Public Health England

Protecting and improving the nation's health

Routes to diagnosis 2015 update: liver cancer (excluding intrahepatic bile duct)

National Cancer Intelligence Network Short Report

Key messages

New data published for liver cancer (excluding intrahepatic bile duct).

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

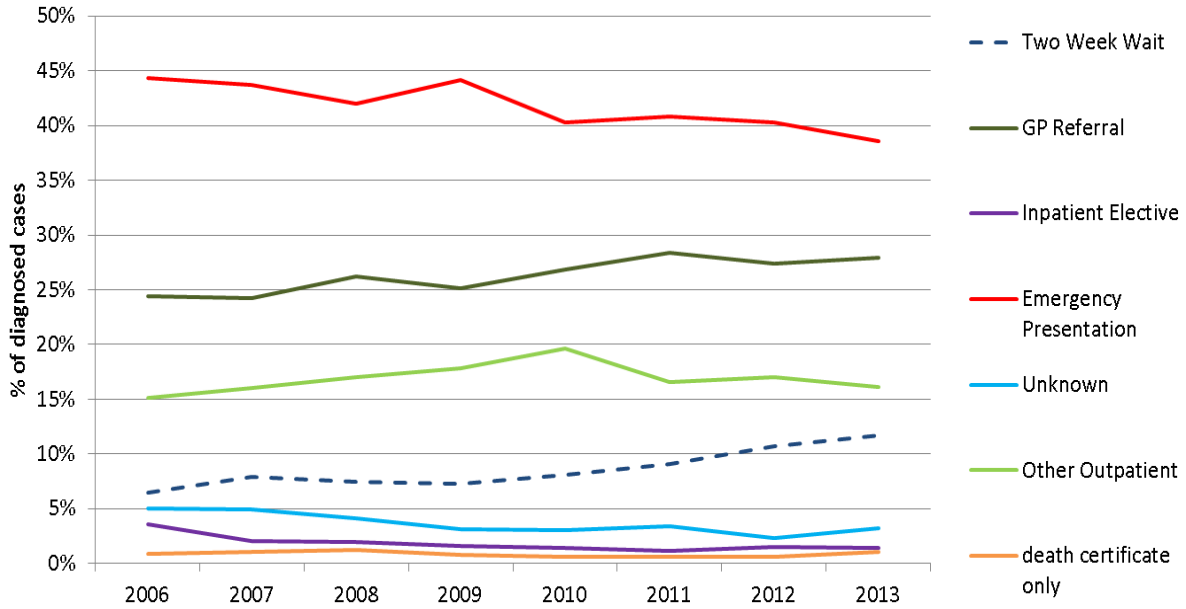
Introduction

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 liver cancer (excluding intrahepatic bile duct). The definition used for this briefing is ICD10 C22.0 and C22.2-C22.9. 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.

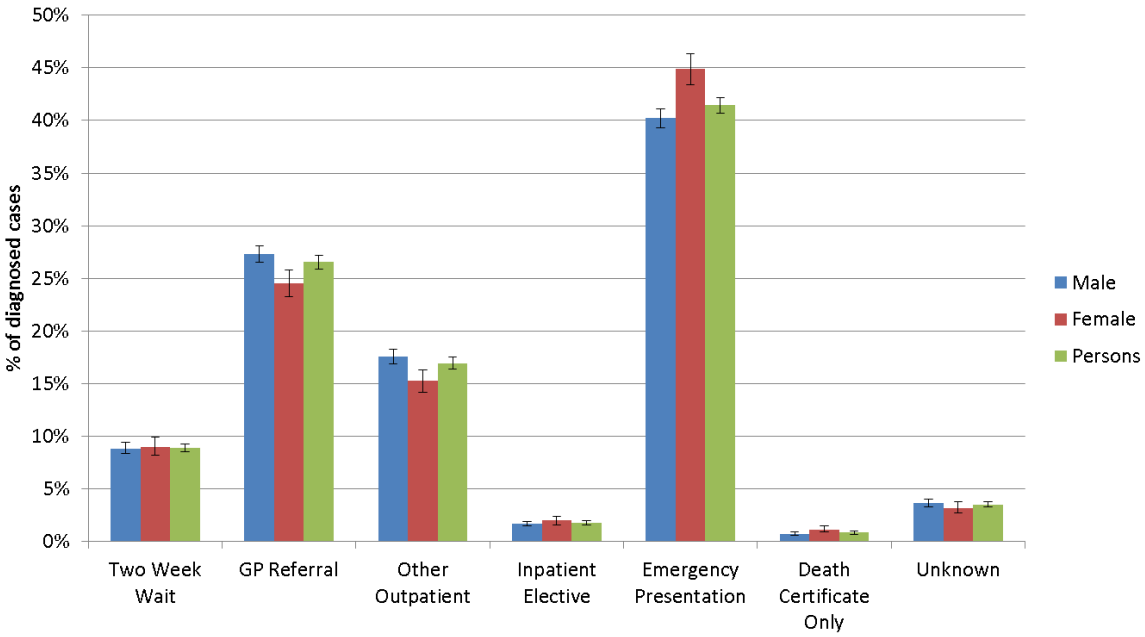
Summary of RtD for liver cancer (excluding intrahepatic bile duct)

Emergency presentation has been the commonest route to diagnosis across the time period analysed, however, the proportion significantly decreased from 44% in 2006 to 39% in 2013. Two week wait (TWW) has significantly increased, but remains low at 12% in 2013.

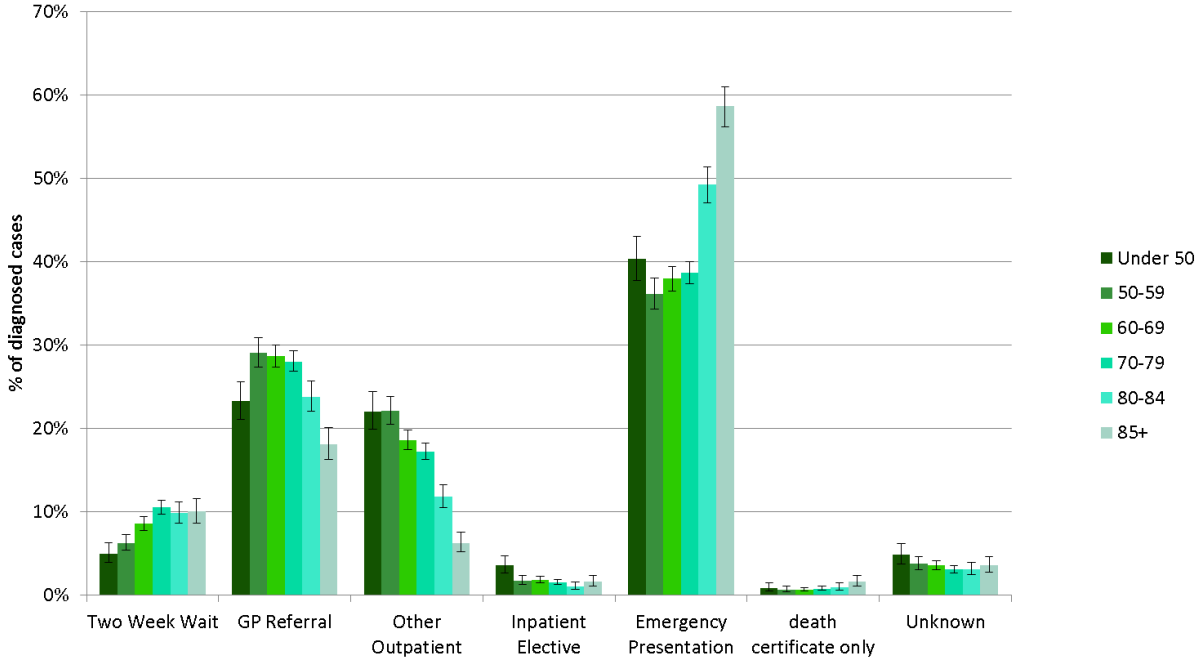


Route breakdowns for liver cancer (excluding intrahepatic bile duct), 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 45% compared to 40% for males. Compared to females, males had a significantly higher proportion of cases diagnosed through GP referral; 27% compared to 25%.

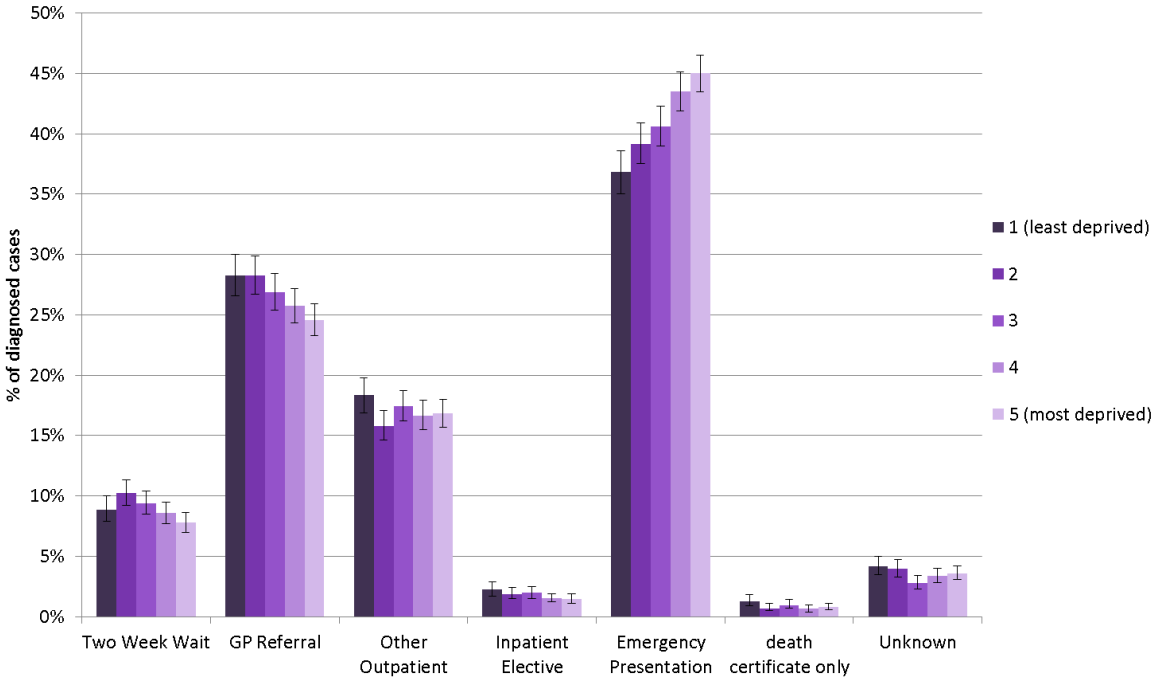


Age: emergency presentation generally increased with increasing age with an 18% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age, the exception being TWW, which increased with increased age.

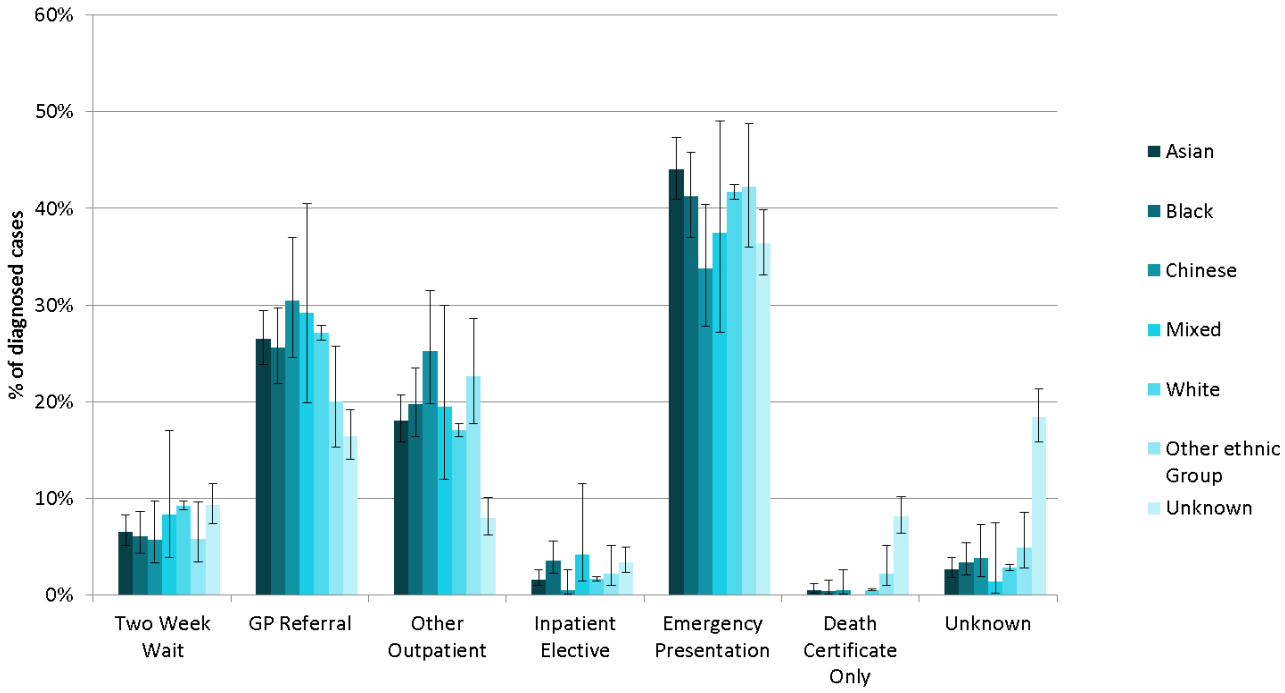


PHE publications gateway number: 2015649
Published: February 2016

Deprivation: emergency presentation increased with increasing deprivation with an 8% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the most deprived areas had a significantly lower proportion diagnosed through GP referral compared to those living in the least deprived areas; 25% compared to 28%.



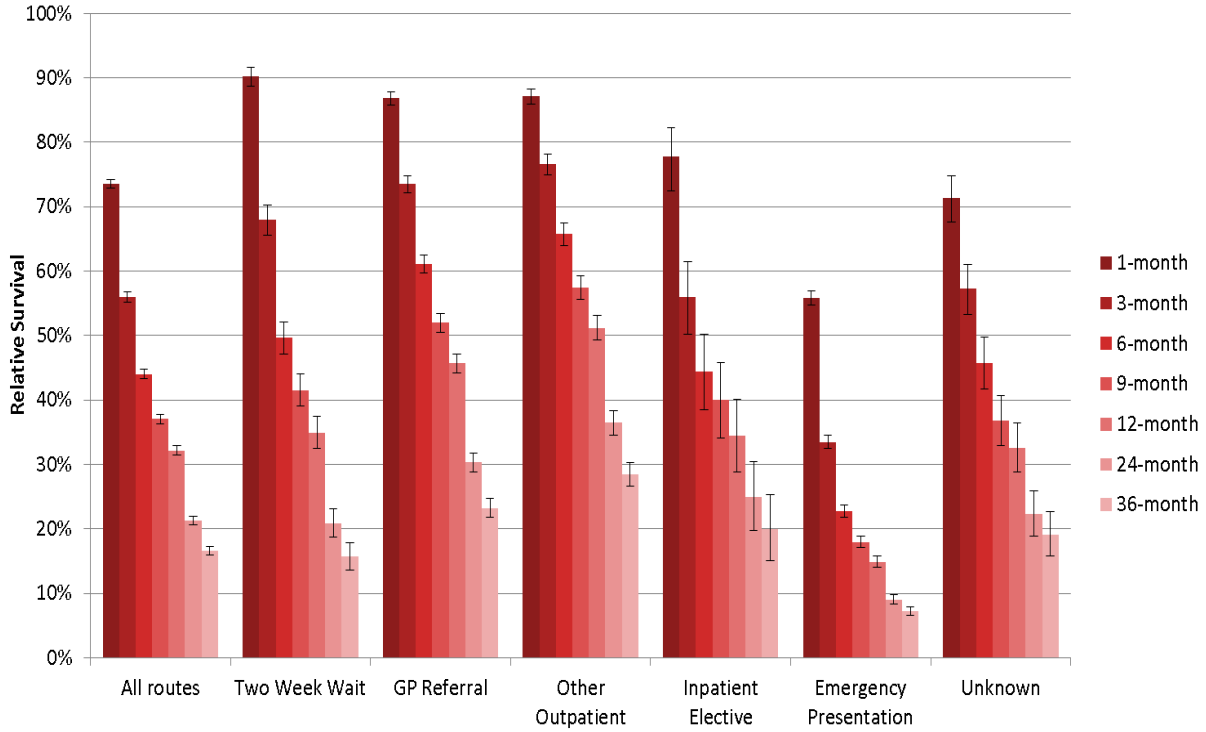
Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had a significantly higher proportion of TWW compared to those of Asian ethnicities; 9% compared to 7%.



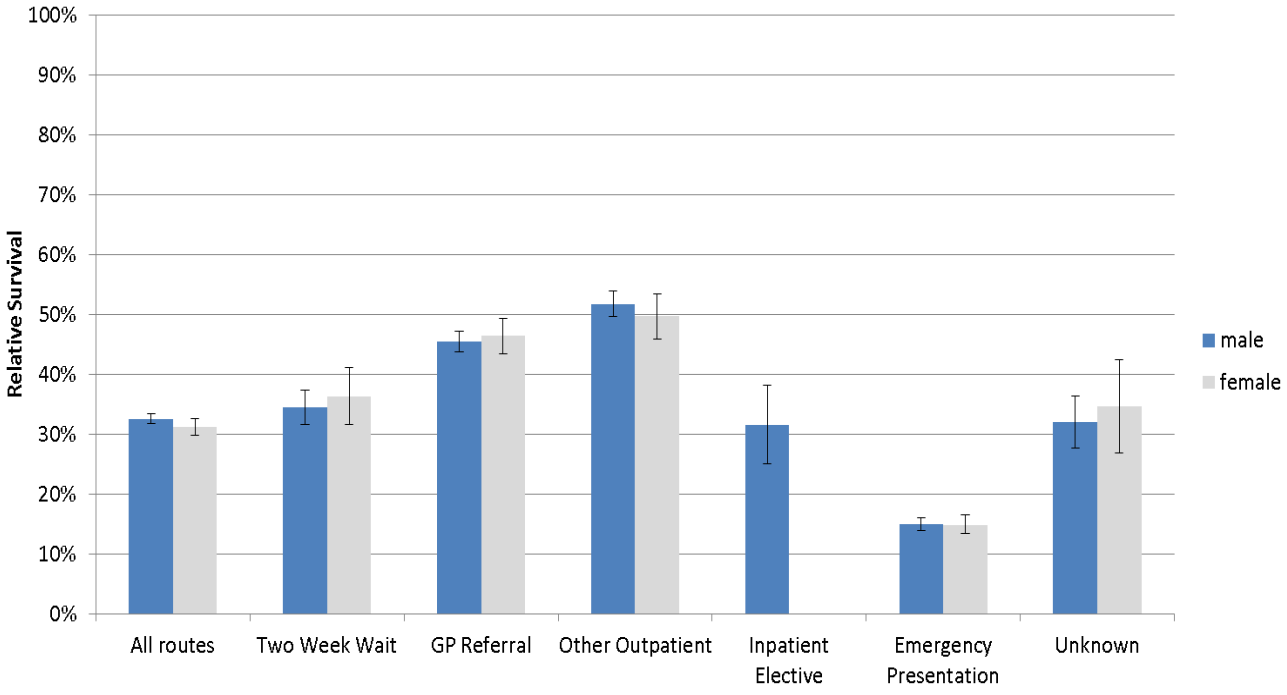
PHE publications gateway number: 2015649
Published: February 2016

Survival results for liver cancer (excluding intrahepatic bile duct), 2006 to 2013

Survival for patient diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 56% at one month to 7% at three years after diagnosis.

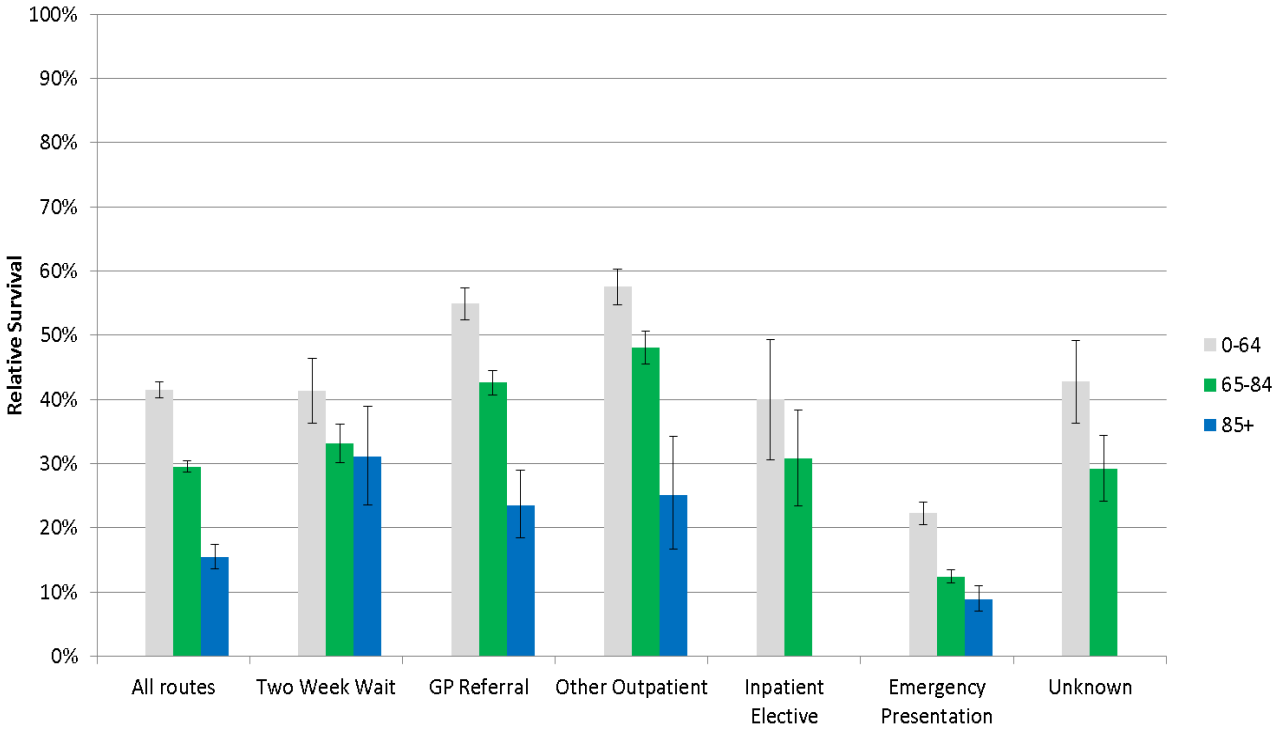


Sex: there were no significant differences in one year survival between males and females for any route to diagnosis. One year survival for females diagnosed through inpatient elective could not be calculated.

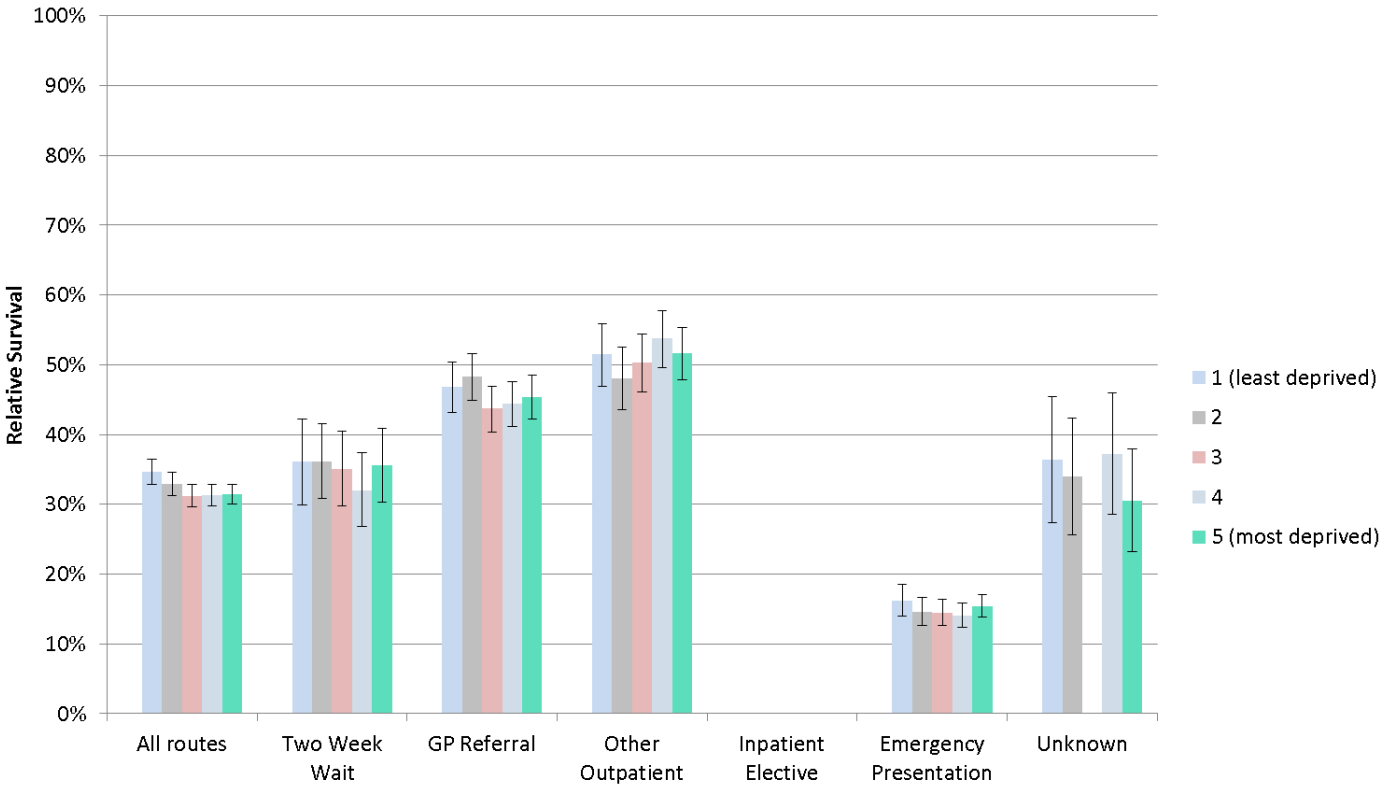


PHE publications gateway number: 2015649
Published: February 2016

Age: by age group, one year survival for emergency presentations was significantly lower than for the same age group diagnosed through other routes, falling as low as 9% for those aged 85 and over.



Deprivation: for all routes to diagnosis, one year survival was not significantly different when comparing the most and least deprived groups.



PHE publications gateway number: 2015649
Published: February 2016

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

© Crown copyright 2016
Re-use of Crown copyright material (excluding logos) is allowed under the terms of the Open Government Licence, visit http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3 for terms and conditions.

PHE publications gateway number: 2015649
Published: February 2016

PHE publications gateway number: 1234567
Published: Month 2015