



Routes to diagnosis 2015 update: head and neck - hypopharynx cancer

National Cancer Intelligence Network Short Report

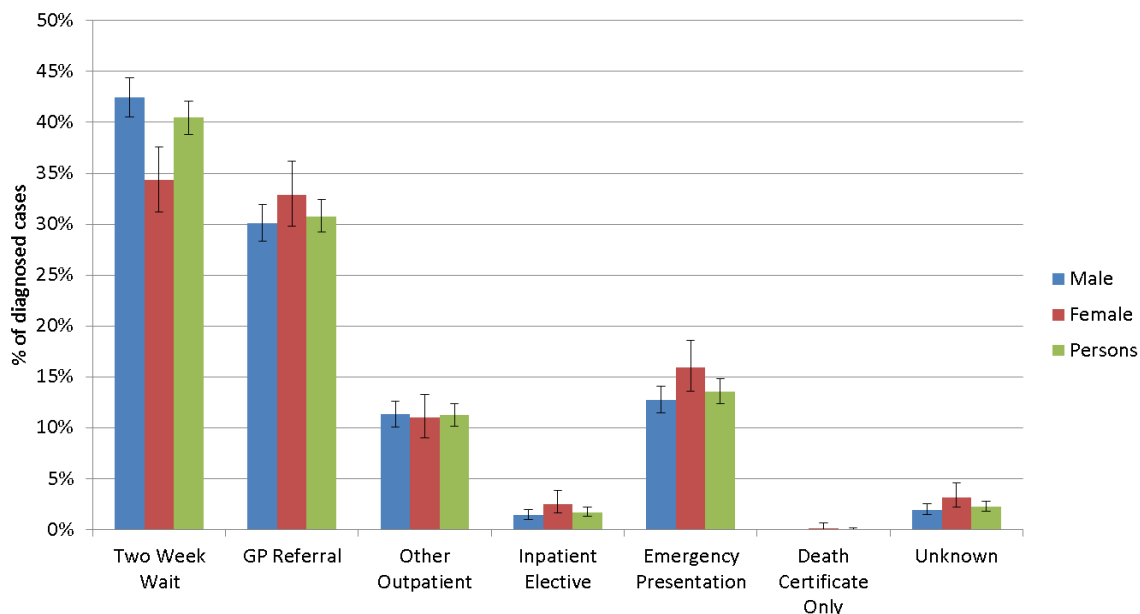
Introduction

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.

This briefing describes the national RtD results for head and neck - hypopharynx cancer. The definition used for this briefing is ICD10 C12-C13. It includes variation in routes by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis, sex and age.

Route breakdowns for head and neck - hypopharynx cancer, 2006 to 2013

Two week wait (TWW) was the commonest route at 40%. Compared to females, males had significantly higher proportion of cases diagnosed through TWW; 42% compared to 34%.



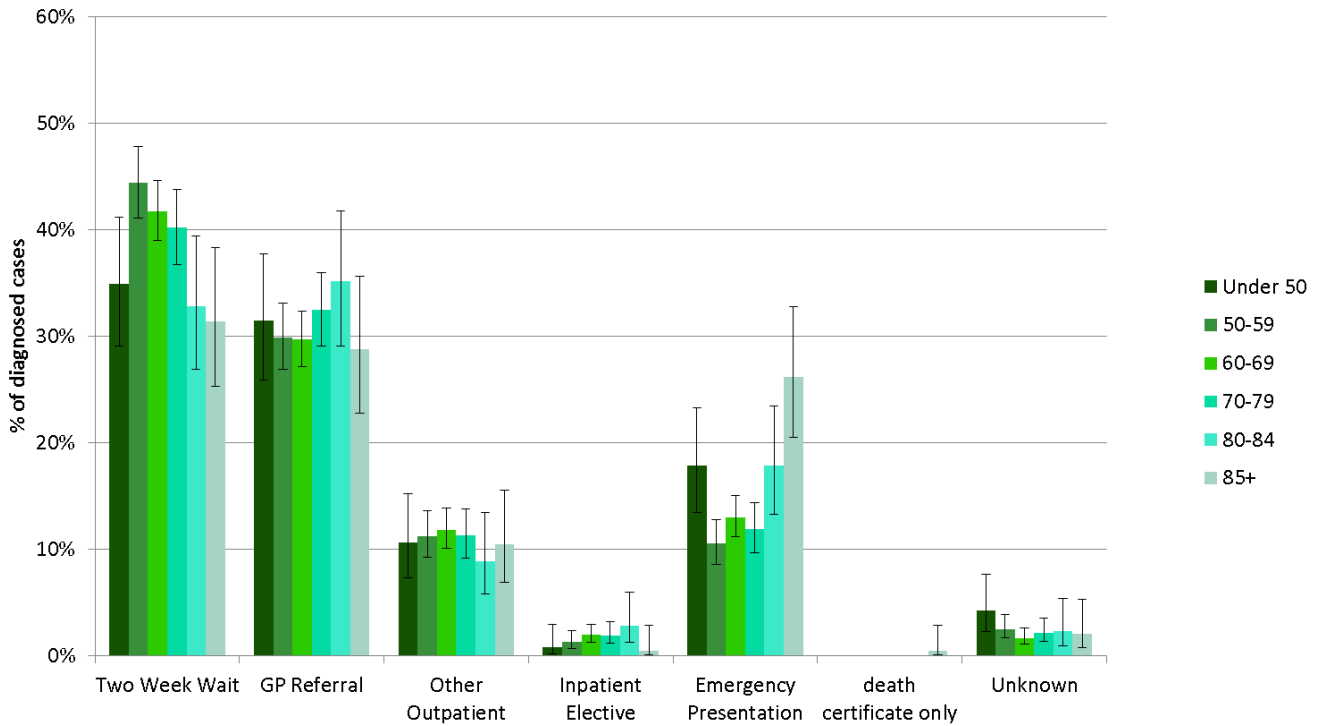
Key messages

New data published for head and neck – hypopharynx cancer.

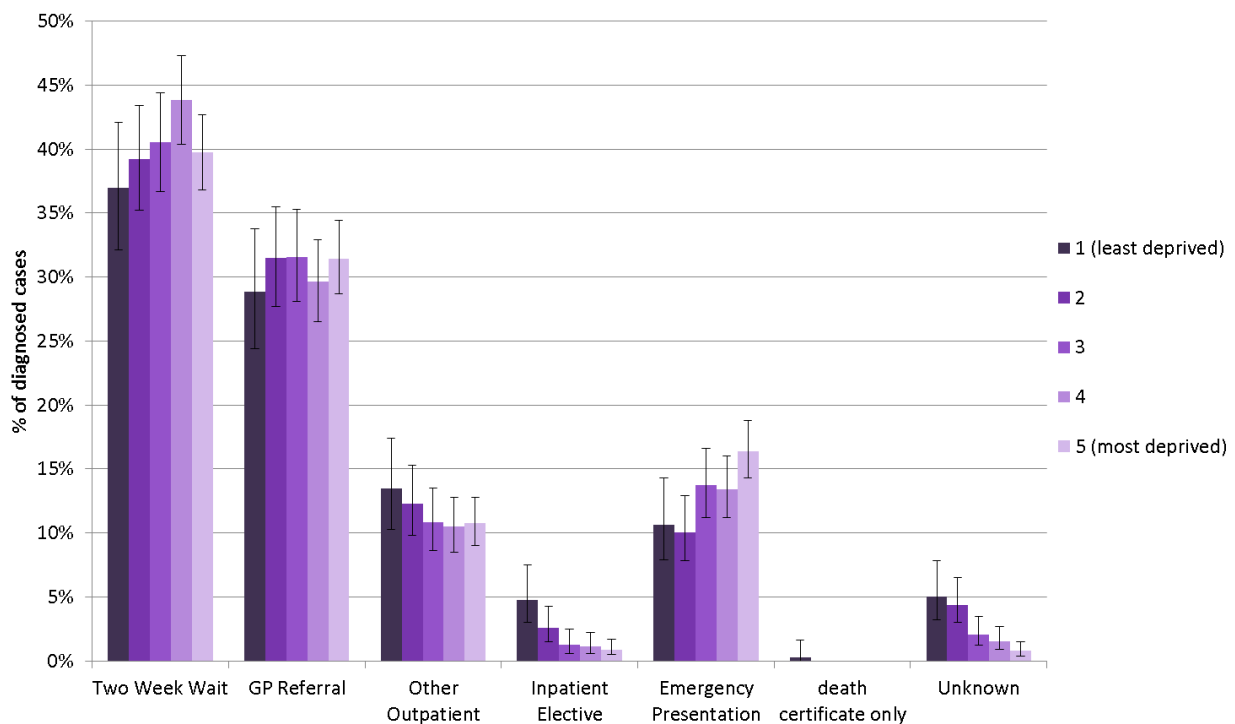
The data shows variation by sex, age, deprivation and ethnicity and also variation in survival.

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Age: emergency presentation generally increased with increasing age with an 8% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

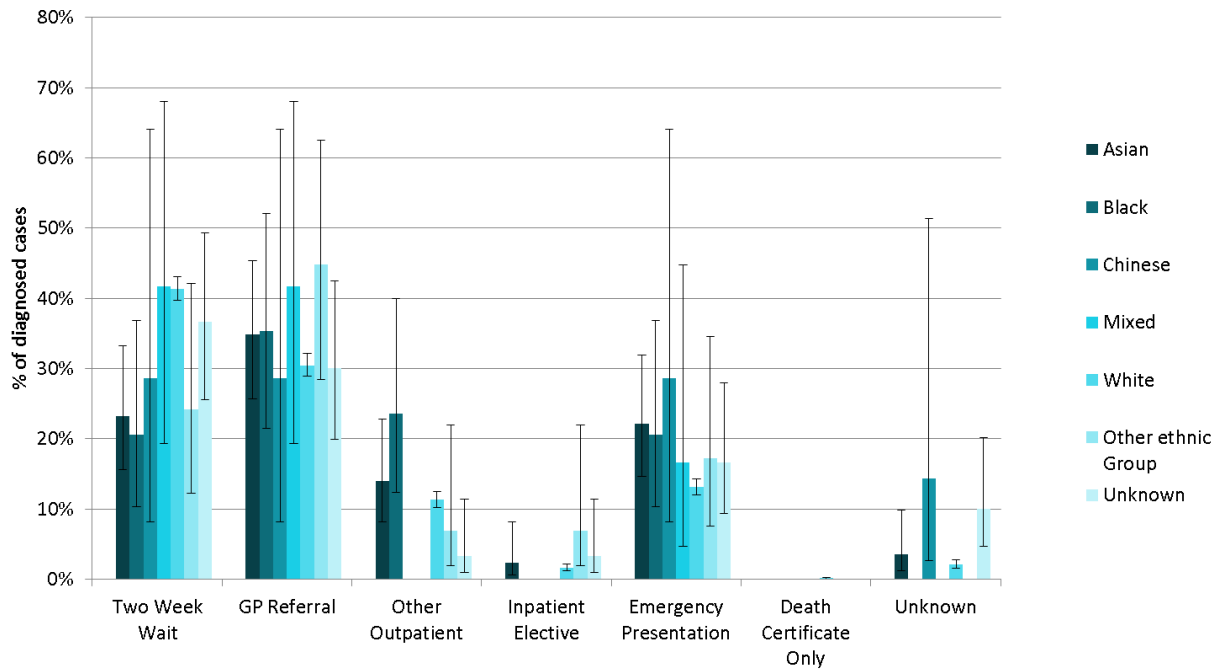


Deprivation: emergency presentations were higher among those living in the most deprived areas compared to those living in less deprived areas; 16% compared to 10% in those living in the second least deprived areas.



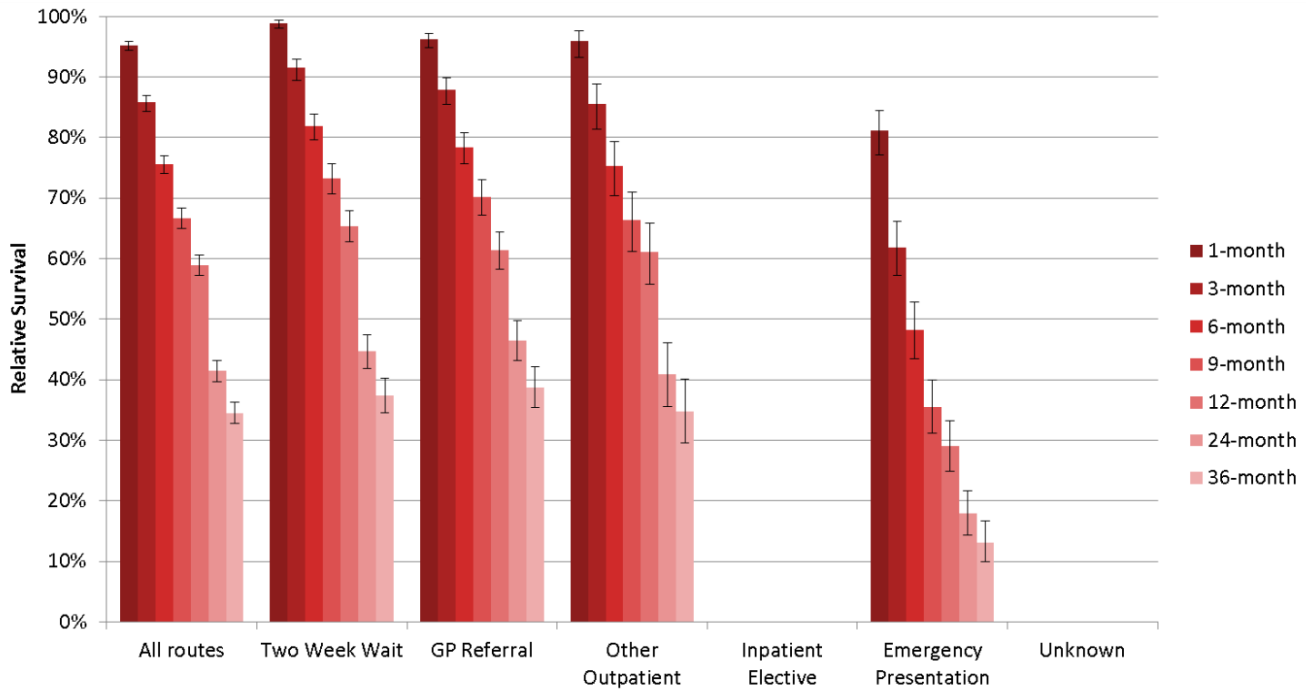
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Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had a significantly higher proportion of TWW compared to those of Asian and black ethnicity.

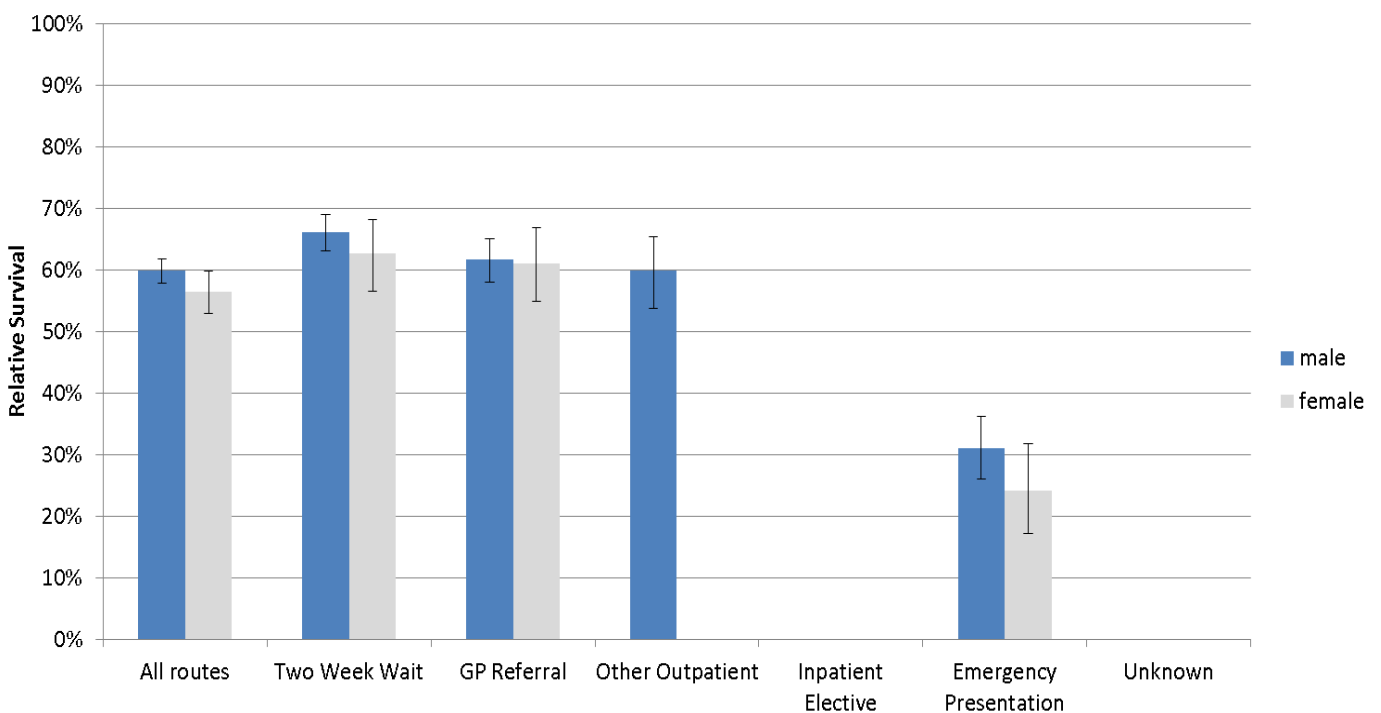


Survival results for head and neck - hypopharynx cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 81% at one month to 13% at three years after diagnosis.

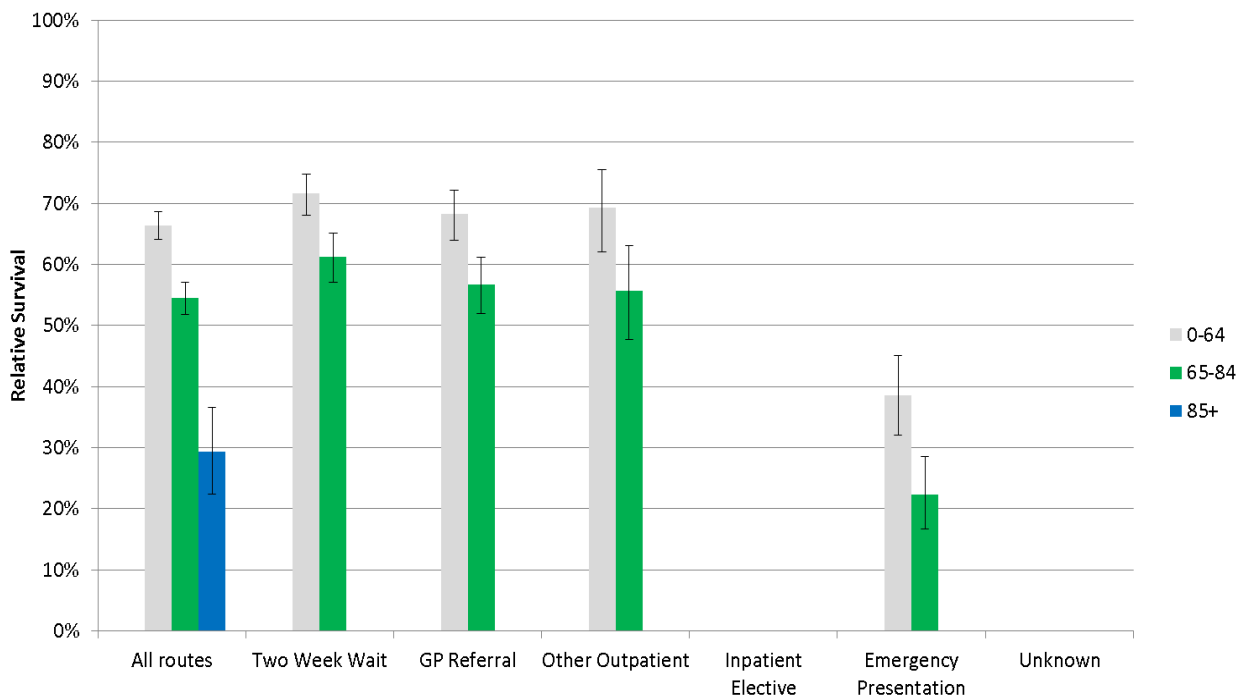


Sex: there were no significant differences in one year survival between males and females for any route to diagnosis.



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Age: one year survival decreased as age increased across most routes to diagnosis. By age group, survival for emergency presentation is significantly lower than for the same age group diagnosed through other managed routes, falling as low as 22% for those aged 65 to 84.



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

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