



## Routes to diagnosis 2015 update: colorectal 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](http://www.ncin.org.uk/publications/routes_to_diagnosis).

This briefing describes the national RtD results for colorectal cancer. The definition used for this briefing is ICD10 C18-C20 It includes variation in routes over time, by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis, sex, age and deprivation.

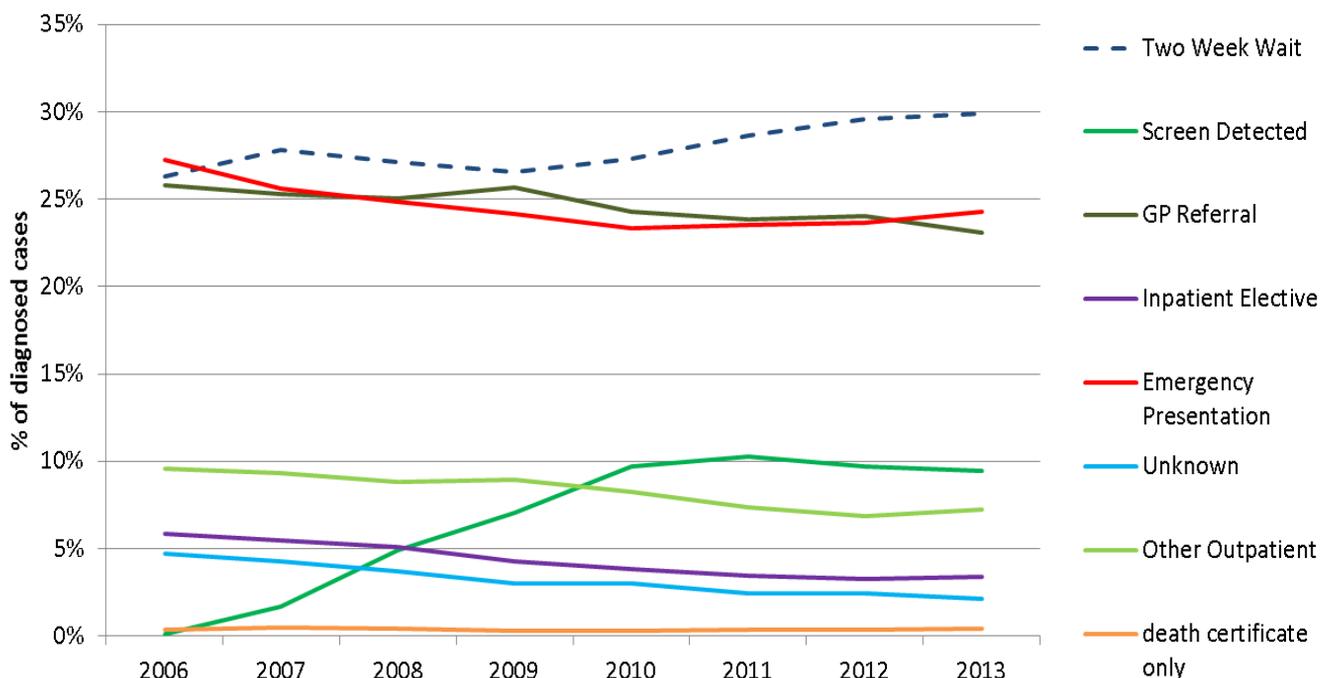
#### Summary of RtD for colorectal cancer

Two week wait (TWW) was the commonest route, increasing from 26% in 2006 to 30% in 2013. GP referral and emergency presentations show a downward trend, while screen detected have increased to around 10% of diagnoses.

#### Key messages

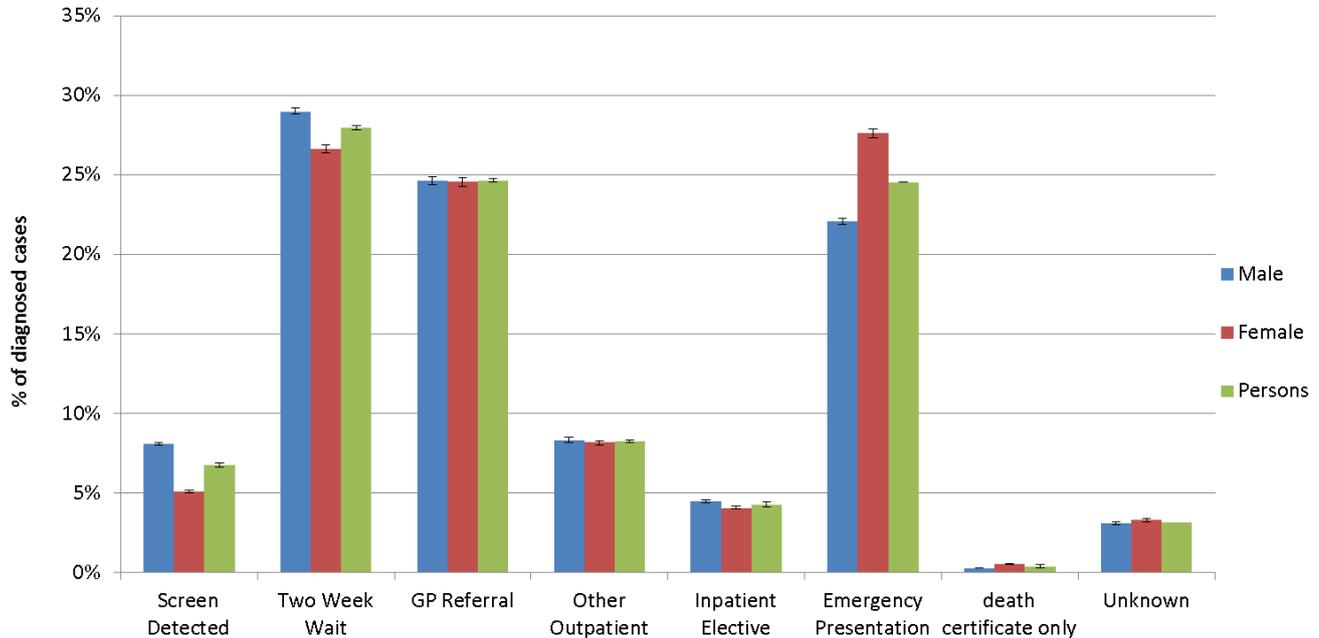
New data published for colorectal cancer.

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

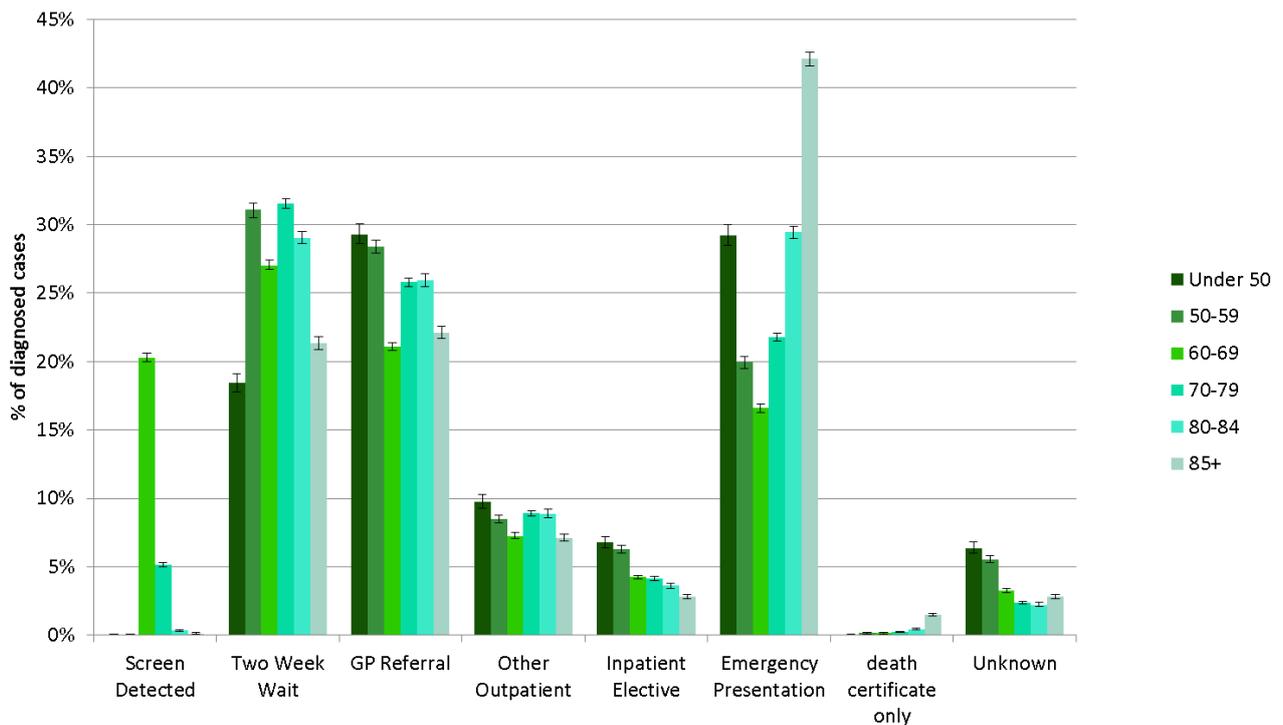


### Route breakdowns for colorectal cancer, 2006 to 2013

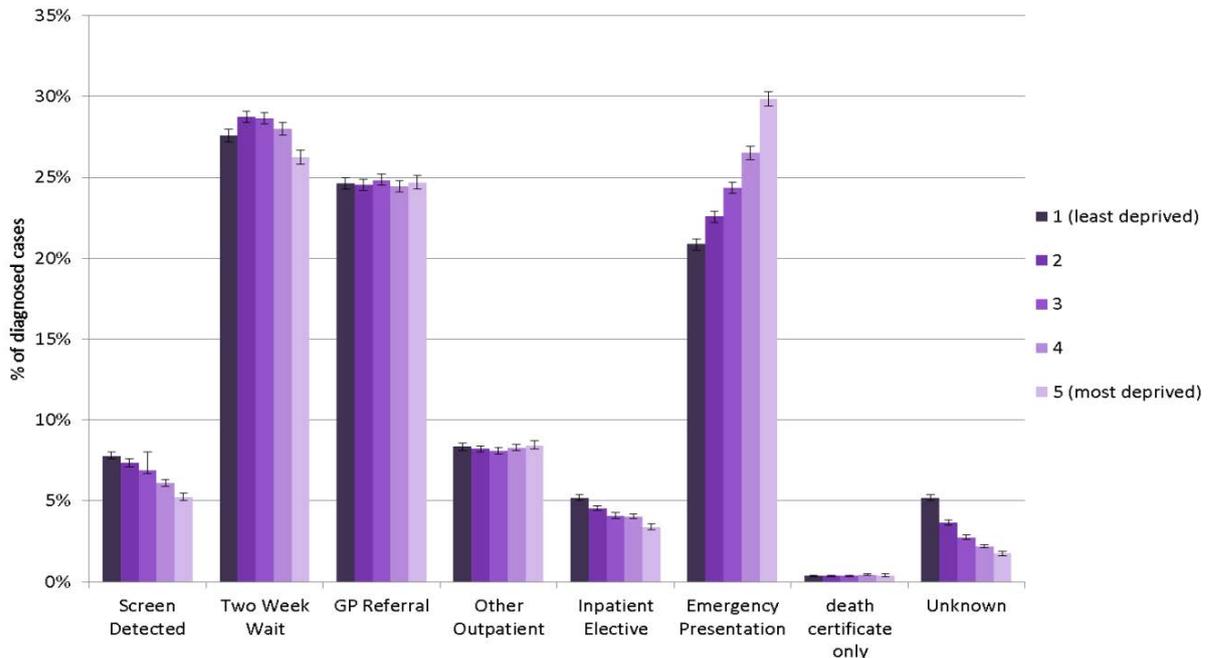
Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation compared to males; 28% compared to 22%, respectively. Compared to females, males had a significantly higher proportion of cases diagnosed through TWW at 29% compared to 27%, and through screening at 8% compared to 5%.



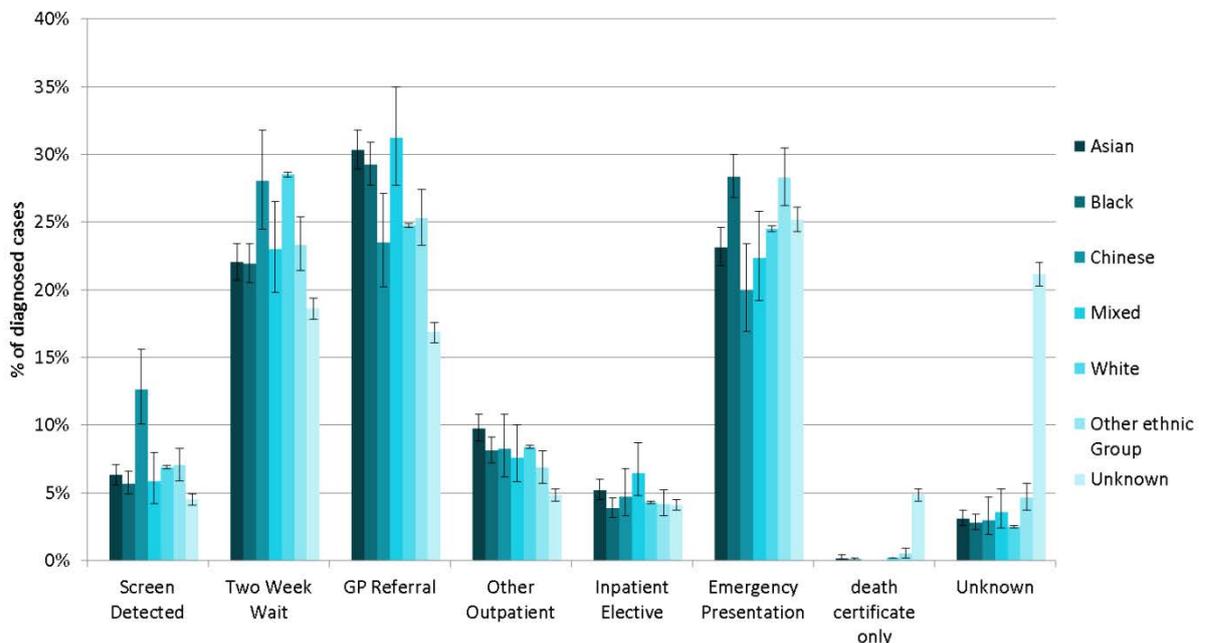
Age: emergency presentation was highest in those aged 85 and over at 42%, however, 28% of those aged under 50 were diagnosed through this route. Of those aged 60 to 69, 20% were screen detected.



Deprivation: emergency presentation increased with increasing deprivation. There was a 9% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the least deprived areas had a significantly higher proportion diagnosed through screening compared to those living in the most deprived areas; 8% compared to 5%, respectively.

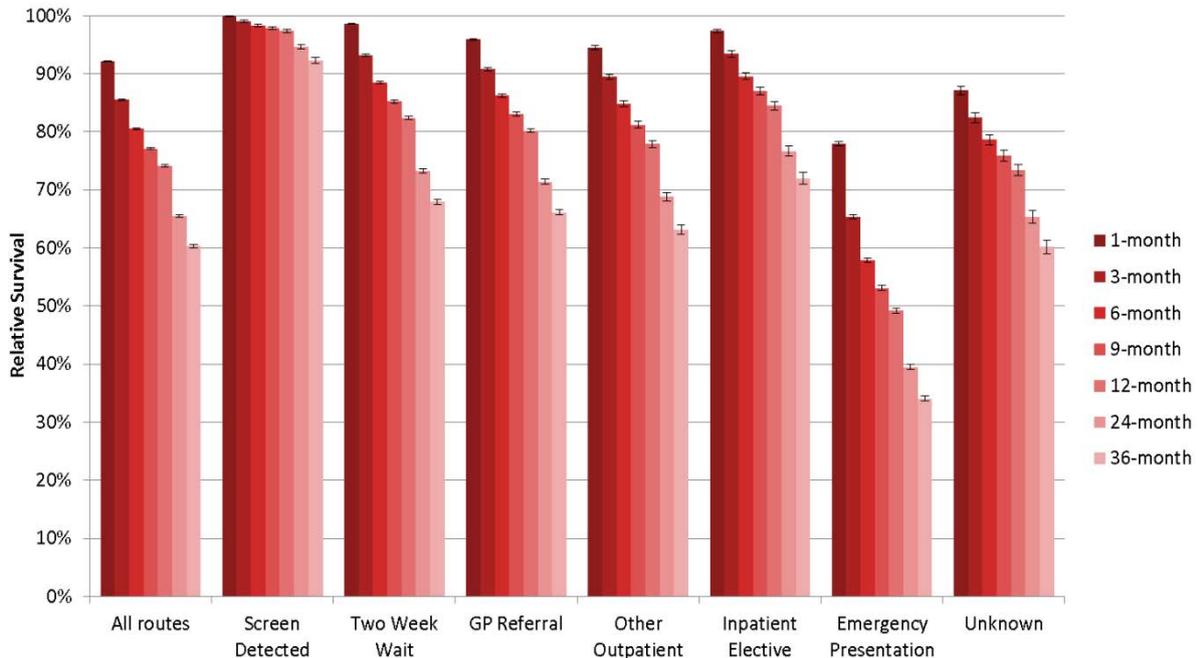


Ethnicity: those of Chinese ethnicity had a significantly higher proportion of cases diagnosed through screening compared to other ethnic groups at 13%. Those of white and Chinese ethnicities had a significantly higher proportion diagnosed through TWW compared to those of Asian and black ethnicities.

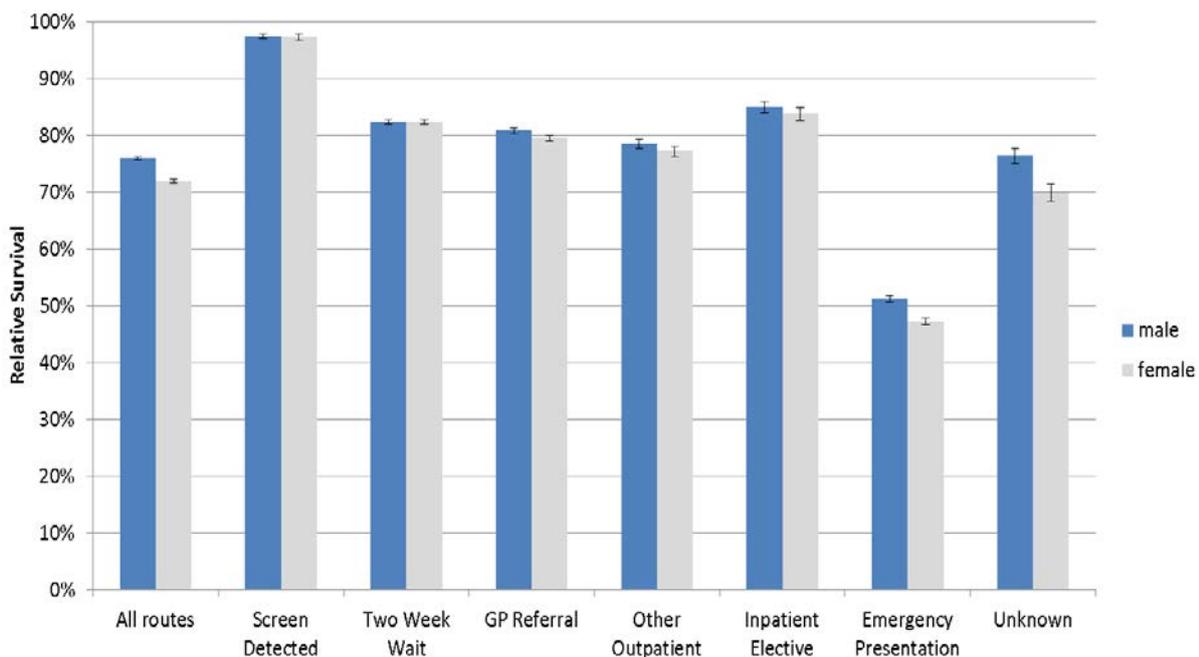


### Survival results for colorectal cancer, 2006 to 2013

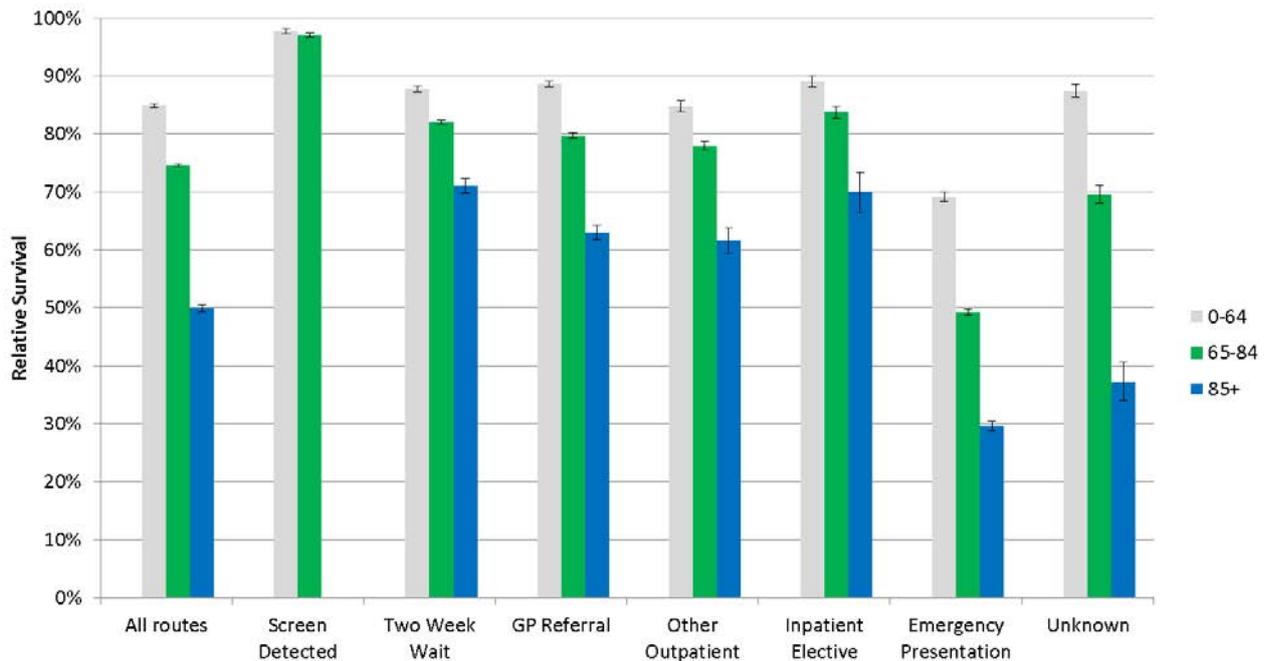
Survival for emergency presentation was significantly lower than all other routes to diagnosis: ranging from 78% at one month to 34% three years after diagnosis. Screen detected cases had significantly higher survival compared to all other routes, ranging from 100% for one month to 92% for three years after diagnosis.



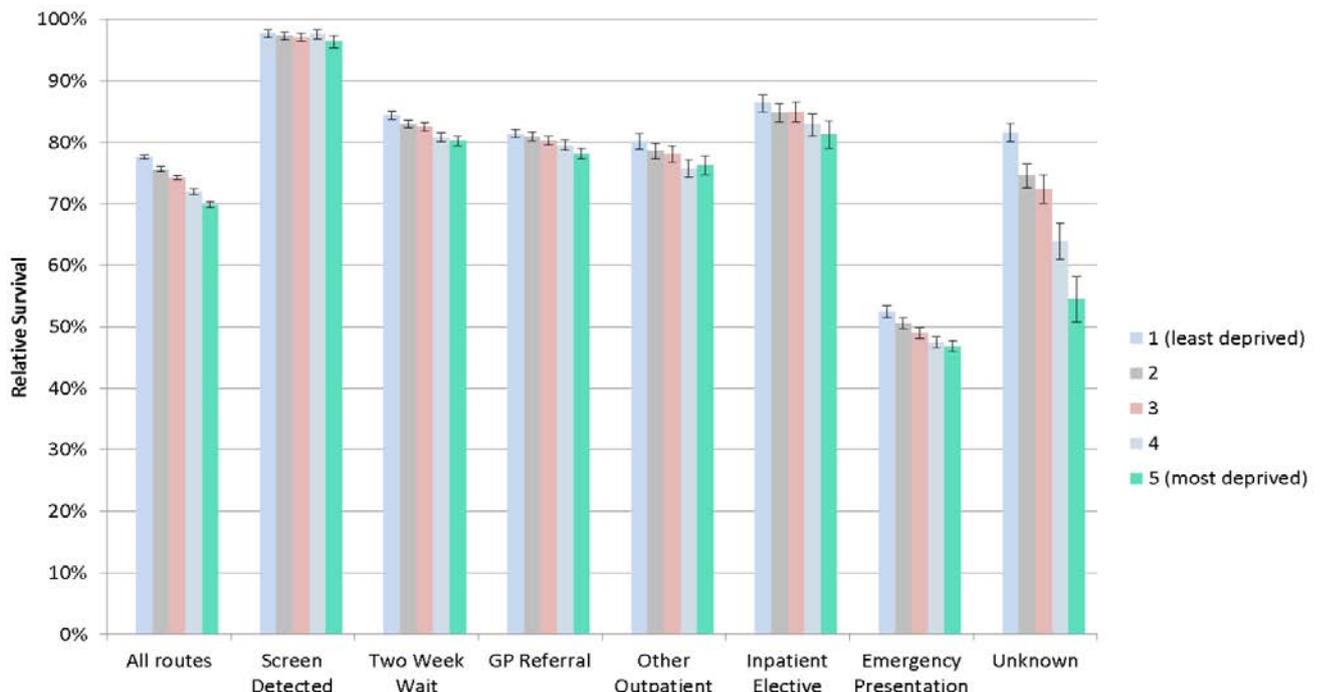
Sex: overall, one year survival is significantly higher among males compared to females. For emergency presentation, one year survival is significantly higher among males compared to females; 51% compared to 47%, respectively.



Age: one year survival significantly decreased as age increased across all routes to diagnosis, with the exception of screen detected cases. By age group, survival for emergency presentation is significantly lower than the same age group across all routes to diagnosis, falling as low as 30% for those aged 85 and over.



Deprivation: one year survival significantly decreased as deprivation increased for most routes to diagnosis. For example, those living in the most deprived areas diagnosed through emergency presentation had one year survival of 47% compared to 53% among those living in the least 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](http://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](http://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](http://www.gov.uk/government/organisations/public-health-england)

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