



# Routes to diagnosis 2015 update: gallbladder cancer

## National Cancer Intelligence Network Short Report

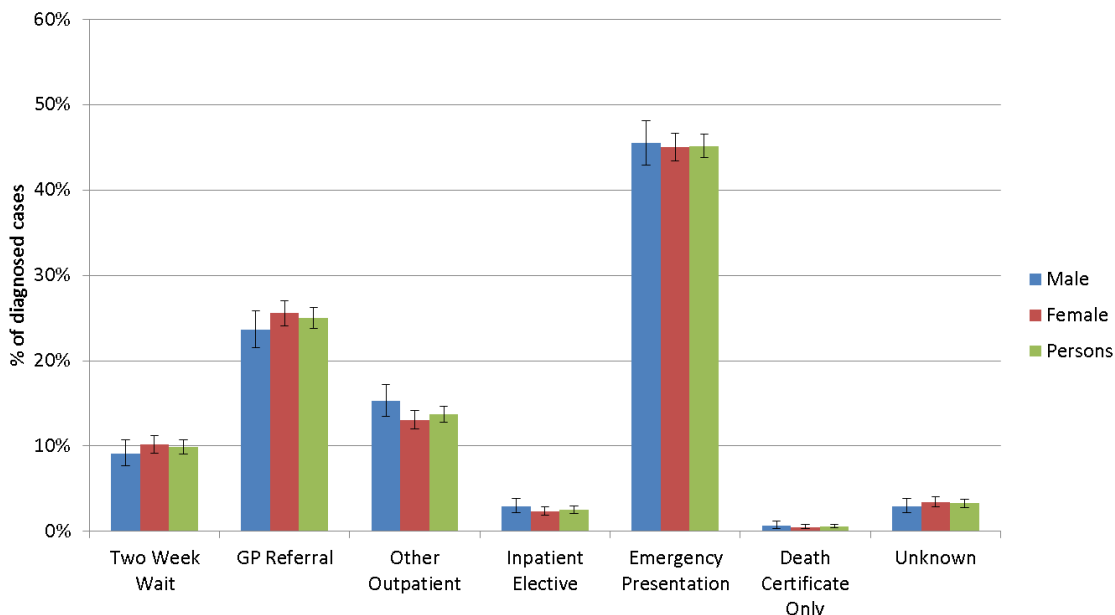
### Introduction

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 gallbladder cancer. The definition used for this briefing is ICD10 C23. 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.

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

Emergency presentation was the commonest route to diagnosis at 45%, while GP referral accounted for 25% cases. There were no significant differences between males and females for two week wait (TWW), GP referral or emergency presentation.



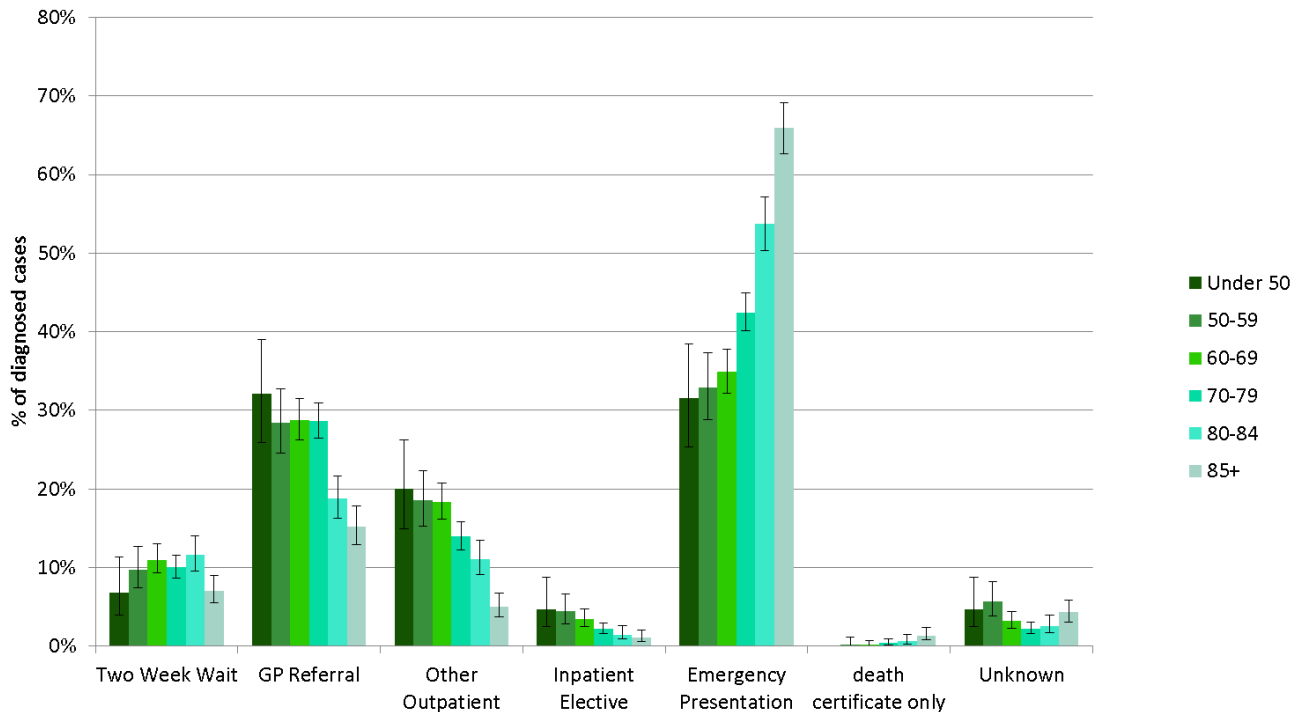
### Key messages

New data published for gallbladder cancer.

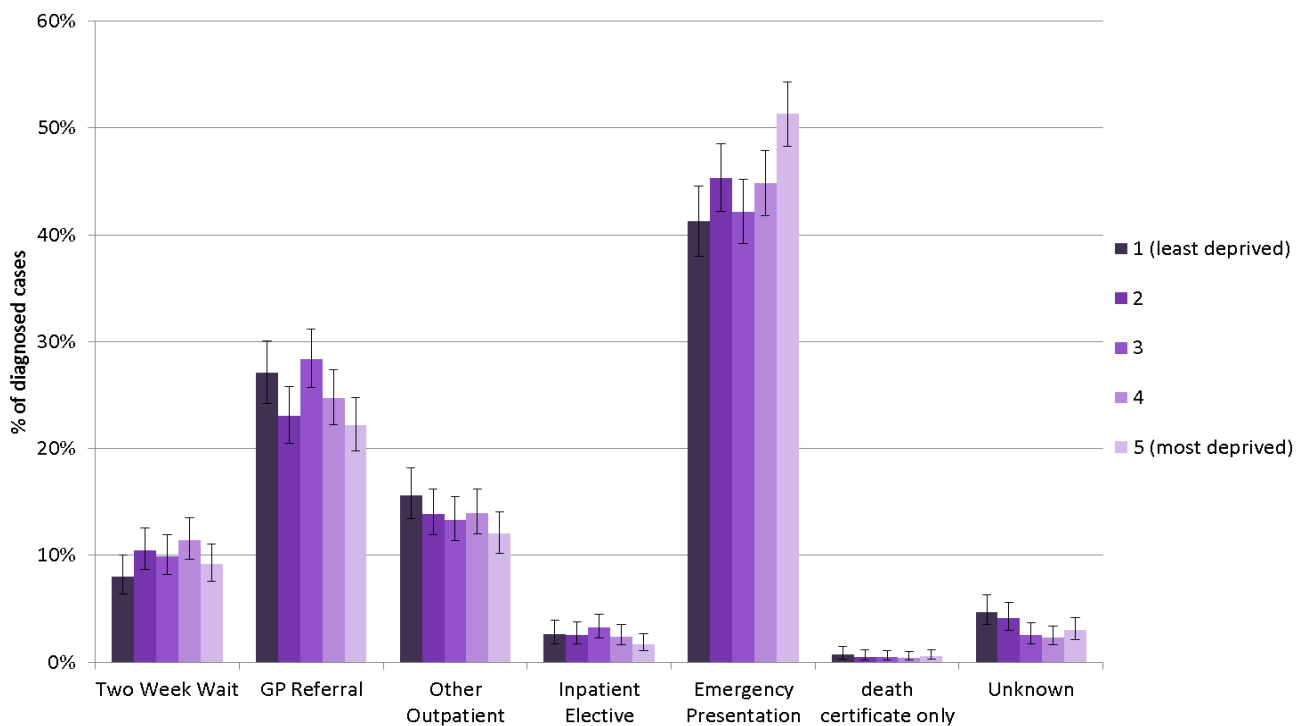
The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

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Age: emergency presentation generally increased 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.

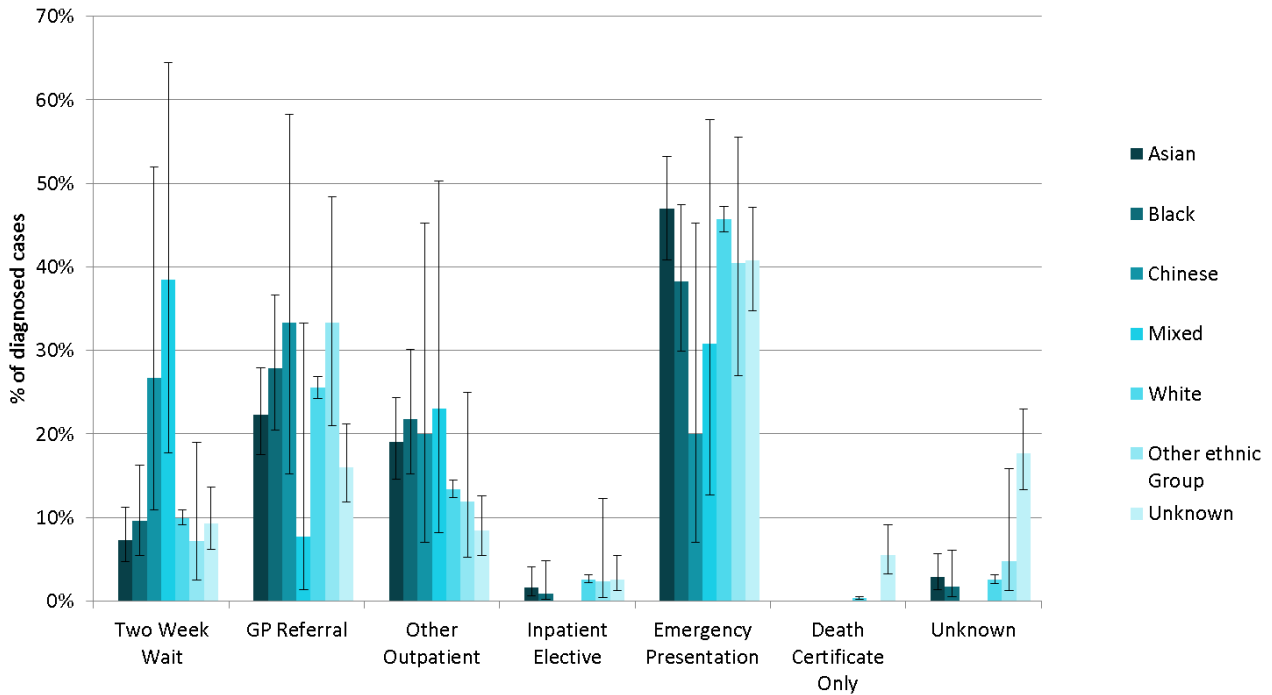


Deprivation: emergency presentation was significantly higher among those living in the most deprived areas compared to most other deprivation groups, with a 10% difference between those living in the most and least deprived areas; 51% compared to 41%, respectively.



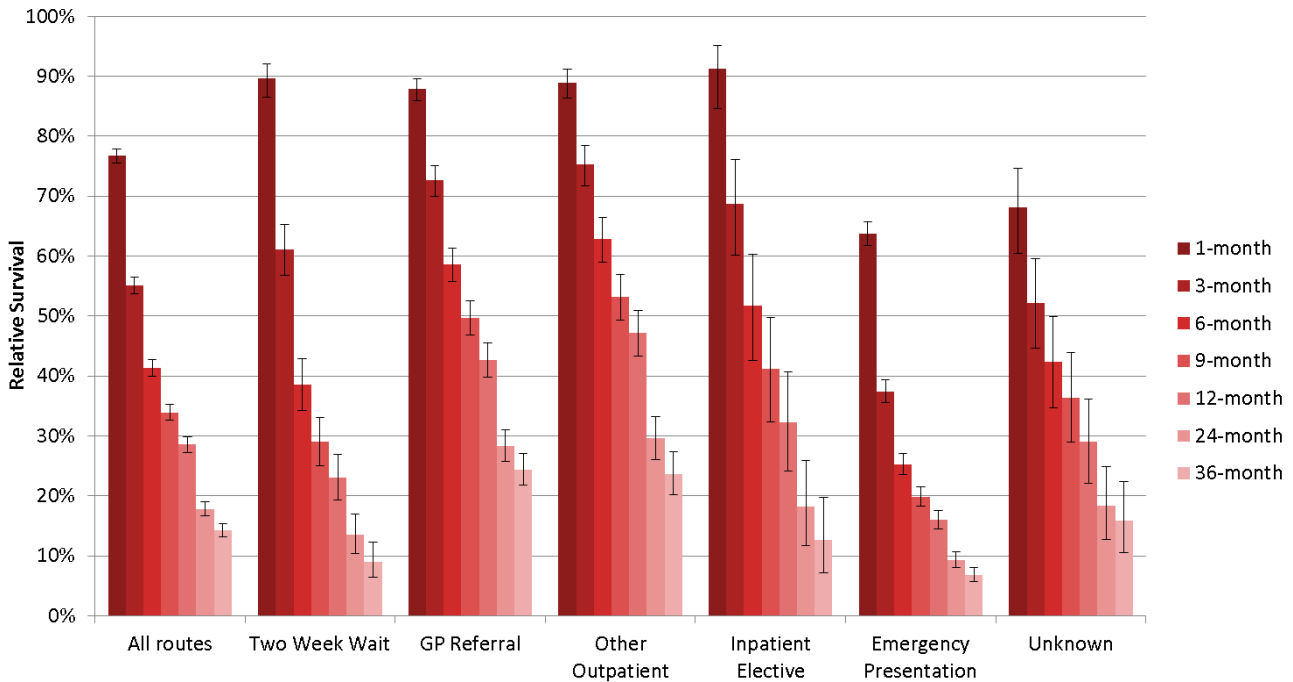
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Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of mixed ethnicity had a significantly higher proportion diagnosed through TWW compared to most other ethnicity groups.

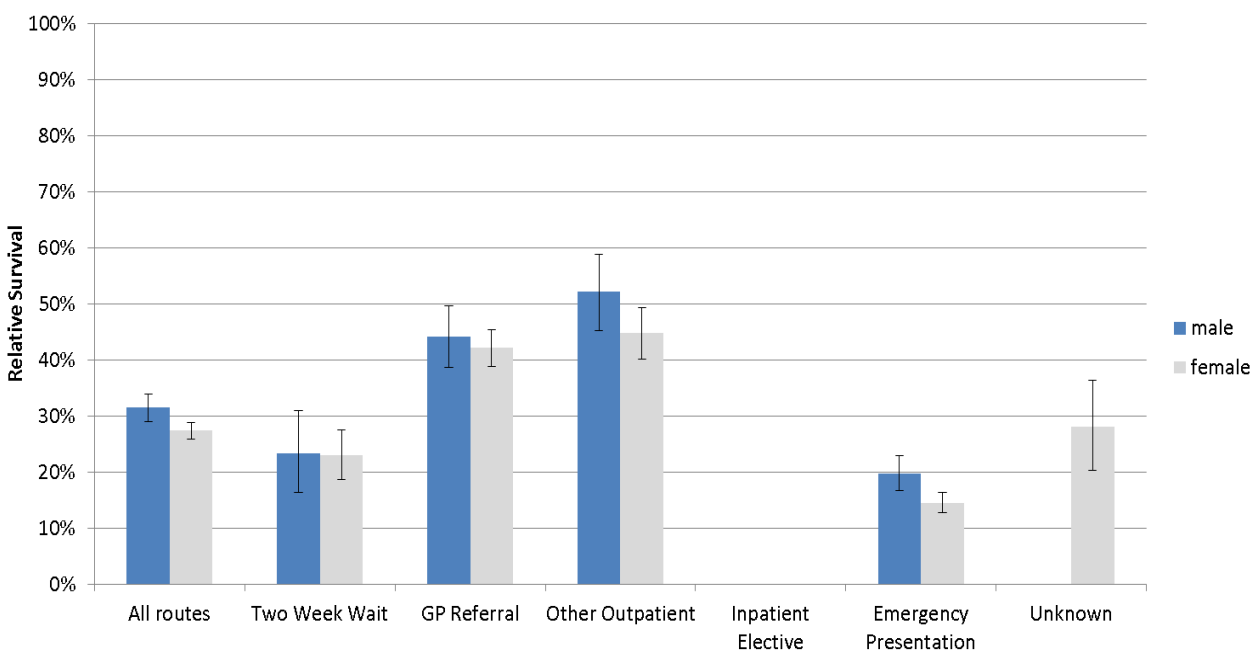


### Survival results for gallbladder cancer, 2006 to 2013

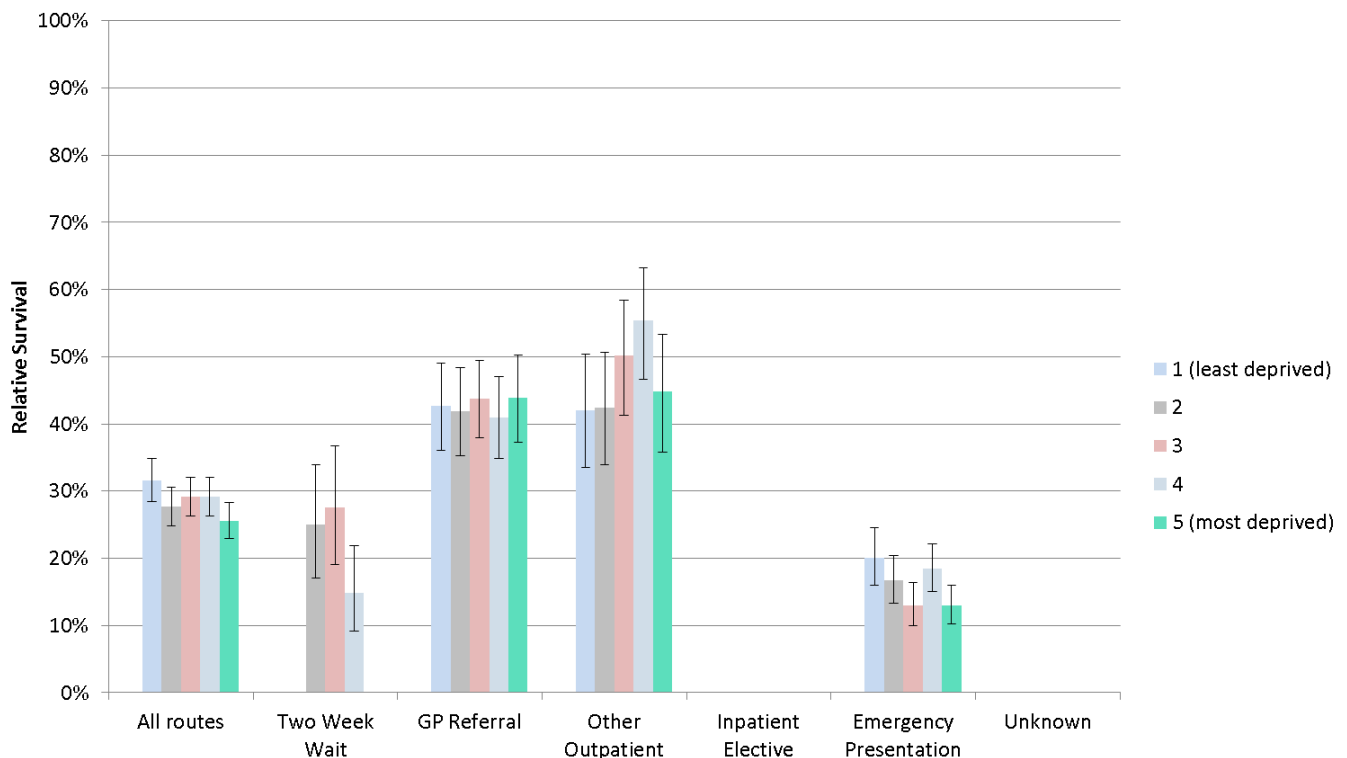
Survival among those diagnosed through emergency presentation was lower than all other routes, ranging from 64% at one month to 7% at three years after diagnosis. Patients diagnosed through GP referral and other outpatient routes had better survival than other routes.



Sex: overall, one year survival was significantly higher among males compared to females, 31% compared to 27%, respectively. There was also a significant difference for patients diagnosed through emergency presentation; 20% for males compared to 15% for females.



Deprivation: one year survival was not significantly different across deprivation routes 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](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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