



Routes to diagnosis 2015 update: leukaemia: acute myeloid

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 leukaemia: acute myeloid. The definition used for this briefing is ICD10 C92.0, C92.4, C92.5, C93.0, C94.0, C94.2. 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.

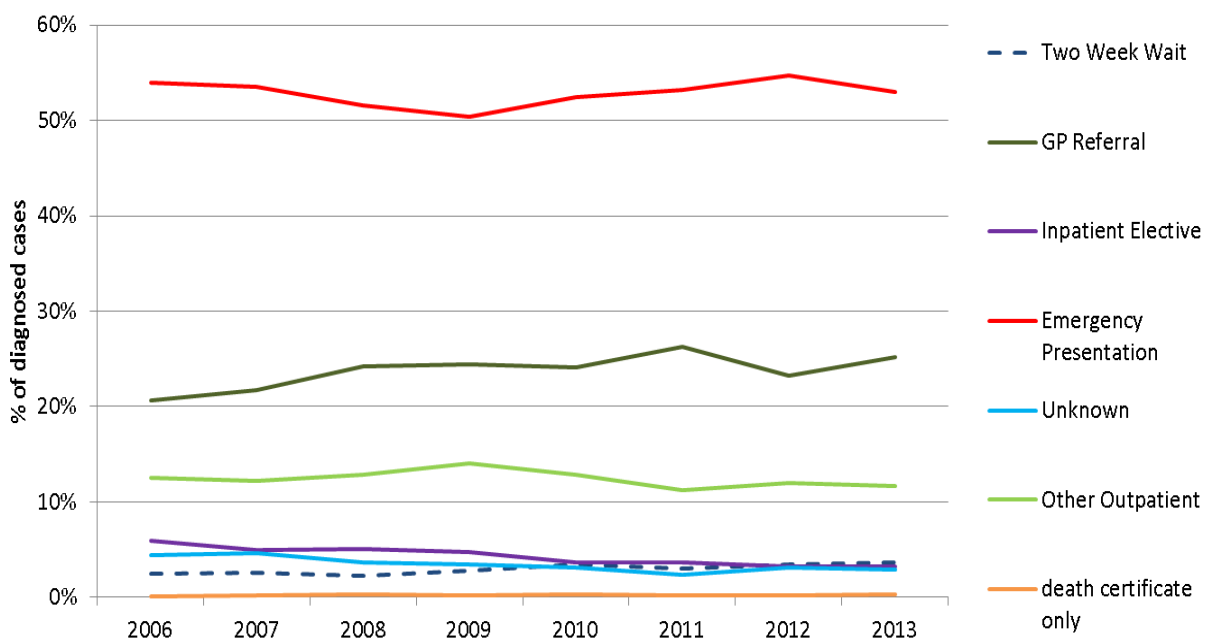
Summary of RtD for leukaemia: acute myeloid

Emergency presentation was the commonest route accounting for over half of all diagnoses over the time period analysed.

Key messages

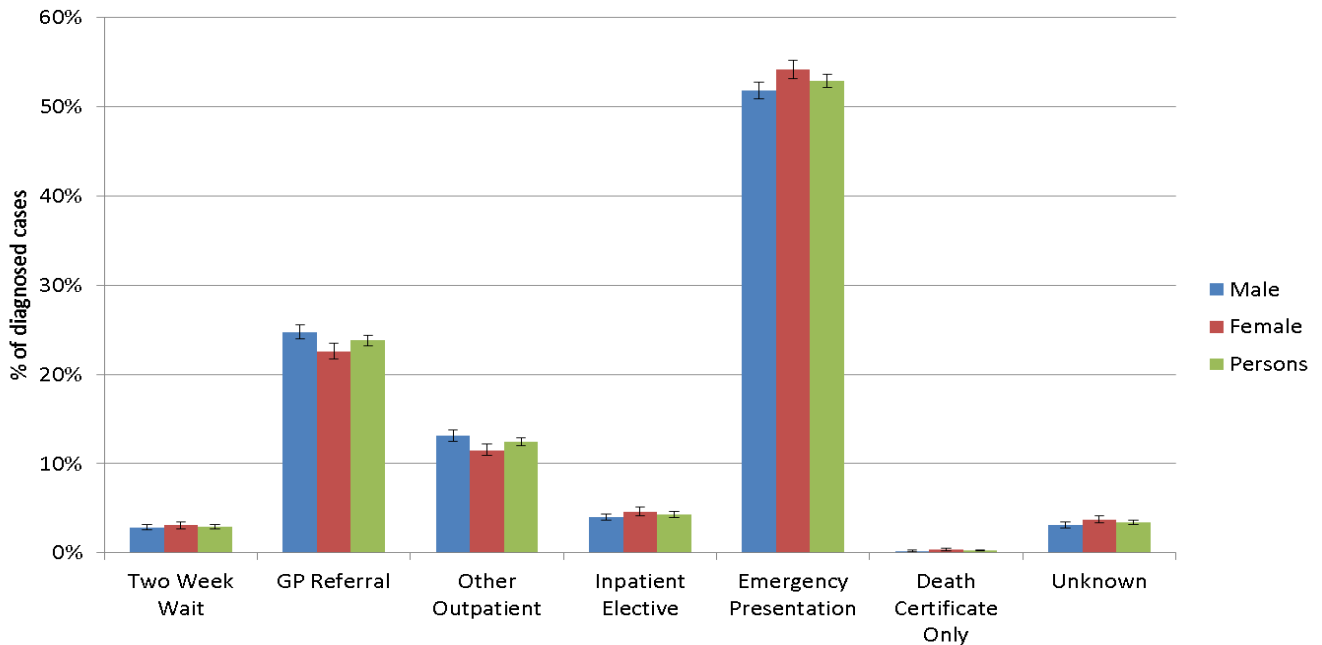
New data published for leukaemia: acute myeloid.

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

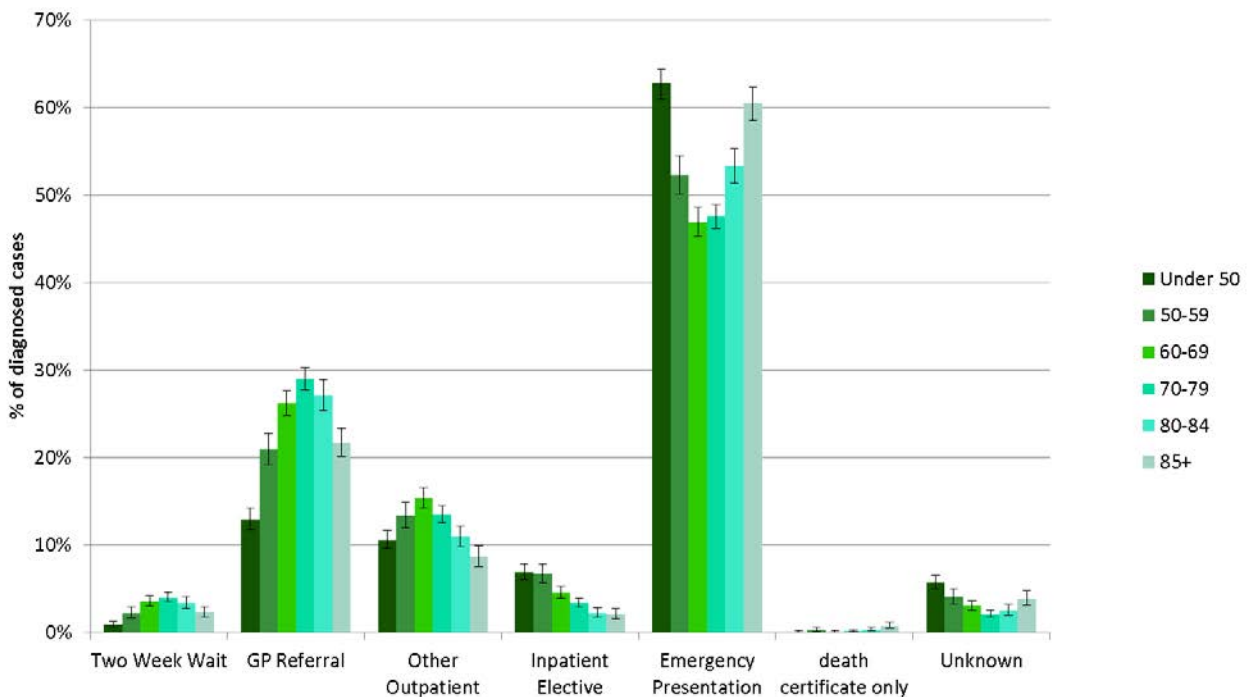


Route breakdowns for leukaemia: acute myeloid, 2006 to 2013

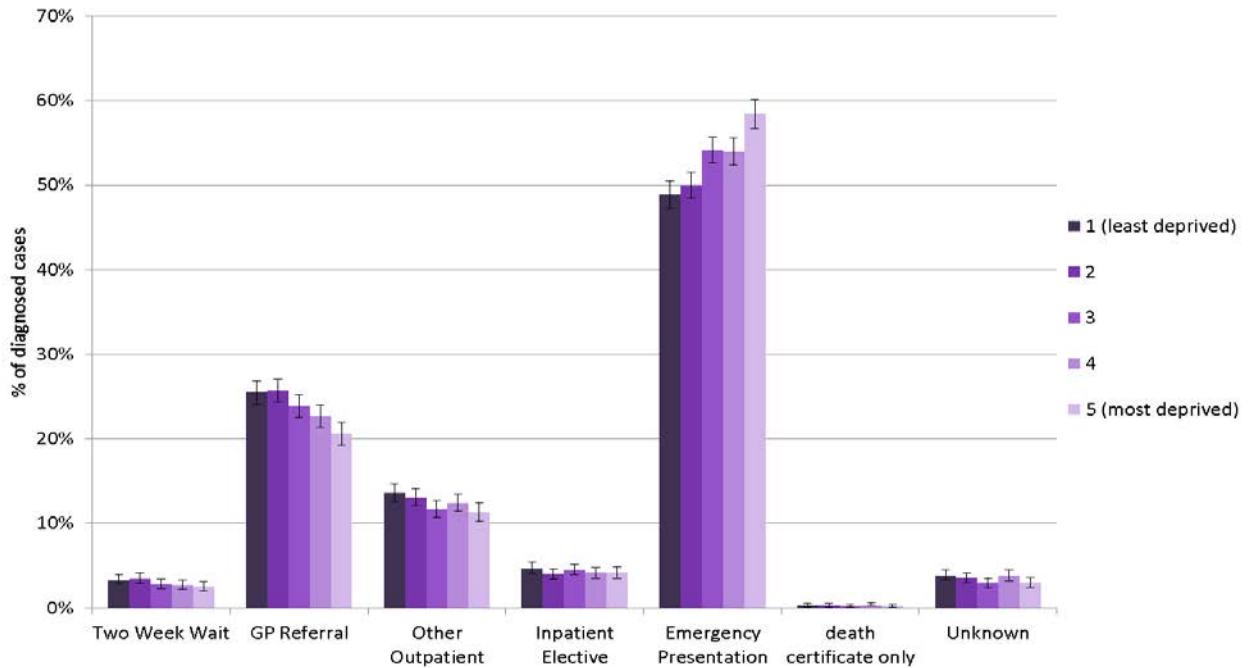
Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 54% compared to 52% Compared to females, males had a significantly higher proportion of cases diagnosed through GP referral; 25% compared to 23%.



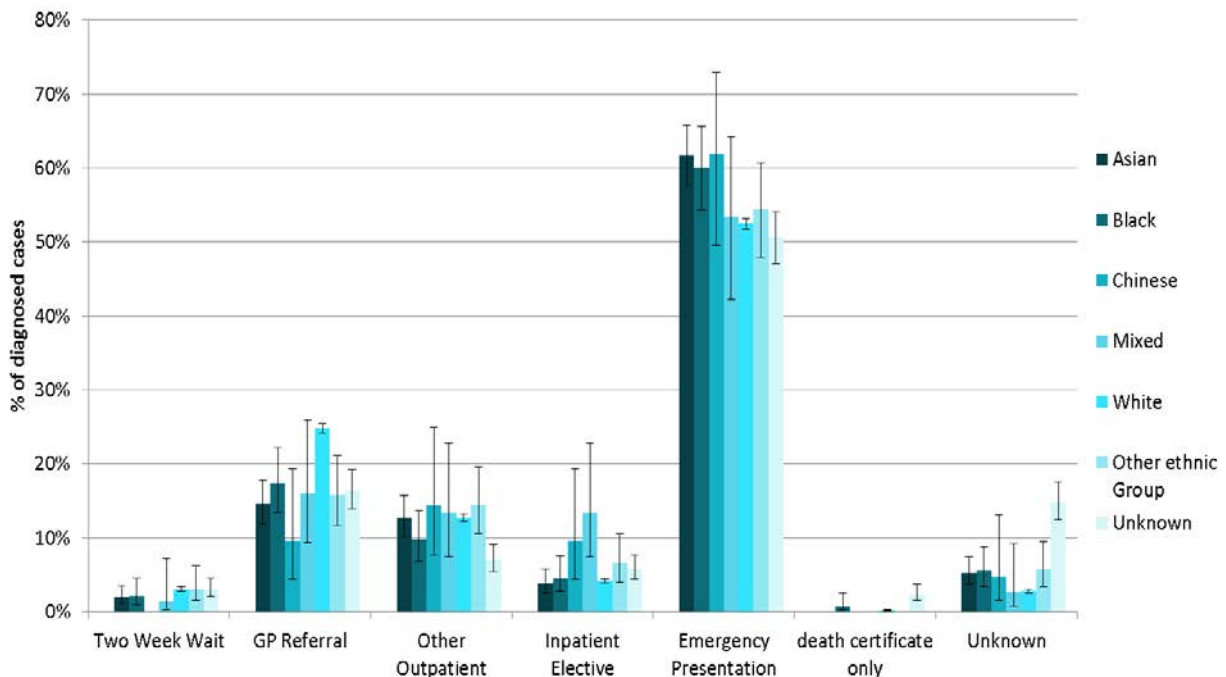
Age: emergency presentations were significantly higher in both the youngest and the oldest age groups at around 60% compared to all other age groups. The proportion diagnosed through managed routes is significantly lower in younger age groups compared to older age groups.



Deprivation: emergency presentation increased with increasing deprivation with a 10% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the least deprived areas had a significantly higher proportion diagnosed through GP referral compared to those living in the most deprived areas; 26% compared to 21%.

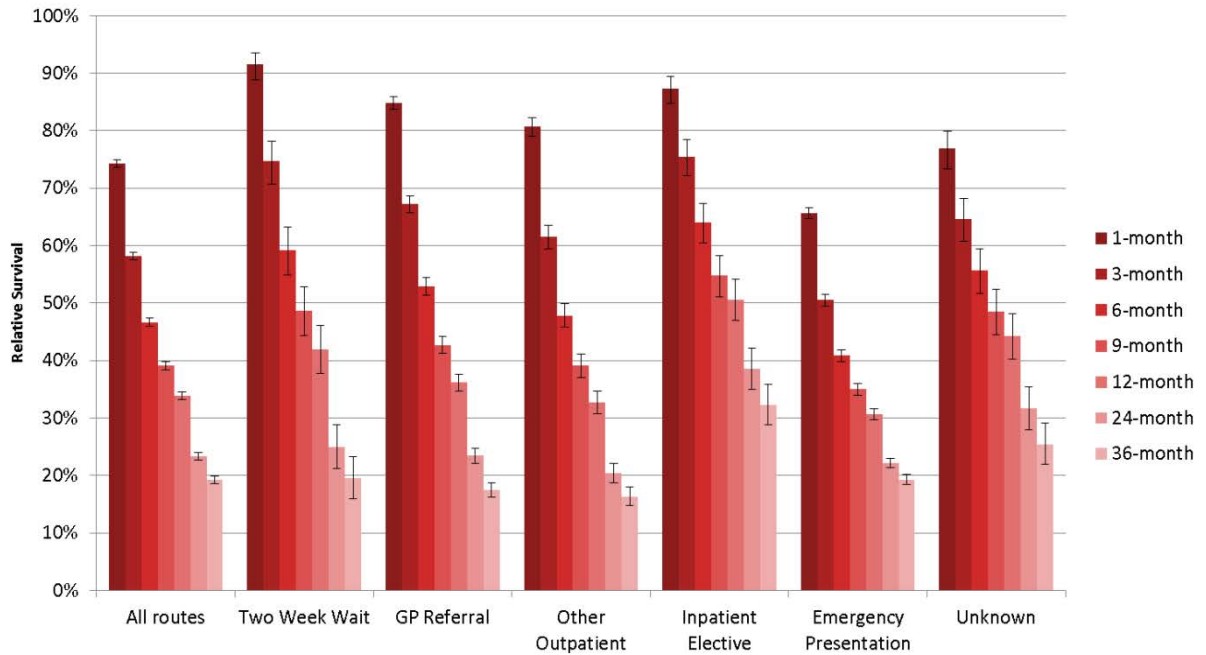


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Emergency presentations were significantly lower in those of white ethnicity compared to those of Asian and black ethnicities. The converse was true for GP referrals.

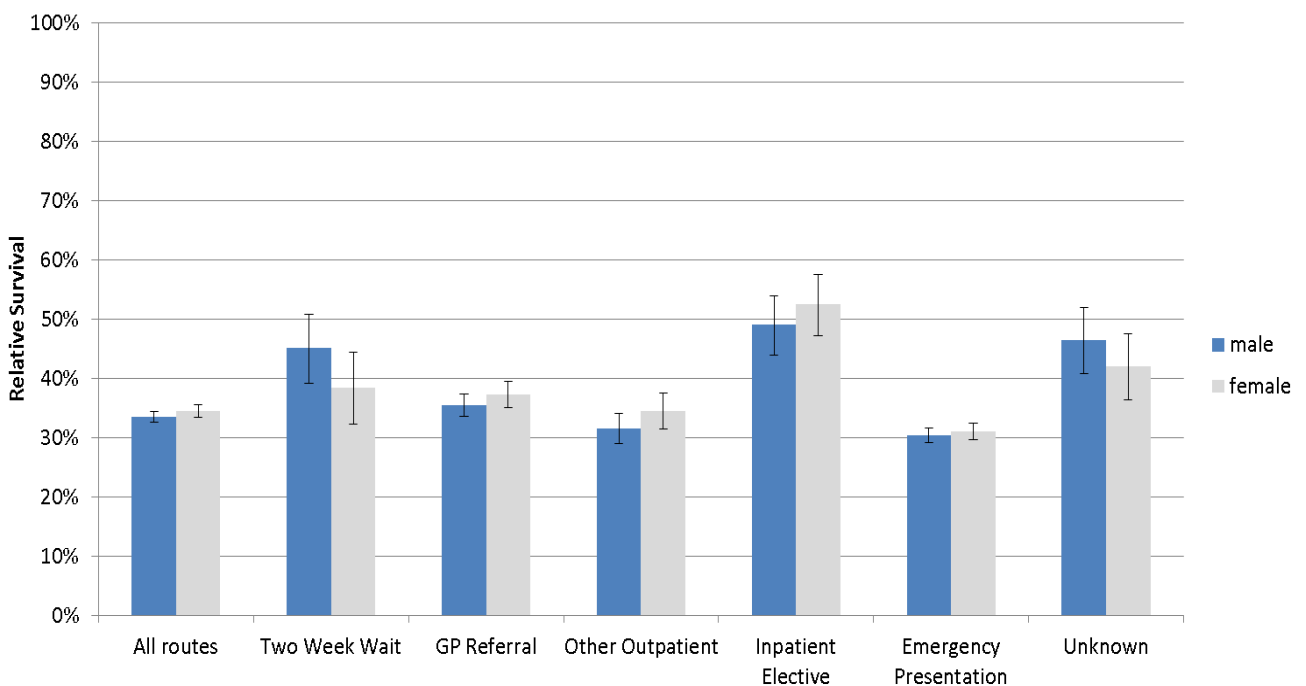


Survival results for leukaemia: acute myeloid, 2006 to 2013

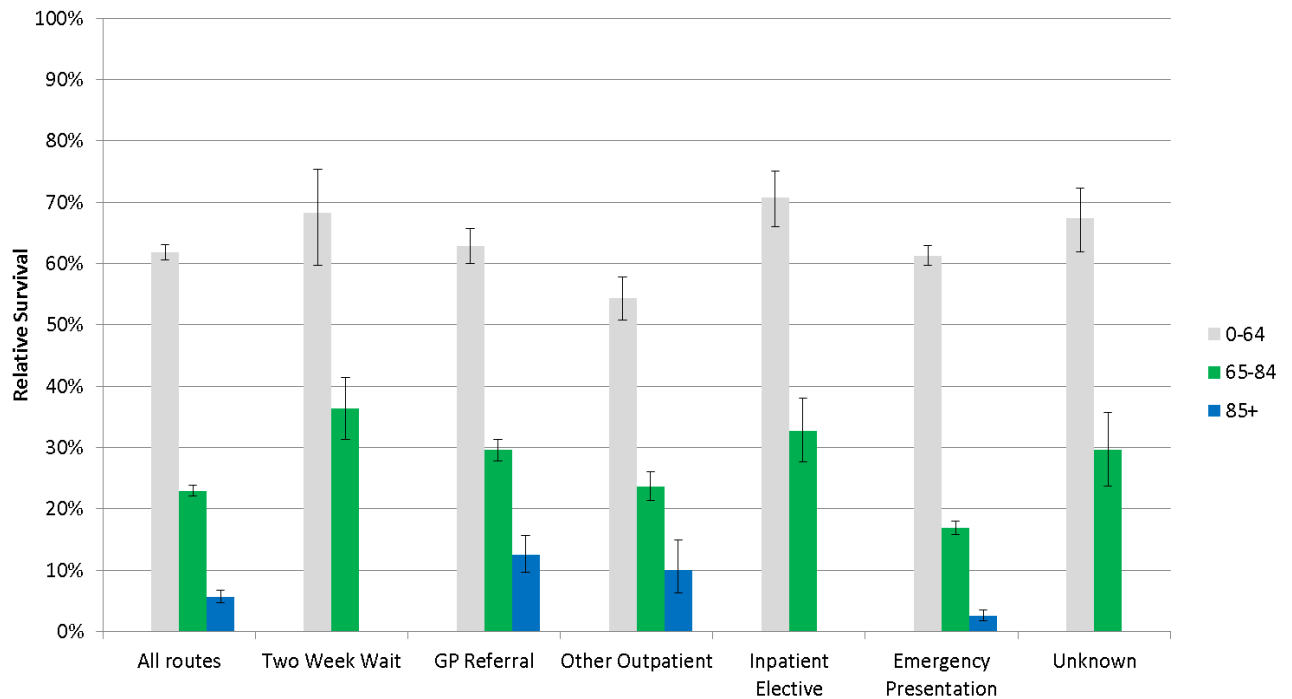
Survival for patients diagnosed through emergency presentation had significantly lower survival than for other routes for up to one year following diagnosis, after which there were no significant differences in survival; ranging from 66% for one month to 19% for three years after diagnosis. The exception is for inpatient elective, where two and three year survival was significantly higher than other routes.



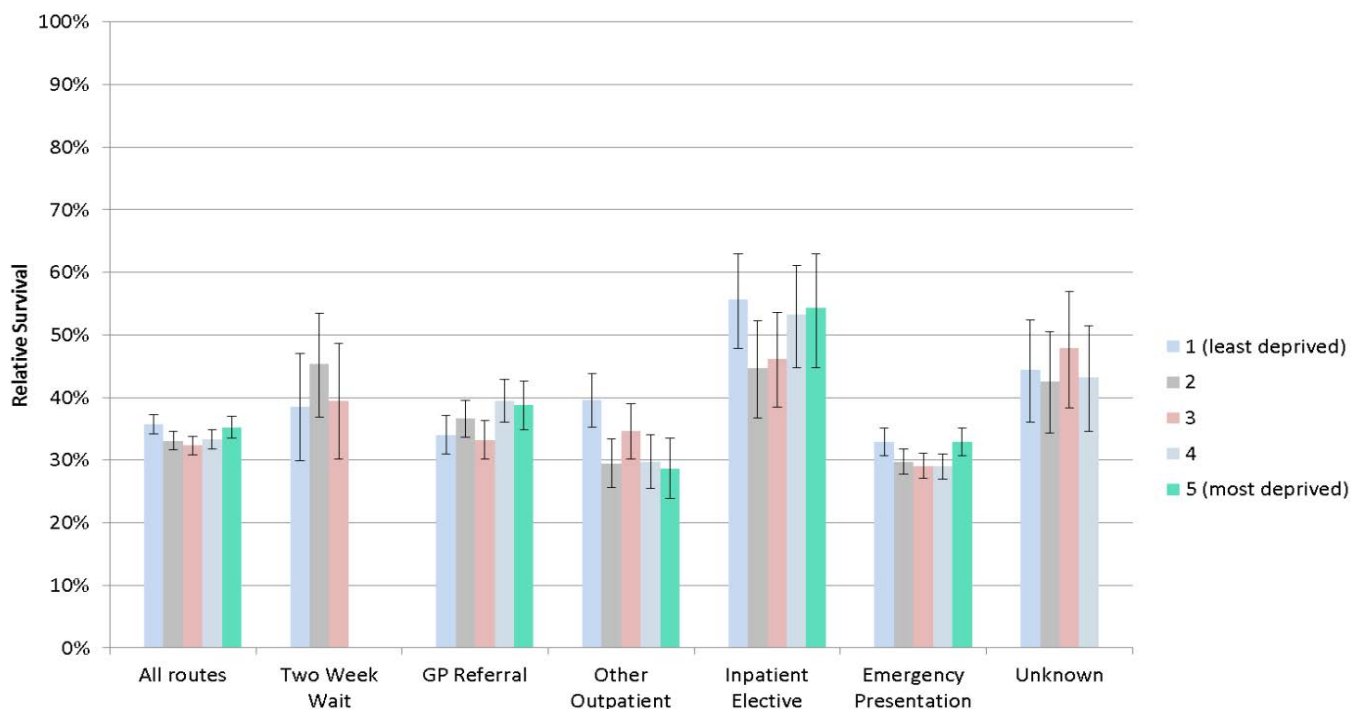
Sex: There were no significant differences in one year survival between males and females.



Age: one year survival significantly decreased as age increased across all routes to diagnosis. By age group, one year survival for emergency presentation is significantly lower than the same age group diagnosed through other routes, ranging from 61% among those aged under 65 to 3% among those aged 85 and over.



Deprivation: one year survival was significantly different when comparing those who live in the most deprived areas and those living in the least deprived areas diagnosed through other outpatient routes; 29% compared to 40%, respectively.



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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