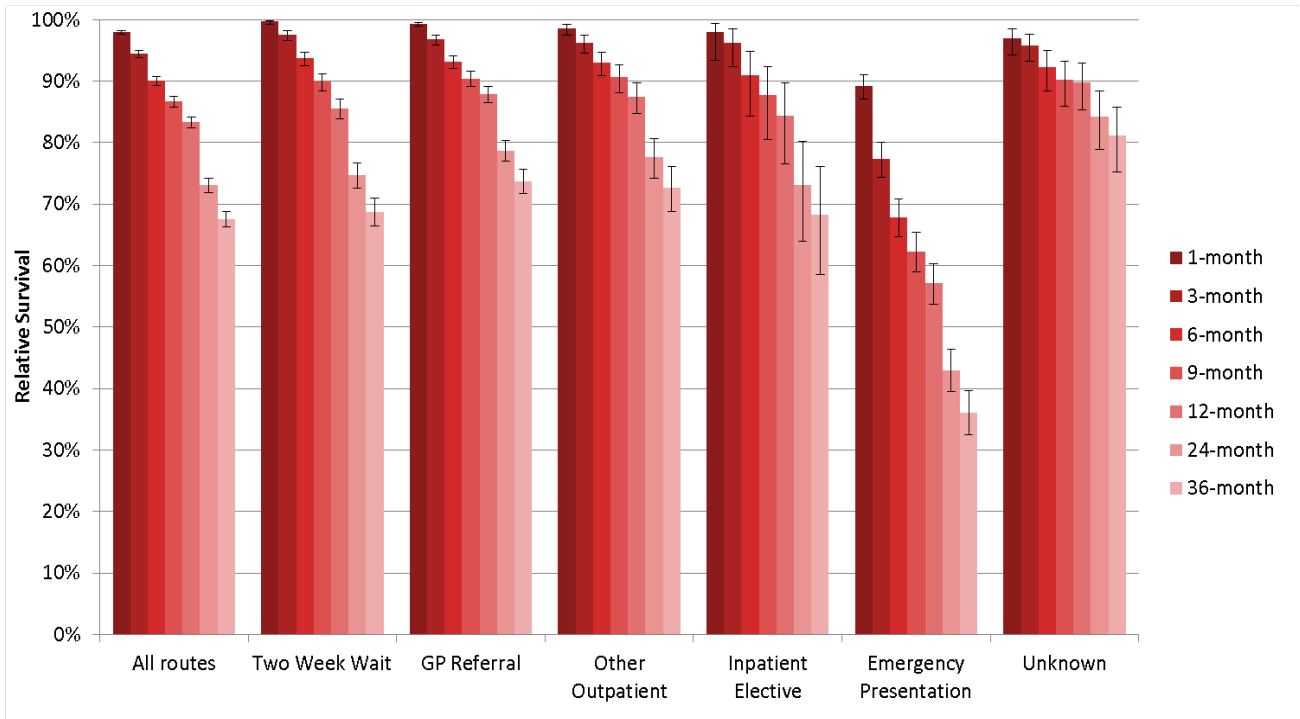
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Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. The proportion of emergency presentation is statistically significantly lower among patients of white ethnicity compared to patients of black ethnicity; 13% compared to 28%, respectively.

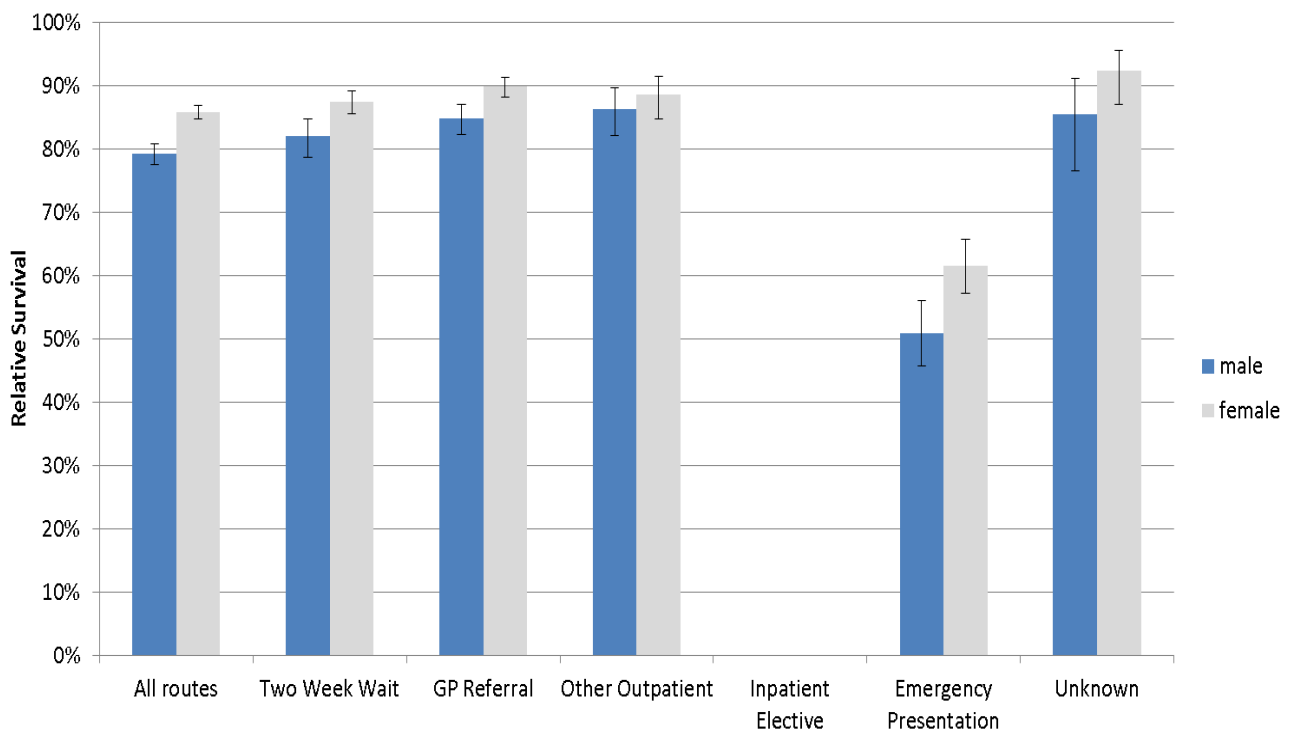


Survival results for anal cancer, 2006 to 2013

Survival for emergency presentation was significantly lower than all other routes to diagnosis: ranging from 89% at one month to 36% three years after diagnosis.

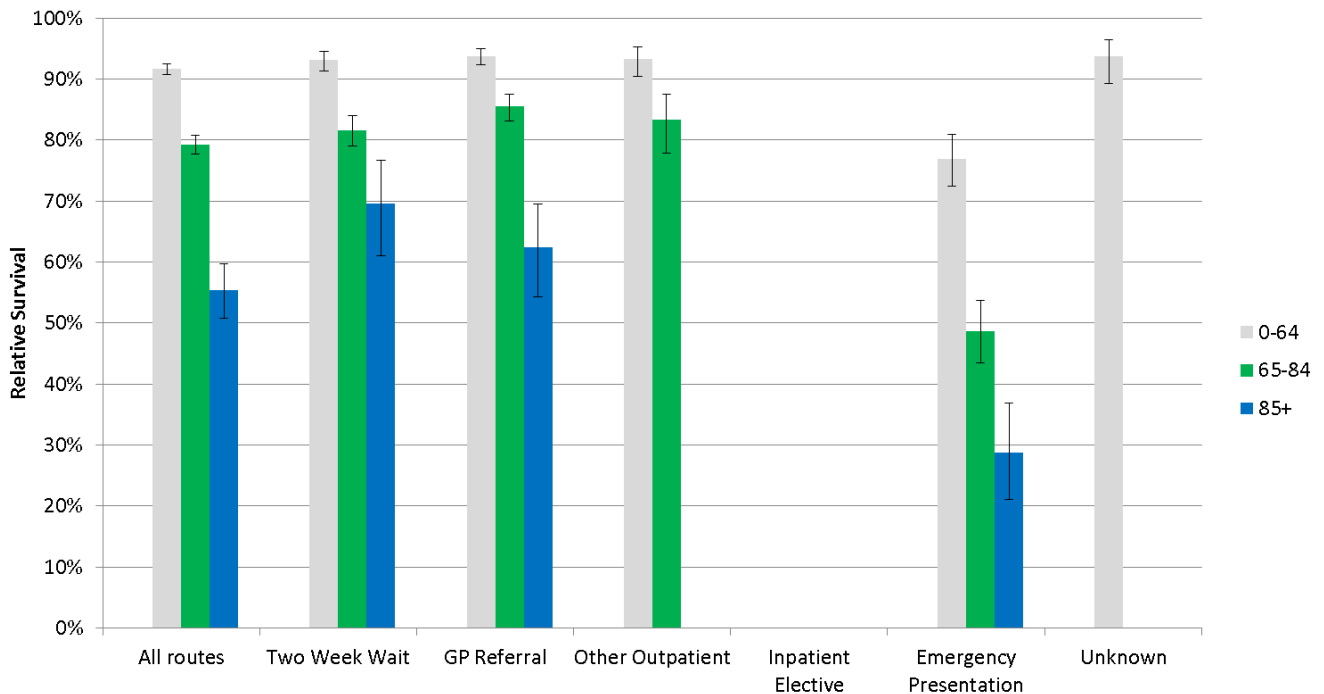


Sex: one year survival is significantly higher among females compared to males for TWW, GP referral and emergency presentation, with an 11 percentage point difference for the latter route.

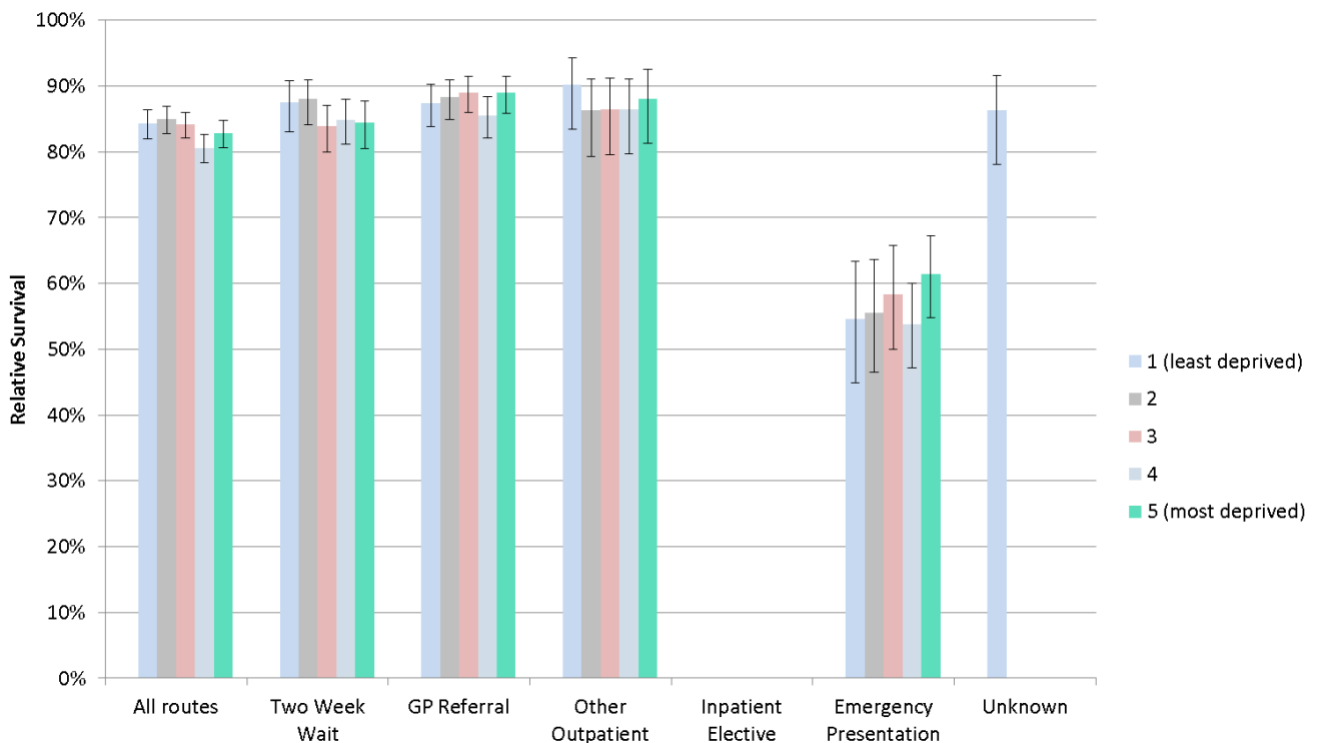


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Age: one year survival significantly decreased as age increased across all routes to diagnosis. Survival for emergency presentation was significantly lower than all other routes for all age groups, falling as low as 29% for those aged 85 and over.



Deprivation: there were no significant differences in one year survival across deprivation groups for all 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

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