![Public Health England logo]

Protecting and improving the nation's health

Routes to diagnosis 2015 update: oesophageal cancer

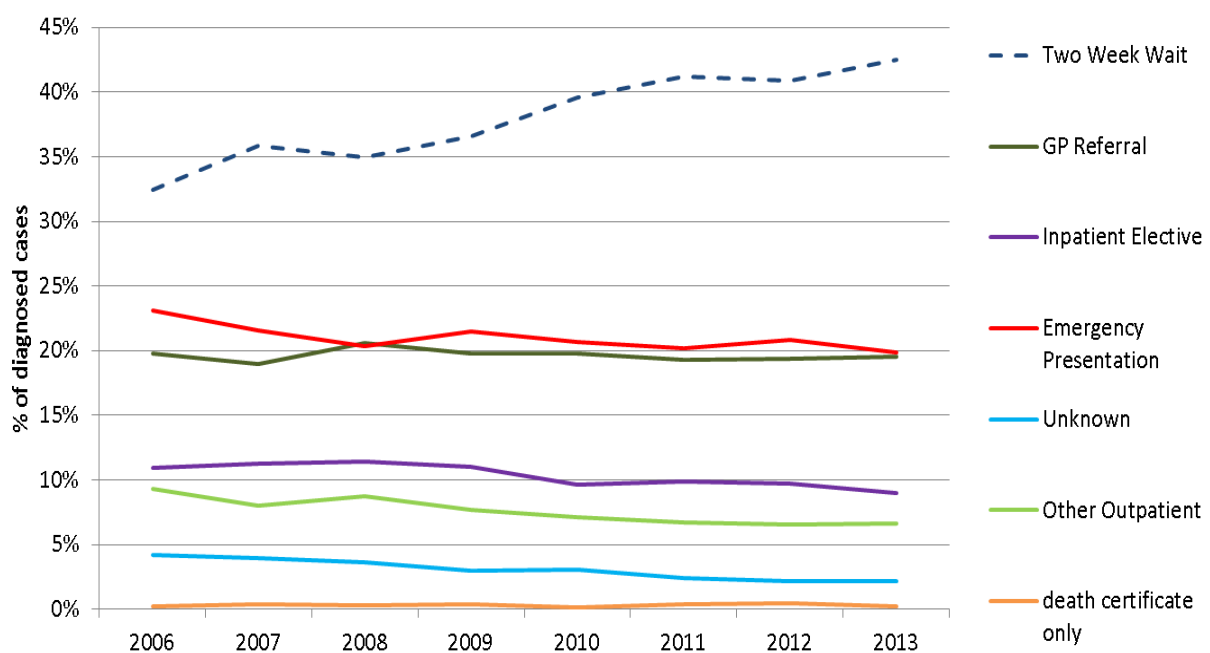# National Cancer Intelligence Network Short Report

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 oesophageal cancer. The definition used for this briefing is ICD10 C15. 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 oesophageal cancer.

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

Summary of RtD for oesophageal cancer

Two week wait (TWW) was the commonest route, rising to 43% in 2013. Emergency presentation has shown a downward trend, accounting for a fifth of diagnoses in 2013.
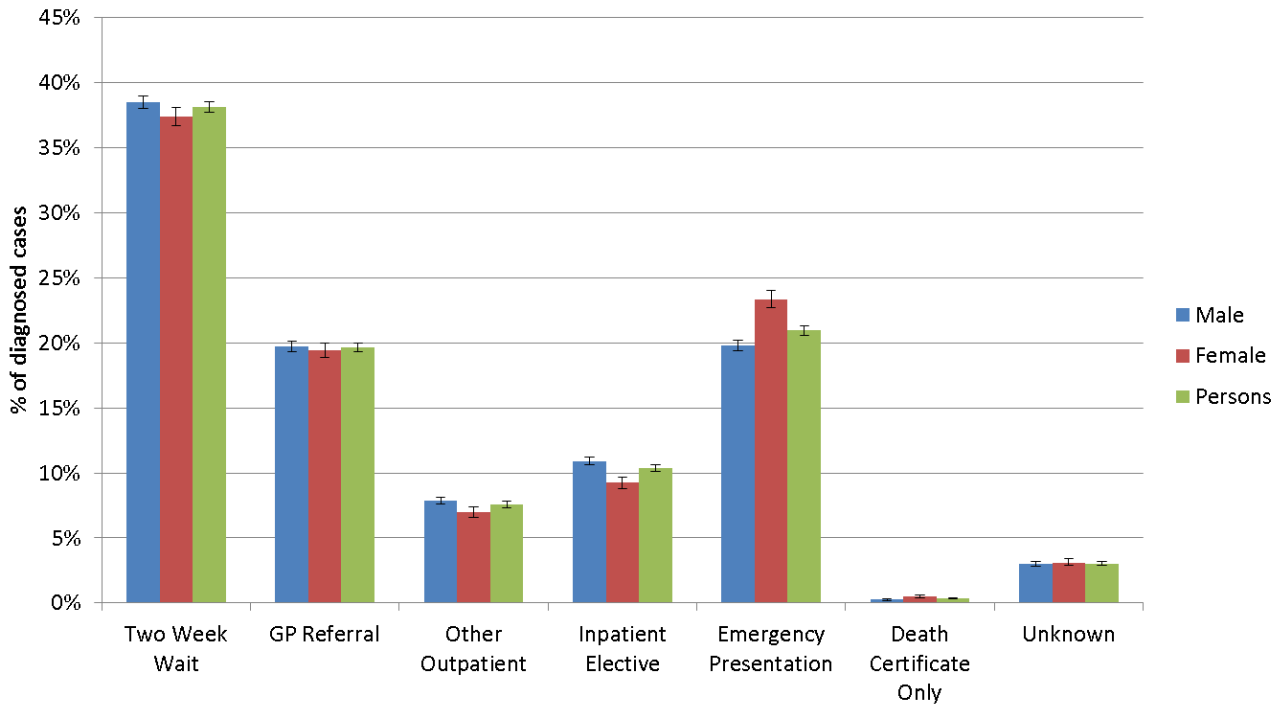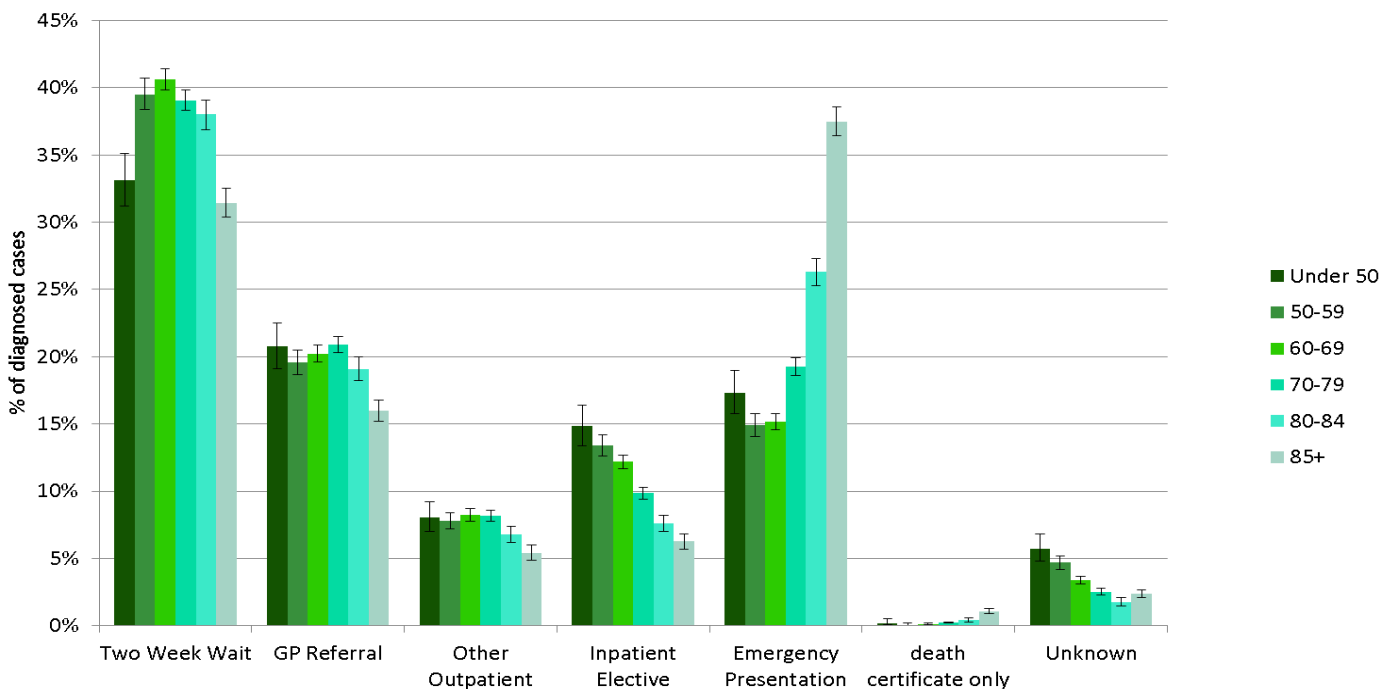
Route breakdowns for oesophageal cancer, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 23% compared to 20% for males. There were no significant differences between males and females for TWW or GP referrals.


Age: emergency presentation generally increased with increasing age with a 20% 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 6% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the most deprived areas had a significantly lower proportion diagnosed through GP referral compared to those living in the least deprived areas; 19% compared to 20%.
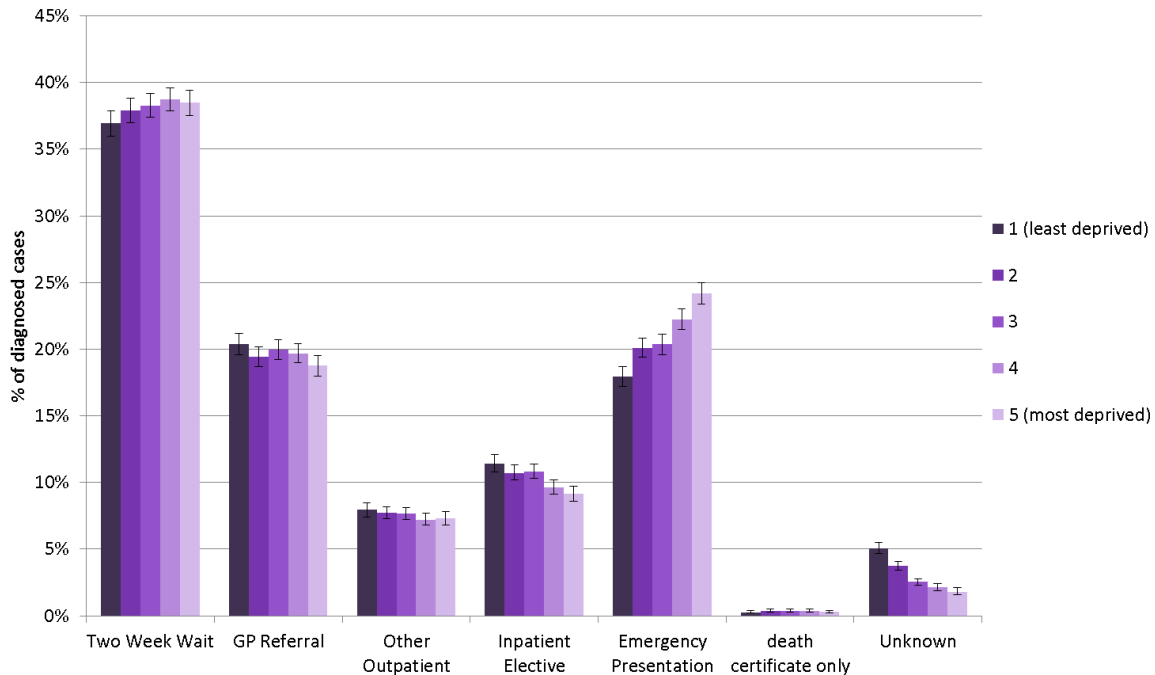

Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had significantly higher proportion of TWW compared to those of Asian and black ethnicities. The converse was true for emergency presentations.
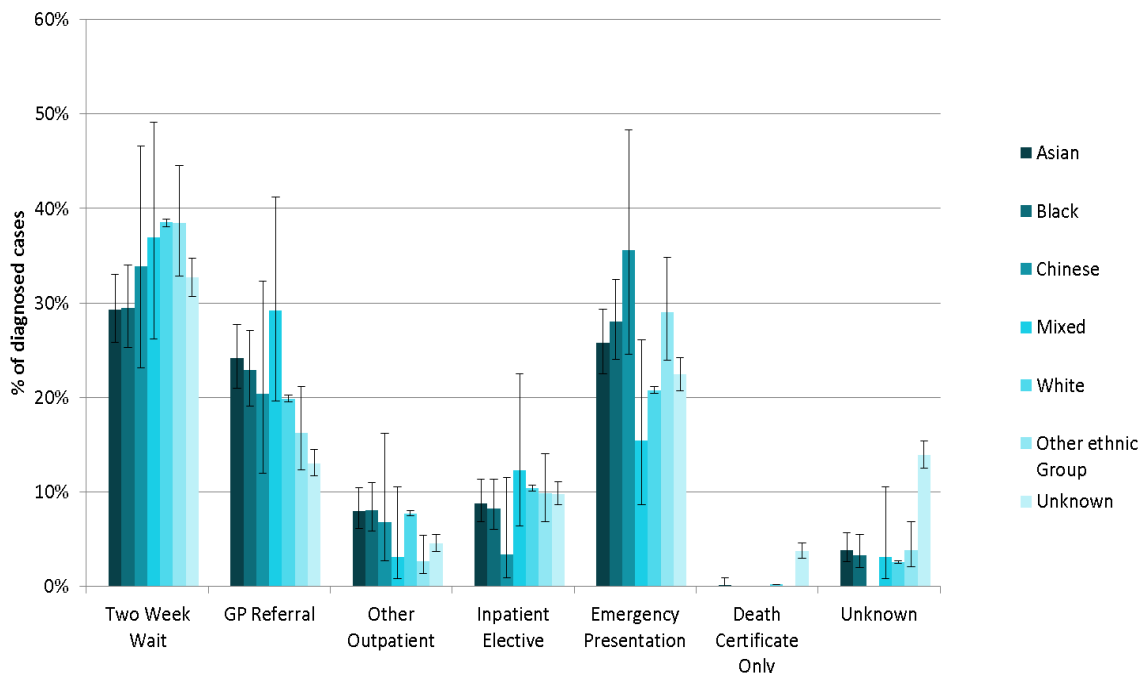
Survival results for oesophageal cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 69% at one month to 6% at three years after diagnosis.
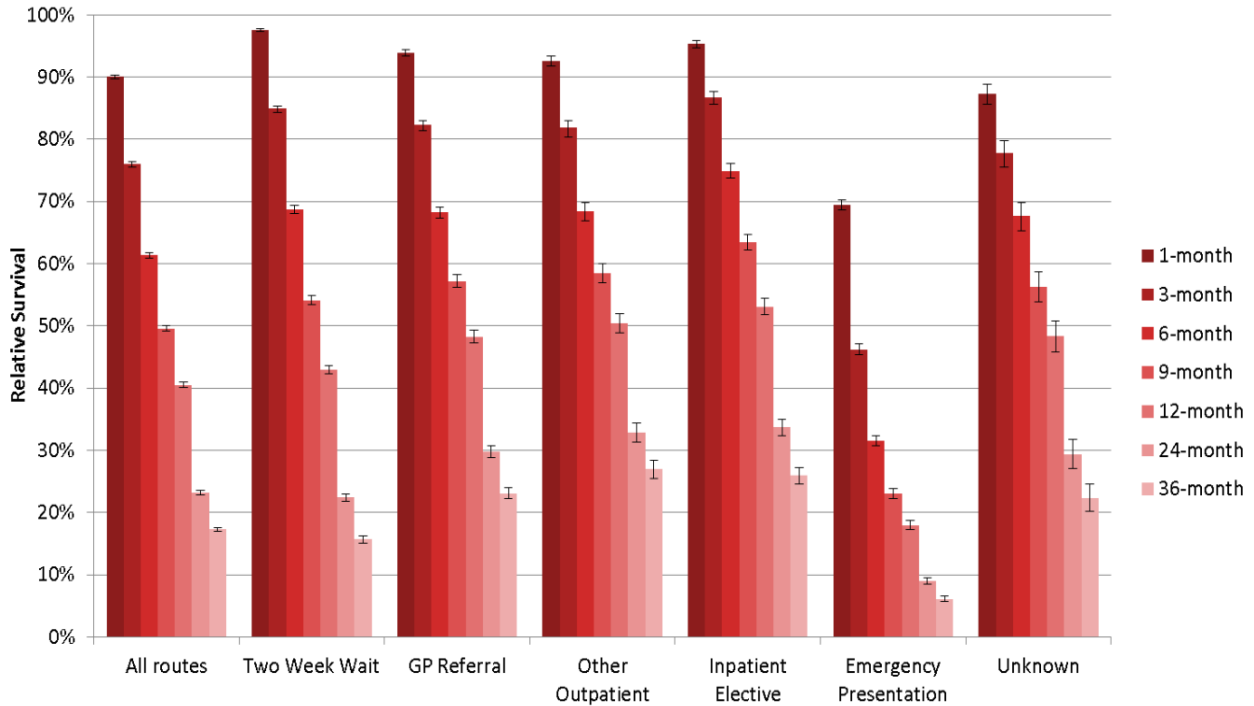

Sex: for females, one year survival was significantly lower for most routes to diagnosis compared to males, for example, survival for emergency presentations was 15% for females compared to 20% for males. The exception was for unknown routes.
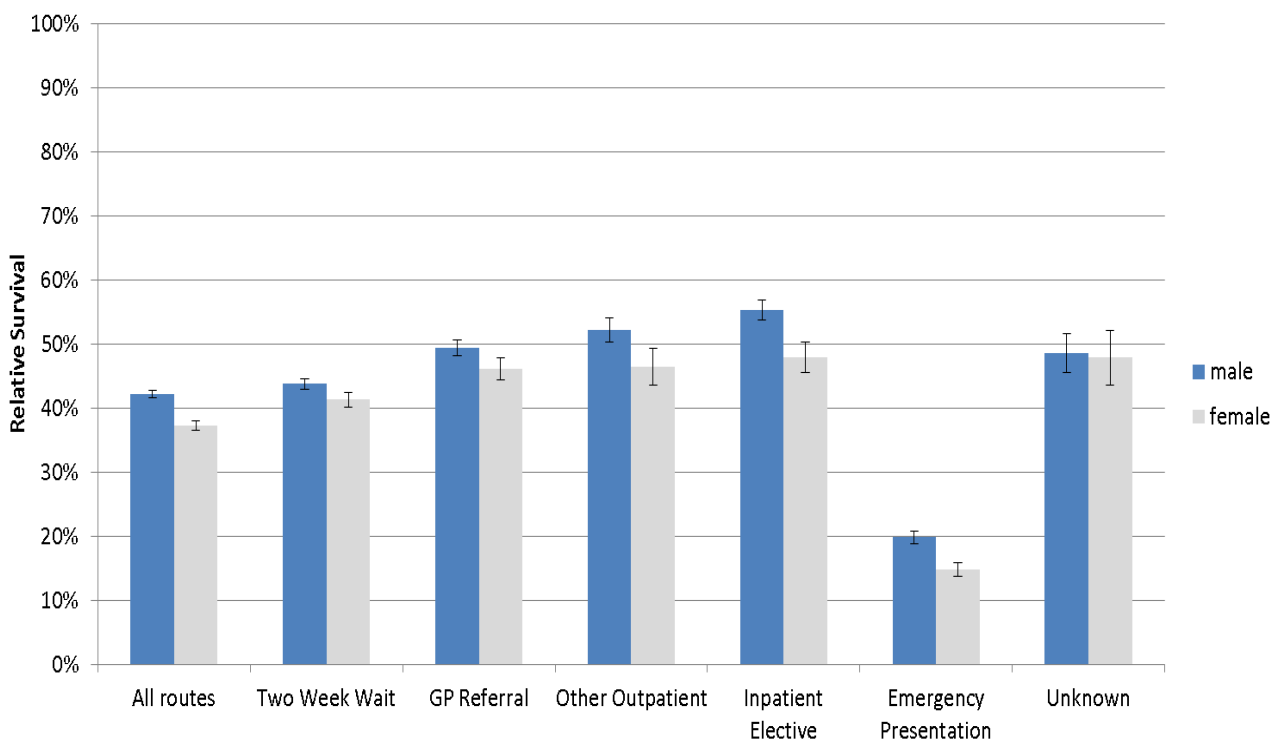
Age: one year survival significantly decreased as age increased across all routes to diagnosis. For all age groups, one year survival for emergency presentations was significantly lower than for the same age group diagnosed through other routes, falling as low as 10% for those age 85 and over.
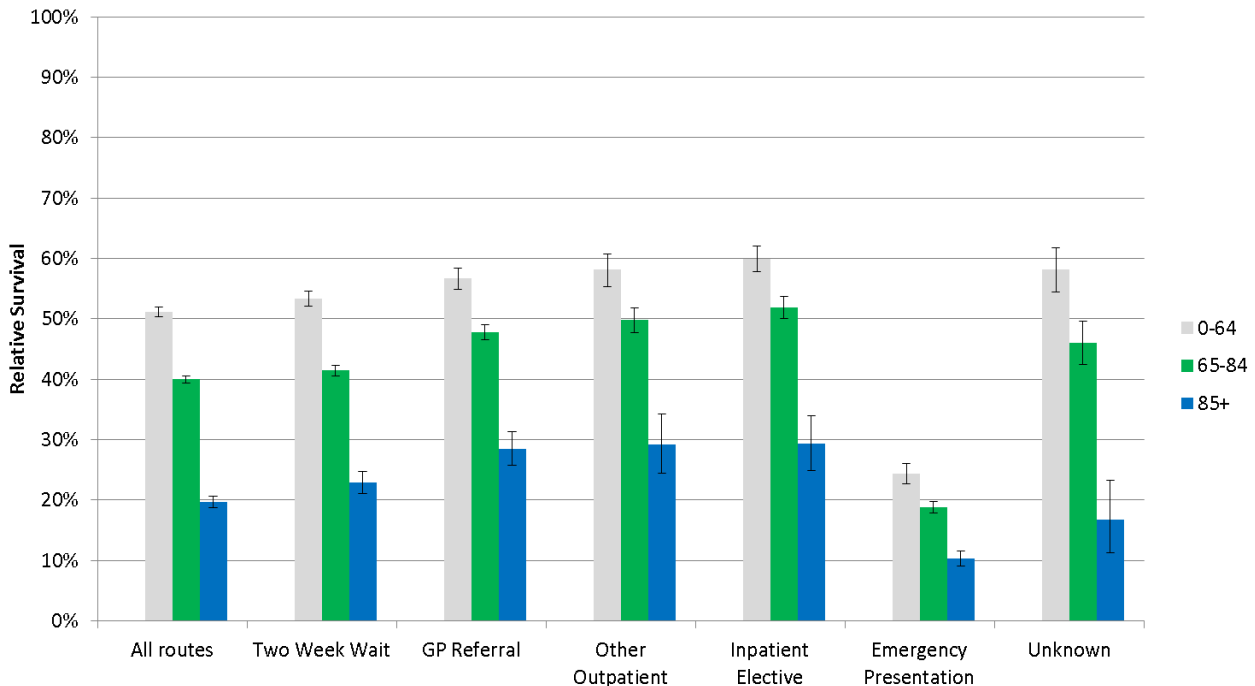
Deprivation: overall, one year survival significantly decreased as deprivation increased. For those diagnosed through TWW, one year survival also significantly decreased when comparing those living in the least deprived group to the most deprived group; 46% compared to 42%, respectively.
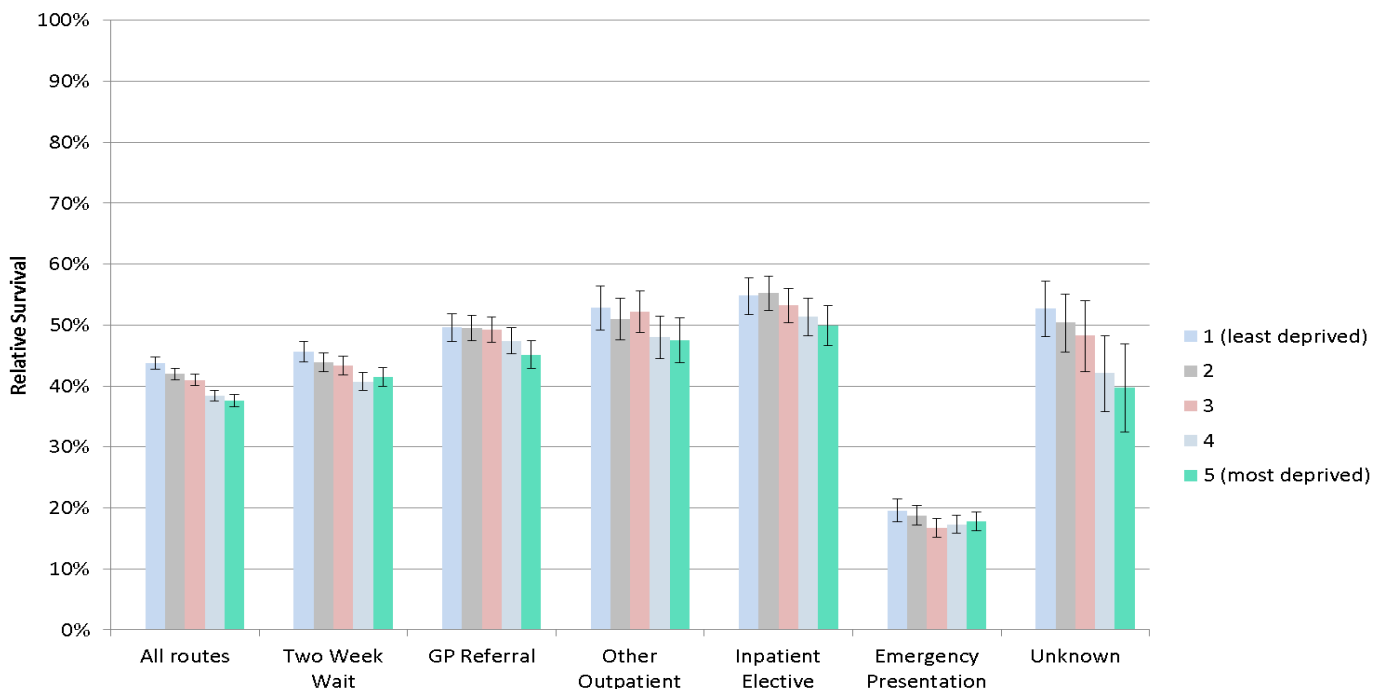
Find out more:

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