

Routes to Diagnosis *Malignant Melanoma*

30th October 2012

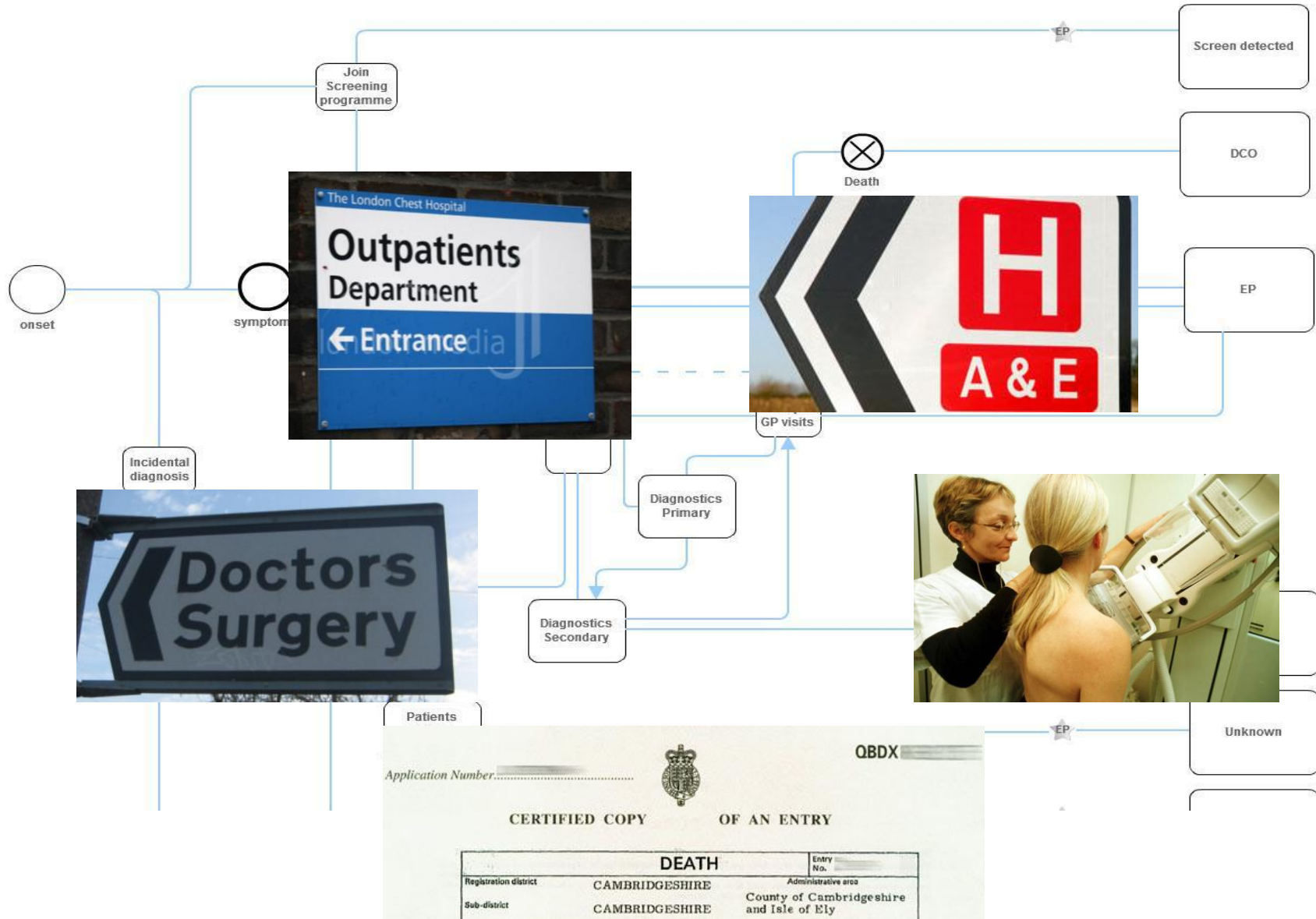
Routes to Diagnosis

- What is Routes to Diagnosis?
- Description of Routes
- Cancer sites Routes have been calculated for
- Overall results
- Specific results (age, sex, deprivation, survival) for *Malignant Melanoma (C43)*
- Outputs
- Application of Routes to Diagnosis

Background to Routes to Diagnosis

- Nationally, what didn't we know?
 - How people come to get diagnosed with cancer
 - Whether late diagnosis arises in cases where patients have not gone through the screening or suspected cancer route
 - What impact awareness and early diagnosis initiatives might have on the routes to diagnosis
- Nationally, what did we want to know?
 - Can we use routinely available datasets to define the route to diagnosis for patients diagnosed with cancer?
 - If so, do routes differ by cancer site, age, sex, ethnicity, deprivation or Cancer Network?
 - Are there differences in outcomes (one year survival) for different routes?

What is Routes to Diagnosis?



Application Number..... QBDX.....

CERTIFIED COPY OF AN ENTRY

DEATH		Entry No.
Registration district	CAMBRIDGESHIRE	Administrative area
Sub-district	CAMBRIDGESHIRE	County of Cambridgeshire and Isle of Ely

What is Routes to Diagnosis?

- Take all tumours recorded by cancer registries
- Routine data: In- and Out- patient HES data, Cancer Waits & Screening
- Start at (registry) diagnosis date and look for a 'end-point' within 28 days prior to diagnosis, but up to 6 months prior to diagnosis
- Work backwards through routine records looking for the 'start-point'
- Use the properties of the start-point to determine the type of Route
- Where multiple data exists, in general, screening > emergency <> TWW > others
- For more detail see:

http://www.ncin.org.uk/publications/routes_to_diagnosis.aspx

<http://www.nature.com/bjc/journal/v107/n8/pdf/bjc2012408a.pdf>

Eight Routes assigned

- **(5%) Screen detected:** breast, bowel or cervical
- **(24%) Emergency presentation:** emergency route via A&E, emergency GP or consultant outpatient referral, emergency transfer etc
- **(26%) Two week wait:** urgent GP referrals with a suspicion of cancer
- **(21%) GP referral:** includes routine and non-TWW GP referrals
- **(10%) Other outpatient:** elective route starting with a consultant outpatient appointment
- **(6%) Inpatient elective:** elective route starting with an inpatient admission (no earlier information found)
- **(1%) DCO:** diagnosis by death certificate only
- **(8%) Unknown:** no data available from HES, CWT or screening

Cancer sites included

- All cancers
- Bladder
- Breast
- Cervix
- CNS
- Colorectal
- Head and neck:
 - Hypopharynx*
 - Larynx
 - oral cavity
 - oropharynx
 - other sites of the lip, oral cavity and pharynx*
 - salivary glands*
 - Melanoma
- Hodgkin lymphoma
- Kidney and unspecified urinary organs
- Leukaemia:
 - acute lymphoblastic*
 - acute myeloid
 - chronic lymphocytic
 - chronic myeloid*
 - rarer types
- Liver
- Lung
- Melanoma
- Mesothelioma
- Multiple myeloma
- Non-Hodgkin lymphoma
- Oesophagus
- Ovary
- Pancreas
- Prostate
- Sarcoma:
 - Bone*
 - connective and soft tissue
 - retroperitoneum and peritoneum*
- Stomach
- Testis
- Uterus
- Vulva
- Other malignant neoplasms

* No breakdowns by age, sex, DQ, etc. are available for these sites

Sites with a low proportion of emergencies

Percentage of diagnoses (2006-2008) by Route	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of patients
Melanoma		41%	27%	7%	3%	3%	0%	18%	100%	26,660
Breast	28%	43%	11%	3%	1%	5%	0%	9%	100%	110,173
Head and neck - Oral cavity		30%	22%	27%	5%	6%	0%	10%	100%	5,992
Head and neck – thyroid		12%	47%	18%	5%	8%	0%	11%	100%	5,304
Head and neck - Salivary glands		18%	42%	17%	4%	8%	0%	10%	100%	1,571
Vulva		32%	34%	12%	5%	8%	0%	9%	100%	2,733
Uterus		37%	31%	10%	5%	8%	0%	8%	100%	18,462
Head and neck - Oropharynx		39%	27%	12%	5%	9%	0%	8%	100%	3,859
Prostate		26%	32%	11%	8%	10%	0%	12%	100%	92,922

Low to medium emergencies

Percentage of diagnoses (2006-2008) by Route	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of patients
Testis		48%	15%	8%	8%	10%	0%	11%	100%	5,070
Head and neck - Other sites		27%	31%	18%	5%	11%	0%	9%	100%	2,740
Head and neck – larynx		32%	34%	11%	6%	11%	0%	5%	100%	5,200
Cervix	15%	17%	28%	10%	5%	13%	0%	12%	100%	7,000
Head and neck - Hypopharynx		37%	28%	12%	5%	14%	0%	4%	100%	1,098
Sarcoma: connective and soft tissue		12%	37%	16%	7%	16%	0%	12%	100%	3,447
Hodgkin lymphoma		26%	28%	14%	6%	17%	0%	8%	100%	3,644
Bladder		30%	24%	13%	9%	19%	1%	5%	100%	25,639
Oesophagus		34%	16%	8%	14%	22%	1%	5%	100%	19,449
All cancers	5%	26%	21%	10%	6%	24%	1%	8%	100%	739,667

Medium to high emergencies

Percentage of diagnoses (2006-2008) by Route	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of patients
Sarcoma: bone		10%	26%	19%	11%	25%	0%	9%	100%	1,378
Kidney and unspecified urinary organs		19%	26%	17%	6%	25%	1%	6%	100%	20,594
Leukaemia: chronic lymphocytic		11%	31%	11%	5%	25%	1%	17%	100%	6,835
Colorectal	2%	27%	20%	9%	9%	26%	1%	6%	100%	91,416
Non-Hodgkin lymphoma		18%	28%	12%	6%	27%	0%	9%	100%	25,413
Ovary		23%	20%	12%	5%	32%	1%	7%	100%	16,026
Stomach		23%	17%	8%	13%	33%	1%	5%	100%	18,613
Leukaemia: Chronic myeloid		8%	26%	12%	9%	35%	1%	9%	100%	1,518
Mesothelioma		18%	21%	15%	6%	36%	0%	4%	100%	6,179
Multiple myeloma		11%	27%	13%	6%	37%	1%	6%	100%	11,221

High proportion of emergencies

Percentage of diagnoses (2006-2008) by Route	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of patients
Leukaemia: rarer types		7%	29%	10%	7%	38%	1%	8%	100%	2,567
Lung		24%	17%	10%	4%	39%	1%	5%	100%	96,735
Sarcoma: retroperitoneum and peritoneu		15%	20%	14%	5%	39%	0%	7%	100%	1,513
Other malignant neoplasms	0%	10%	19%	10%	5%	46%	2%	8%	100%	50,497
Liver		8%	18%	12%	5%	48%	2%	7%	100%	8,576
Pancreas		11%	16%	9%	6%	50%	1%	6%	100%	19,896
Leukaemia: acute myeloid		2%	18%	12%	7%	54%	0%	6%	100%	6,365
CNS		1%	13%	11%	7%	62%	1%	6%	100%	11,697
Leukaemia: acute lymphoblastic		2%	10%	8%	10%	63%	0%	7%	100%	1,665

NICE Referral Guidelines

(Macmillan Rapid Referral Toolkit)

Melanoma

- Change is a key element in diagnosing malignant melanoma. For low-suspicion lesions, undertake careful monitoring for change using the 7-point checklist (see below) for 8 weeks. Make measurements with photographs and a marker scale and/or ruler.
- Be aware of and use the 7-point weighted checklist for assessment of pigmented skin lesions.

Major features of lesions:

- Change in size
- irregular shape
- irregular colour.

Minor features of lesions:

- largest diameter 7 mm or more
- inflammation
- oozing
- change in sensation.

- Lesions scoring 3 points or more (based on major features scoring 2 points each and minor features scoring 1 point each) in the 7-point checklist above are suspicious. (If you strongly suspect cancer any one feature is adequate to prompt urgent referral.)

Urgent referral

Refer urgently patients:

- with a lesion suspected to be melanoma. (Excision in primary care should be avoided.)

Melanoma

Refer urgently patients:

- with non-healing keratinizing or crusted tumours larger than 1 cm with significant induration on palpation. They are commonly found on the face, scalp or back of the hand with a documented expansion over 8 weeks
- who have had an organ transplant and develop new or growing cutaneous lesions as squamous cell carcinoma is common with immunosuppression but may be atypical and aggressive
- with histological diagnosis of a squamous cell carcinoma.

Squamous cell carcinomas

Non-urgent referral

- Basal cell carcinomas are slow growing, usually without significant expansion over 2 months, and usually occur on the face. If basal cell carcinoma is suspected, refer non-urgently

Basal cell
carcinomas

Melanoma, *by age and sex*



Melanoma		Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of cases
2006-2008	Persons	41%	27%	7%	3%	3%	0%	18%	100%	26,660	
	<i>Confidence interval</i>	41% 42%	27% 28%	7% 8%	3% 4%	3% 3%	0% 0%	17% 18%			
2006-2008	Male	41%	28%	8%	3%	3%	0%	17%	100%	12,502	
	<i>Confidence interval</i>	40% 42%	27% 29%	7% 8%	3% 4%	3% 3%	0% 0%	17% 18%			
	Female	42%	27%	7%	4%	3%	0%	18%	100%	14,158	
	<i>Confidence interval</i>	41% 43%	27% 28%	6% 7%	3% 4%	2% 3%	0% 0%	17% 19%			
2006-2008	Under 50	42%	25%	5%	4%	2%	0%	22%	100%	7,710	
	<i>Confidence interval</i>	41% 44%	24% 26%	5% 6%	3% 4%	1% 2%	0% 0%	21% 23%			
	50-59	44%	24%	6%	3%	2%	0%	20%	100%	4,609	
	<i>Confidence interval</i>	43% 46%	23% 25%	6% 7%	3% 4%	1% 2%	0% 0%	19% 22%			
	60-69	43%	27%	7%	3%	2%	0%	17%	100%	5,746	
	<i>Confidence interval</i>	42% 45%	26% 28%	7% 8%	3% 4%	2% 3%	0% 0%	16% 18%			
	70-79	40%	31%	9%	3%	4%	0%	13%	100%	4,932	
<i>Confidence interval</i>	39% 42%	30% 32%	8% 10%	3% 4%	3% 4%	0% 0%	12% 14%				
80-84	36%	34%	9%	3%	5%	0%	12%	100%	1,929		
<i>Confidence interval</i>	34% 39%	32% 36%	8% 11%	2% 4%	5% 7%	0% 1%	11% 14%				
85+	33%	33%	10%	4%	7%	1%	12%	100%	1,734		
<i>Confidence interval</i>	31% 35%	31% 35%	9% 12%	3% 5%	6% 8%	0% 1%	11% 14%				

Melanoma, by age and sex



Melanoma		Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of cases
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	Female	42%	27%	7%	4%	3%	0%	18%		100%	14,158
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85+	33%	33%	10%	4%	7%	1%	12%		100%	1,734	
Confidence interval	31% 35%	31% 35%	9% 12%	3% 5%	6% 8%	0% 1%	11% 14%				

Melanoma

by deprivation

Melanoma		Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of cases
2006-2008	1 (least deprived)	41%	26%	6%	3%	2%	0%	21%		100%	7,257
	<i>Confidence interval</i>	40% 42%	25% 27%	6% 7%	3% 4%	2% 3%	0% 0%	20% 22%			
	2	42%	27%	8%	4%	3%	0%	17%		100%	6,710
	<i>Confidence interval</i>	41% 43%	26% 28%	7% 8%	3% 4%	2% 3%	0% 0%	17% 18%			
	3	42%	28%	7%	4%	3%	0%	17%		100%	5,948
	<i>Confidence interval</i>	41% 43%	27% 29%	7% 8%	3% 4%	2% 3%	0% 0%	16% 18%			
	4	40%	30%	8%	3%	3%	0%	16%		100%	4,237
	<i>Confidence interval</i>	39% 42%	28% 31%	7% 9%	3% 4%	3% 4%	0% 0%	15% 17%			
	5 (most deprived)	42%	31%	7%	3%	4%	0%	13%		100%	2,508
	<i>Confidence interval</i>	40% 44%	29% 32%	6% 8%	3% 4%	4% 5%	0% 0%	12% 15%			

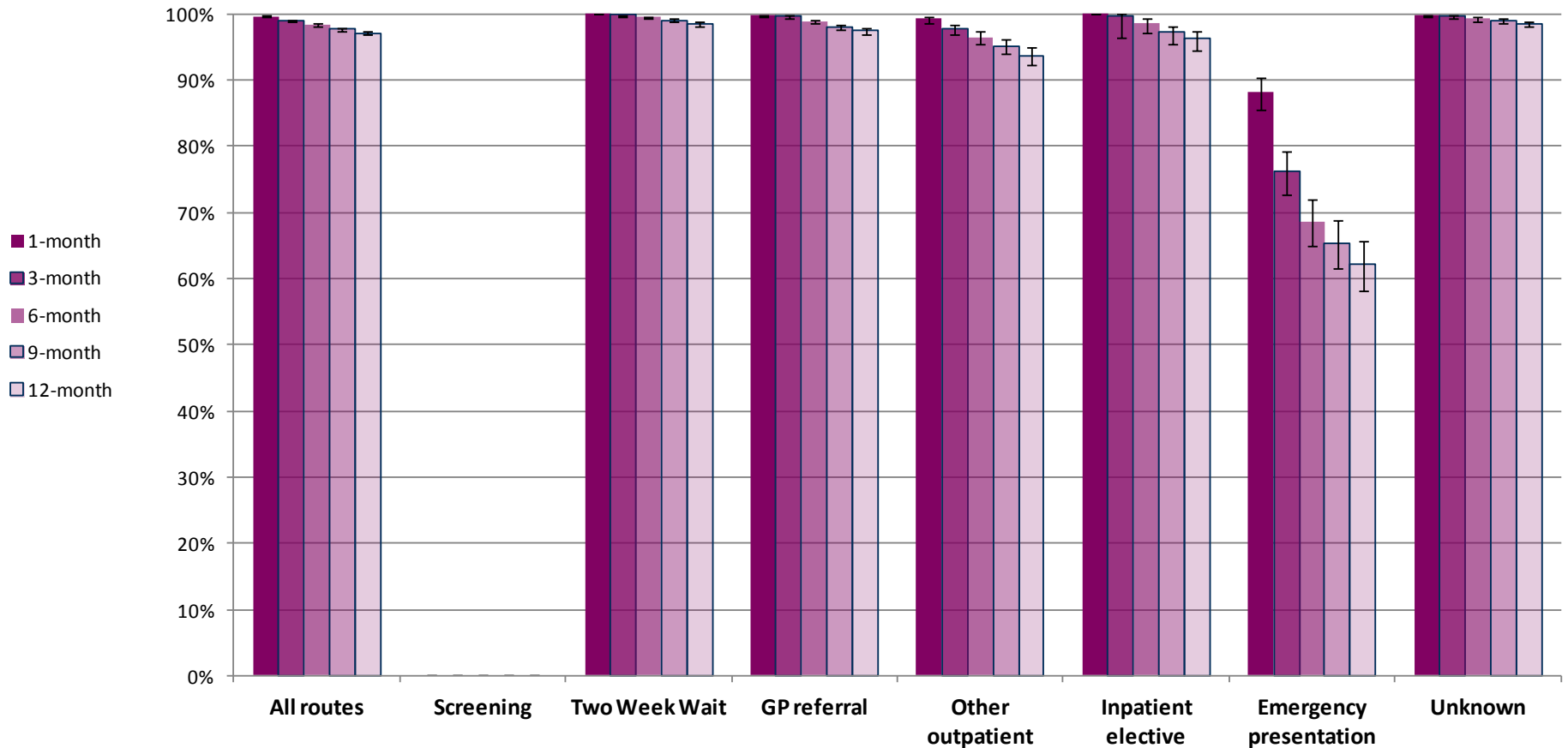
Melanoma

by deprivation

Melanoma		Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown	Total	Number of cases
2006-2008	1 (least deprived)	41%	26%	6%	3%	2%	0%	21%	100%	7,257	
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	<i>Confidence interval</i>	39% 42%	28% 31%	7% 9%	3% 4%	3% 4%	0% 0%	15% 17%			
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Melanoma relative survival estimates: *persons by route and survival interval*

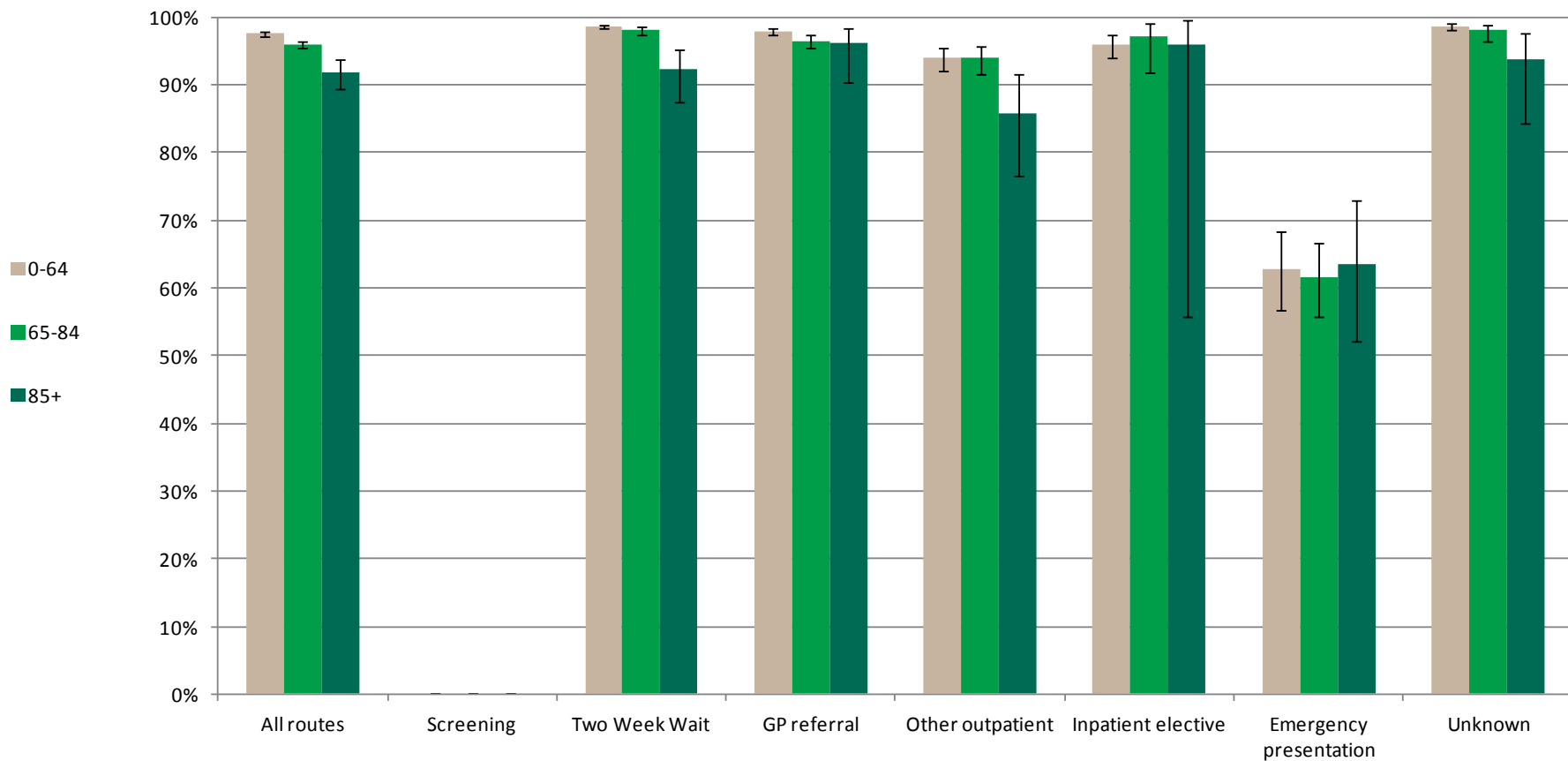
Relative survival estimates by presentation route and survival time, Melanoma, 2006-2008



Melanoma

survival by age

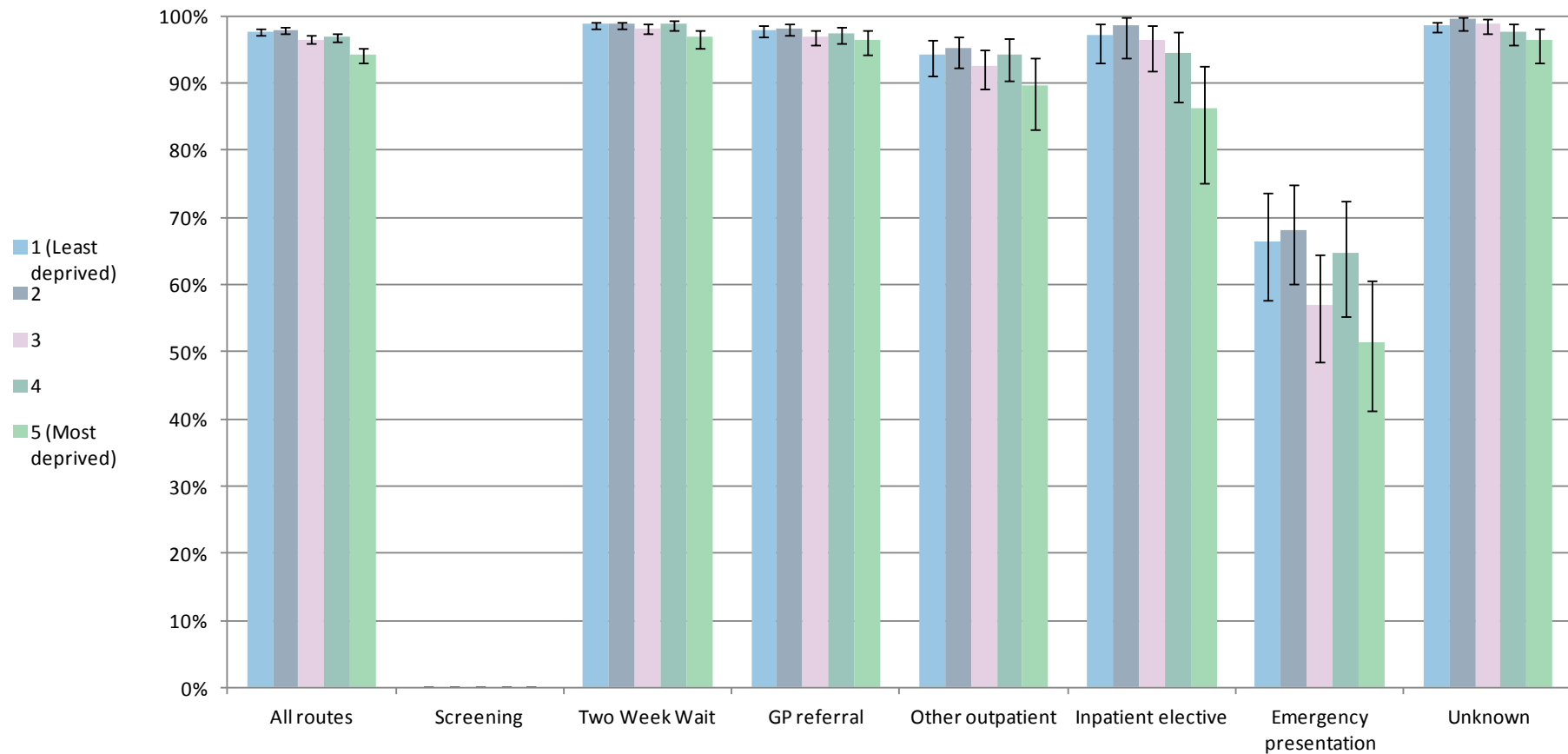
**12-month relative survival estimates by presentation route,
Melanoma, 2006-2008, by age**



Melanoma

survival by deprivation

12-month relative survival estimates by presentation route, Melanoma, 2006-2008, by deprivation quintile



Outputs

- Peer reviewed paper in British Journal of Cancer November 2012, advanced online publication 21st September 2012
- Full spreadsheet of results available to the public, containing:
 - proportion by Route by age, sex, deprivation quintile and cancer network by year and 06-08 combined
 - relative survival estimates by age, sex and deprivation quintile for 1, 3, 6, 9 and 12 month survival intervals
 - PCT level results available with data presented as age-standardised funnel plots (common cancers)
- Information supplement of results for selected sites, and a basic explanation of methodology available from the NCIN website
- Updated results for 2010 to be produced in Spring 2013

Application of Routes to Diagnosis

- Understand the different routes for different cancer sites
- Build a picture for each cancer site
- Explore possible reasons for delayed diagnosis
- Direct the focus of early diagnosis initiatives
 - Awareness campaigns
 - Targeted interventions
 - Monitoring and evaluating impact
- Identify areas for further research
 - Link to GP audit and GP data
 - Routes from diagnosis
 - Exploring emergency presentations
- Patient-level Routes are available to registries for further investigation

For more information, please contact:

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