



# Routes to diagnosis 2015 update: Hodgkin lymphoma

## 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 Hodgkin lymphoma. The definition used for this briefing is ICD10 C81. 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.

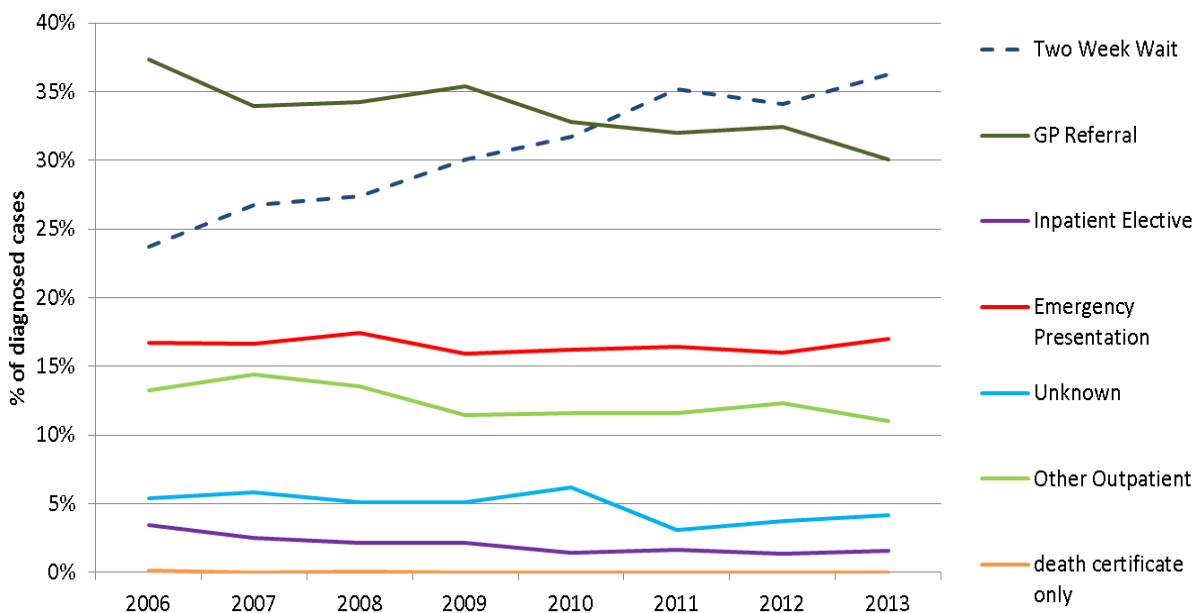
### Summary of RtD for Hodgkin lymphoma

GP referral has decreased from 37% in 2006 to 30% in 2013. Conversely, two week wait (TWW) increased from 24% to 36% over the time period analysed. Emergency presentation stayed stable at around 17% of diagnoses.

### Key messages

New data published for Hodgkin lymphoma.

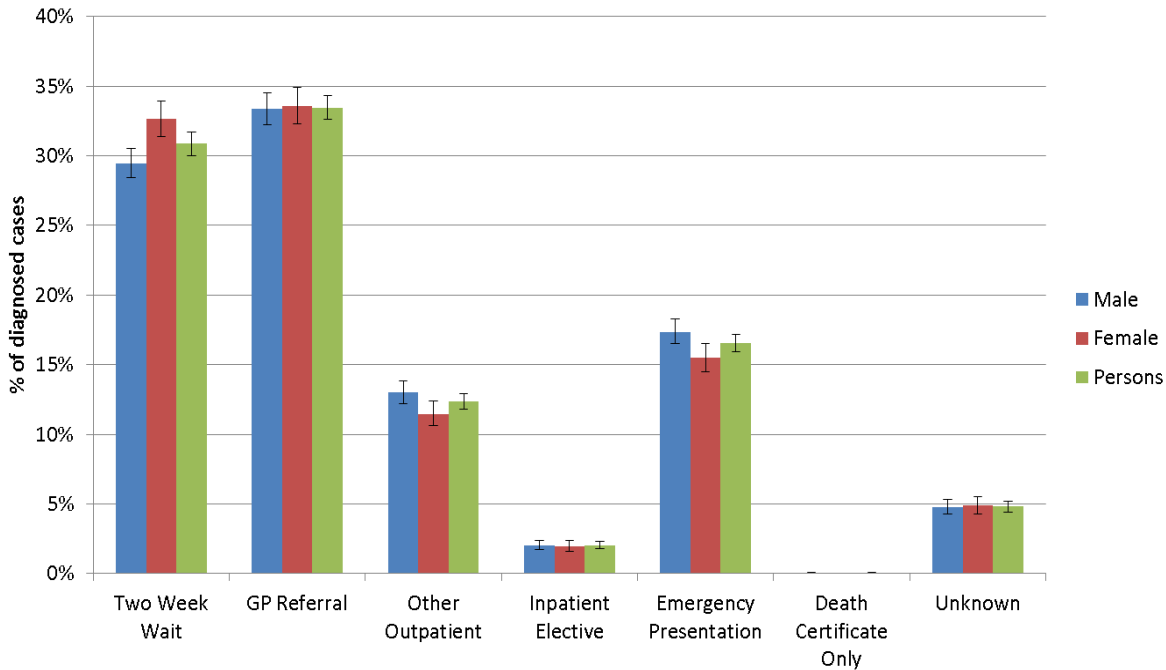
The data shows variation by route over time, by sex, age, deprivation and ethnicity and also variation in survival.



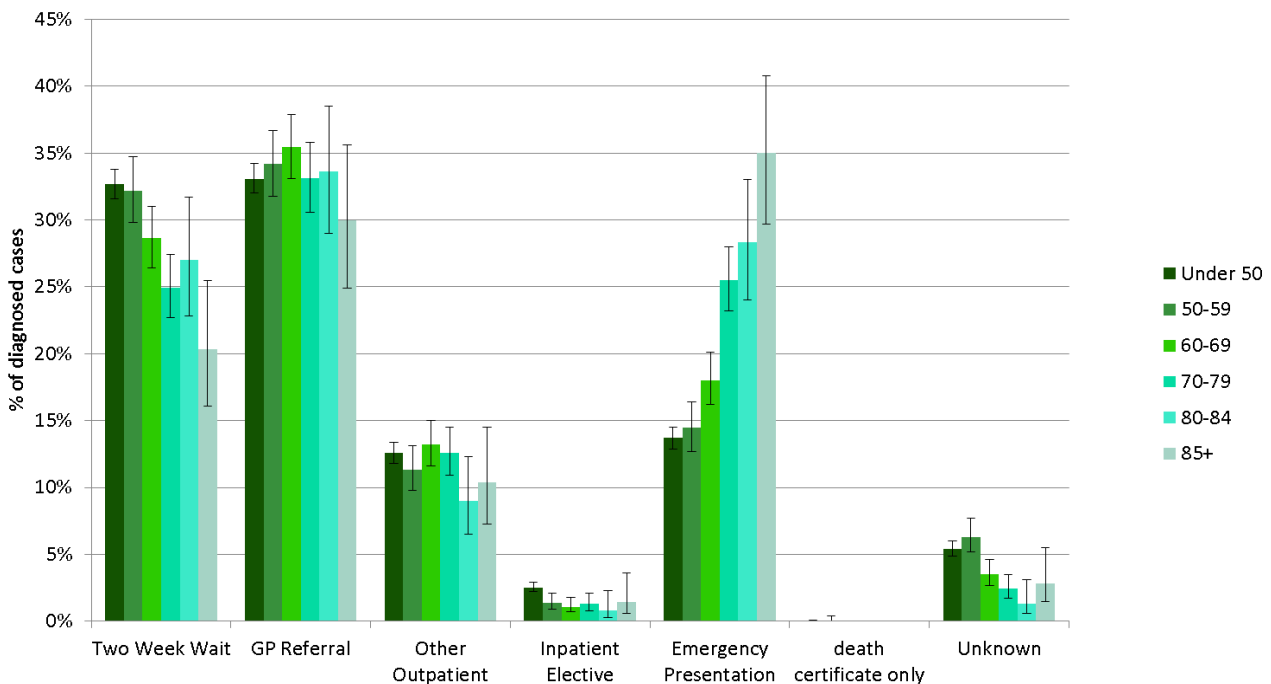
### Route breakdowns for Hodgkin lymphoma, 2006 to 2013

Sex: although the proportion of cases diagnosed through emergency presentation was higher in males, this was not significantly different to the proportion in females.

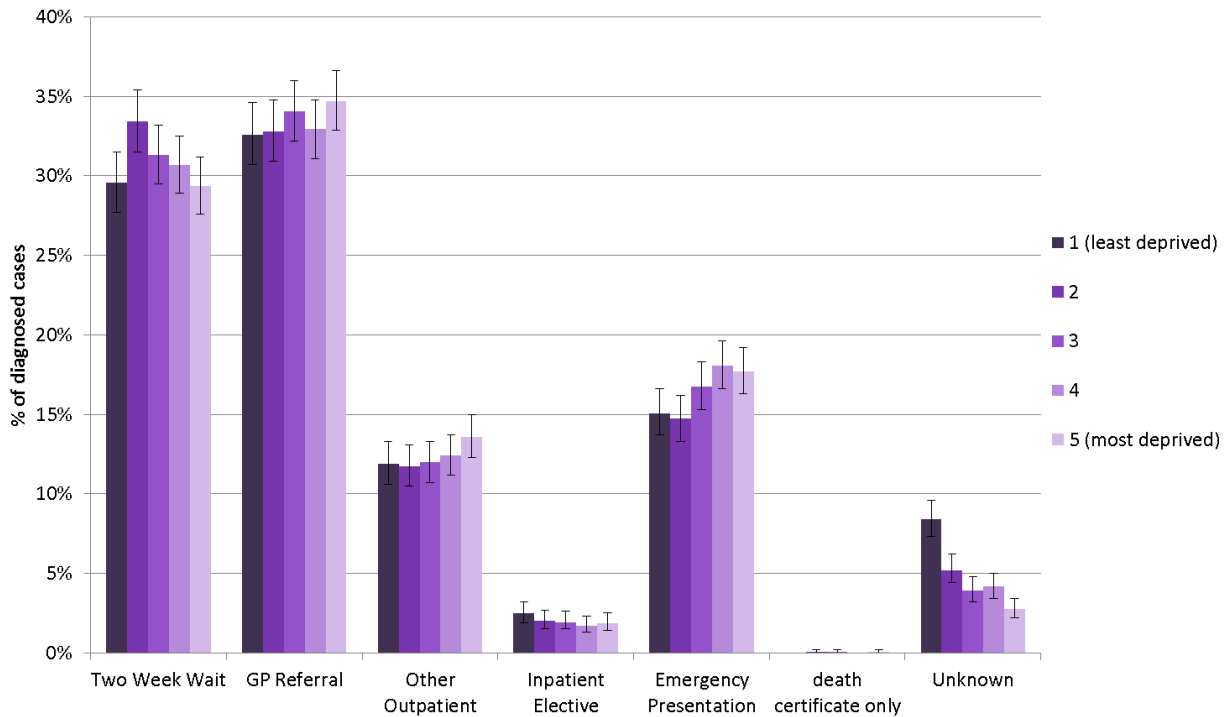
Compared to males, females had a significantly higher proportion of cases diagnosed through TWW; 33% compared to 30%.



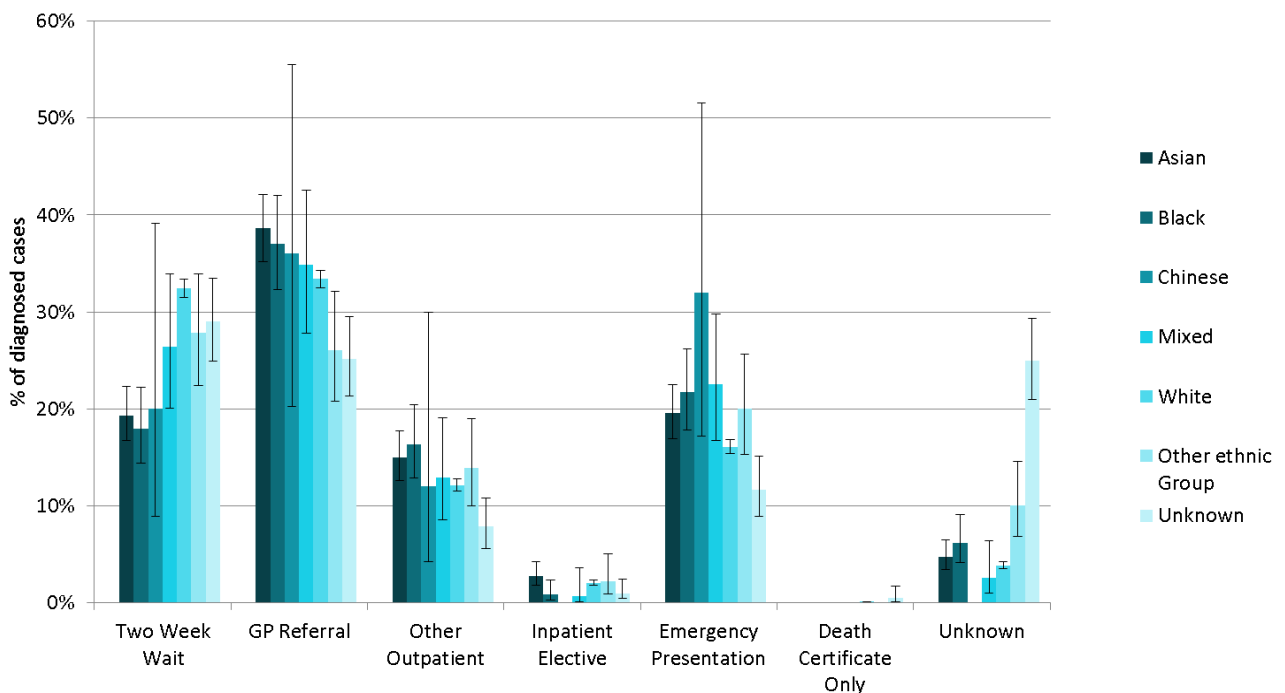
Age: emergency presentation generally increased with increasing age with a 21% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.



Deprivation: for emergency presentation, there was a significantly lower proportion diagnosed in those living in the second least deprived areas compared to those living in the most deprived areas; 15% compared to 18%.

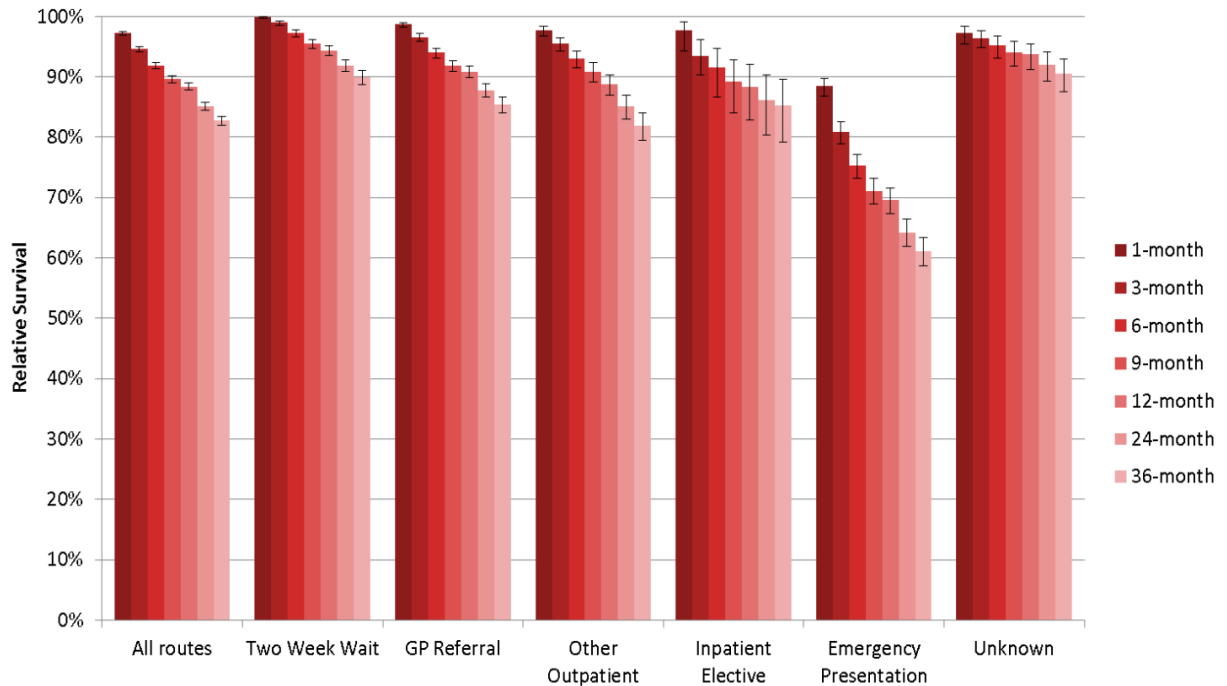


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. TWW was significantly higher among those of white ethnicity compared to those of Asian and black ethnicities. The converse is true for emergency presentation.

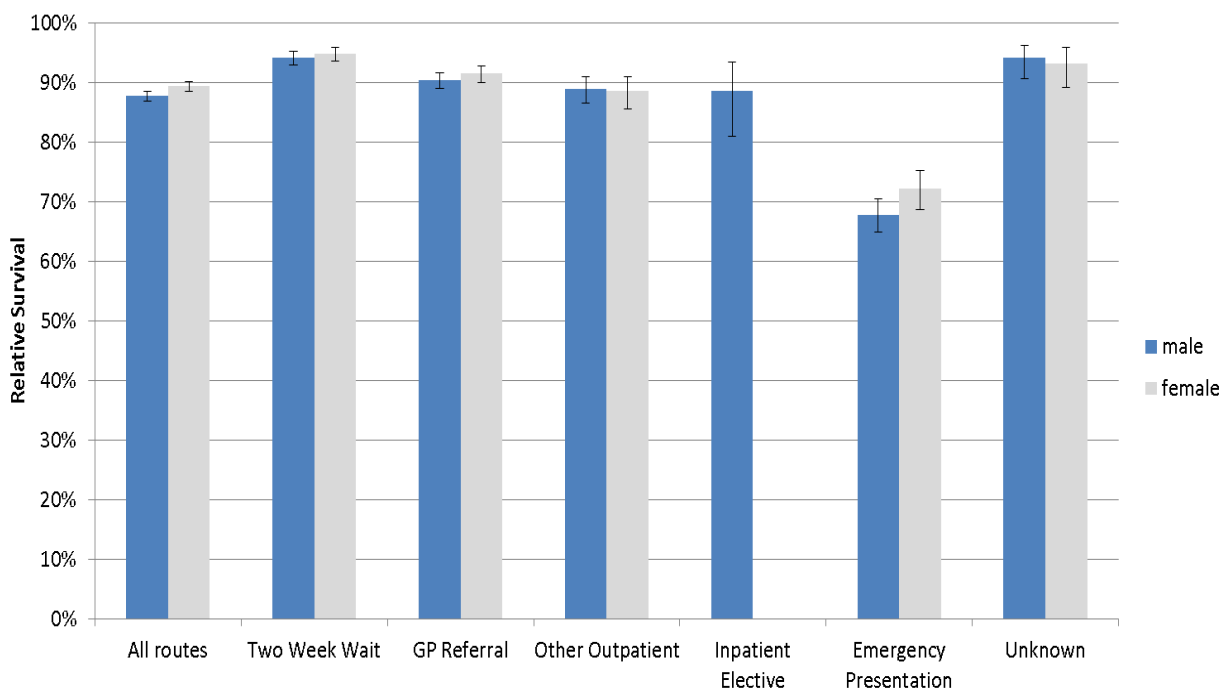


### Survival results for Hodgkin Lymphoma, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 88% at one month to 61% at three years after diagnosis. TWW was significantly better than all other known routes, ranging from 100% for one month to 90% at three years after diagnosis.

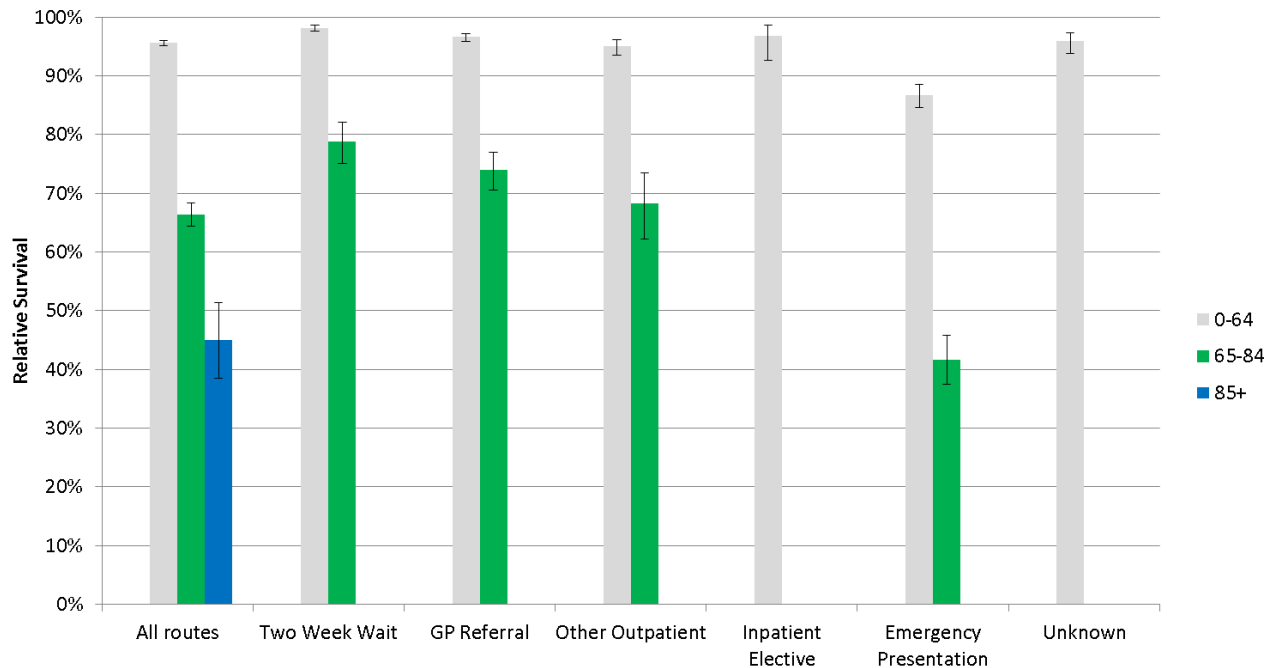


Sex: there were no significant differences in one year survival between males and females for any route to diagnosis.

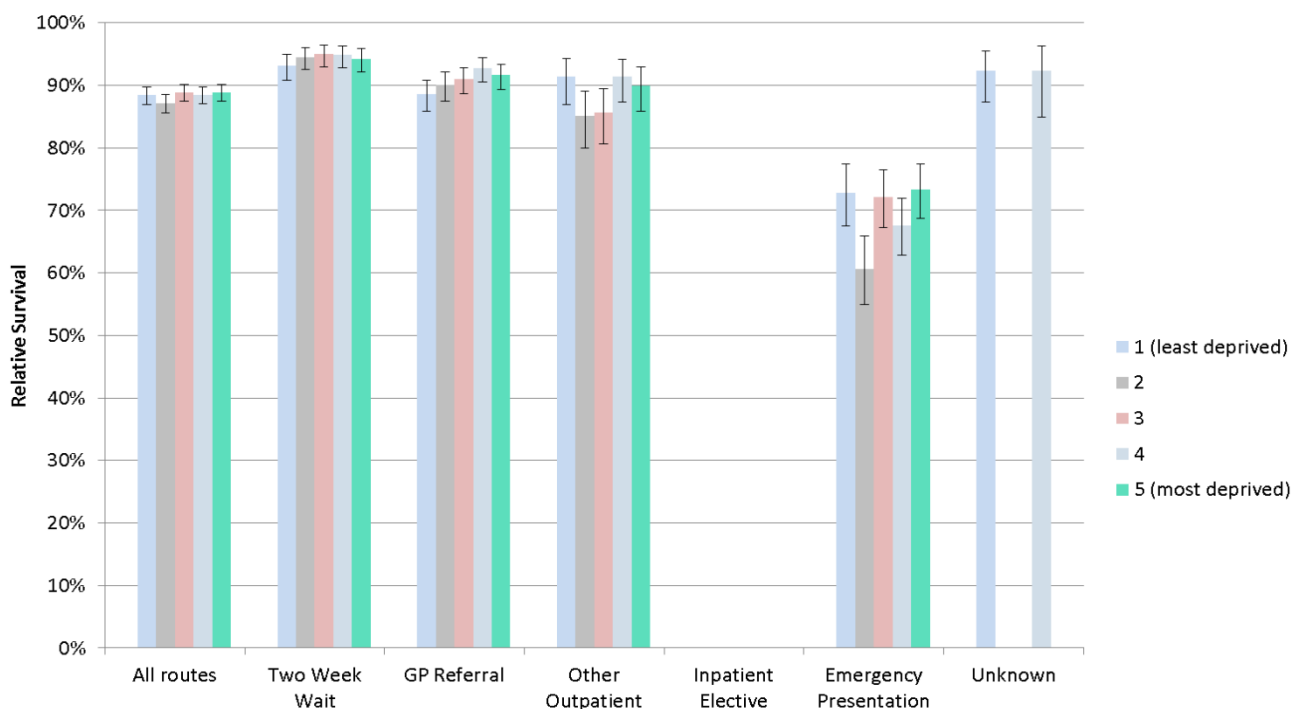


## Routes to Diagnosis 2015 update: Hodgkin Lymphoma

Age: one year survival significantly decreased with increasing age. For all age groups, one year survival was significantly lower for emergency presentation than for all other routes, falling as low as 42% for those aged 65 to 84.



Deprivation: generally, there were no significant differences in one year survival between deprivation groups. However, for those diagnosed through emergency presentation living in the second least deprived areas one year survival was significantly lower compared to those living in other areas; 61% compared to over 70%.



**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)

© 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.