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Protecting and improving the nation's health

Routes to diagnosis 2015 update: kidney 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 kidney cancer. The definition used for this briefing is ICD10 C64. 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.
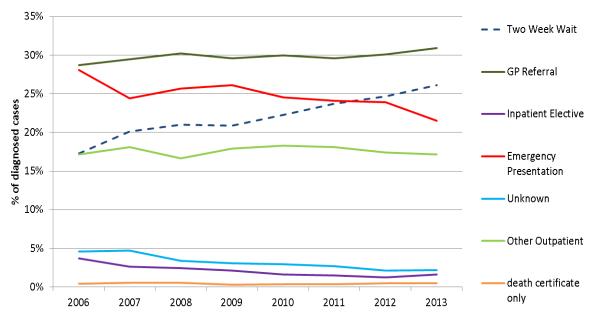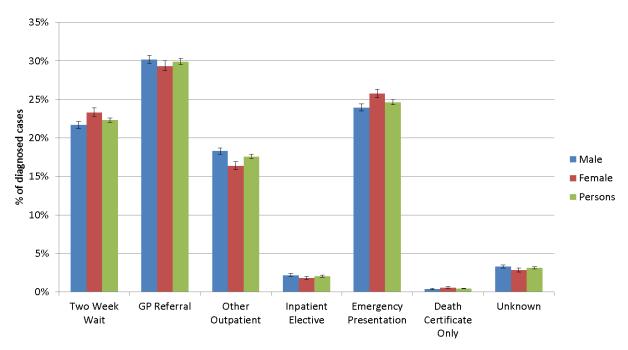
Key messages

New data published for kidney cancer.

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

Summary of RtD for kidney cancer

GP referral was the commonest route to diagnosis. Emergency presentation decreased over the time period analysed from 28% in 2006 to 21% in 2013. Two week wait (TWW) increased from 17% to 26%.
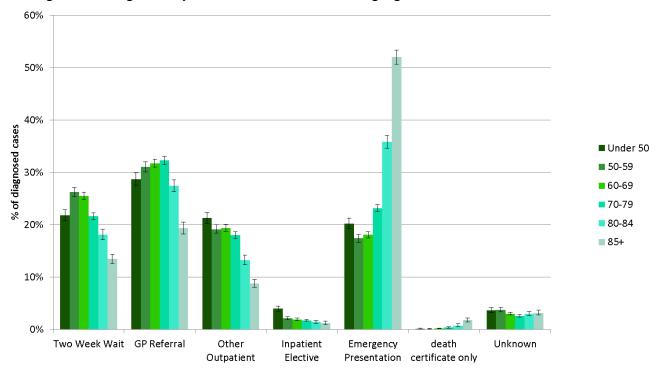
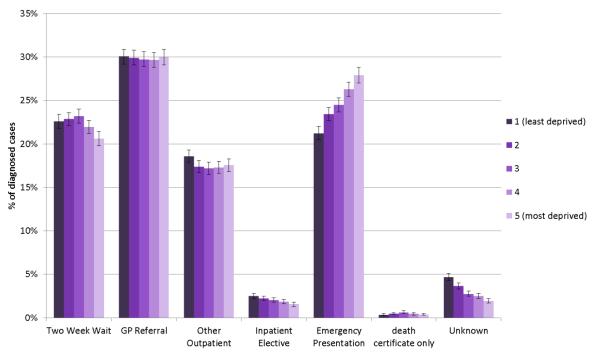## Route breakdowns for kidney cancer, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 26% compared to 24% Compared to males, females had a significantly higher proportion of cases diagnosed through TWW; 23% compared to 22%. Other outpatient routes were significantly higher in males than females.
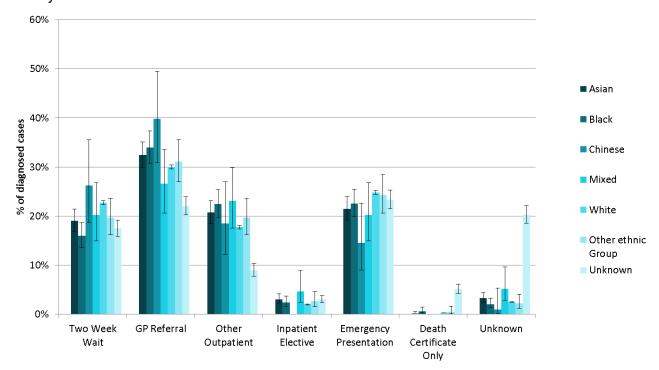

Age: emergency presentation generally increased with increasing age with a 32% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

Deprivation: emergency presentation increased with increasing deprivation with a 7% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in more deprived areas had a significantly lower proportion diagnosed through TWW compared to those living in the least deprived areas; 21% compared to 23%.
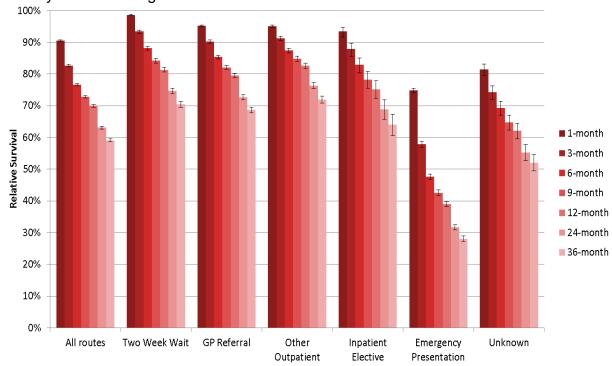

Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Emergency presentation was higher among those of white ethnicity than those of Asian and Chinese ethnicities.
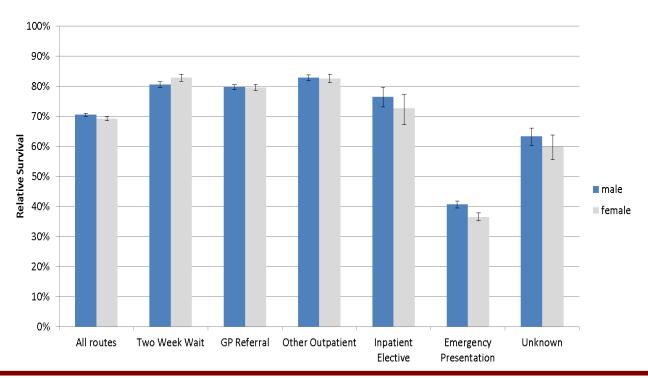
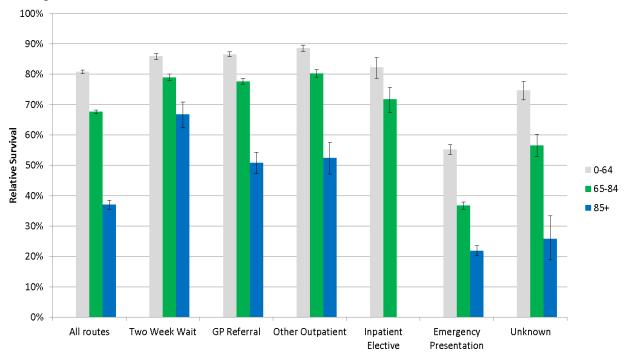## Survival results for kidney cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 75% at one month to 28% at three years after diagnosis.
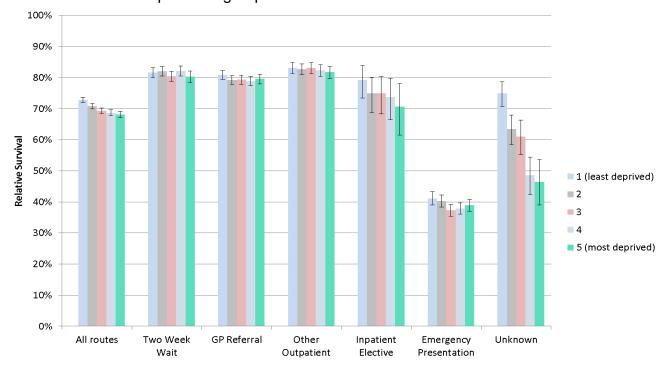

Sex: one year survival was significantly lower for males diagnosed through TWW compared to females; 80% compared to 83%, respectively. One year survival for males diagnosed through emergency presentation was significantly higher than for females; 41% compared to 36%, respectively.

Age: one year survival significantly decreased as age increased across all routes to diagnosis. Generally, those diagnosed through emergency presentation had significantly lower survival compared to those of the same age group diagnosed through other routes.

Deprivation: overall, one year survival was significantly lower among those living in the most deprived areas compared to those living the least deprived areas; 68% compared to 73%, respectively, however, one year survival was not significantly different across deprivation groups for other known routes.

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