



## Routes to diagnosis 2015 update: head and neck – palate cancer

### National Cancer Intelligence Network Short Report

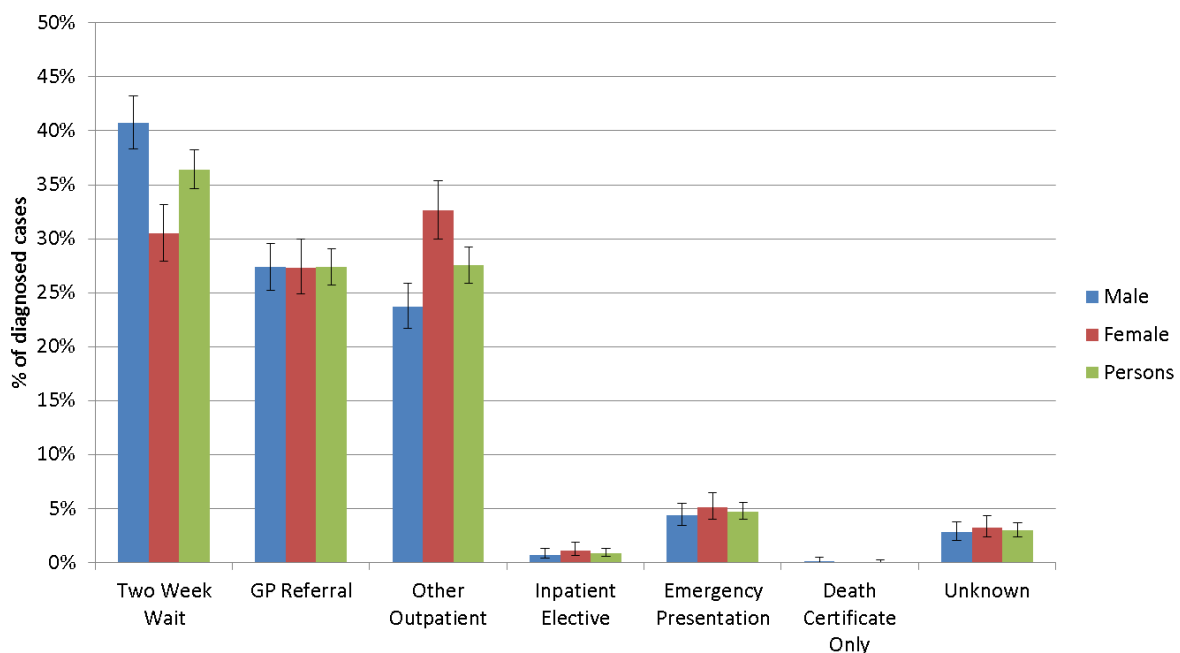
#### Introduction

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](http://www.ncin.org.uk/publications/routes_to_diagnosis).

This briefing describes the national RtD results for head and neck - palate cancer. The definition used for this briefing is ICD10 C05. It includes variation by sex, age, deprivation and ethnicity and variation in survival by time from diagnosis.

#### Route breakdowns for head and neck – palate cancer, 2006 to 2013

Two week wait (TWW) was the commonest route for males at 41%, however, for females other outpatient was the commonest at 33%. Emergency presentations accounted for 5% of all diagnoses.



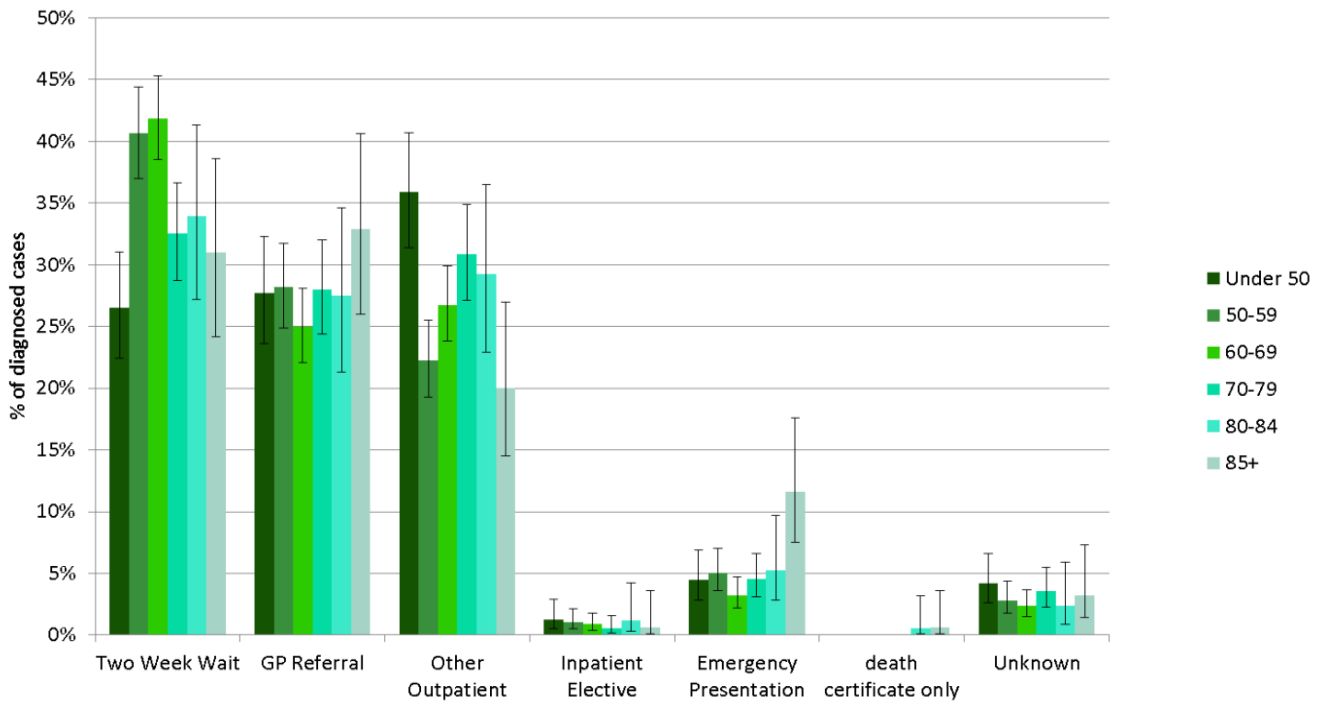
#### Key messages

New data published for head and neck – palate cancer.

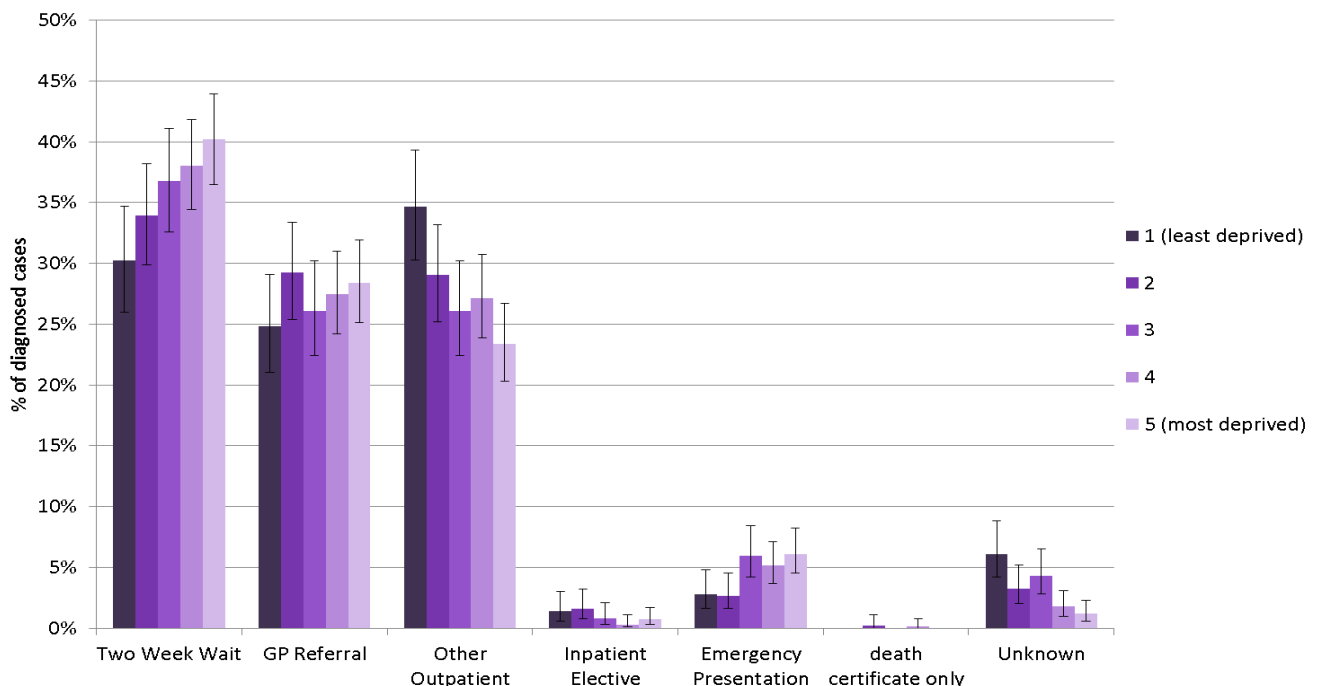
The data shows variation by sex, age, deprivation and ethnicity and also variation in survival.

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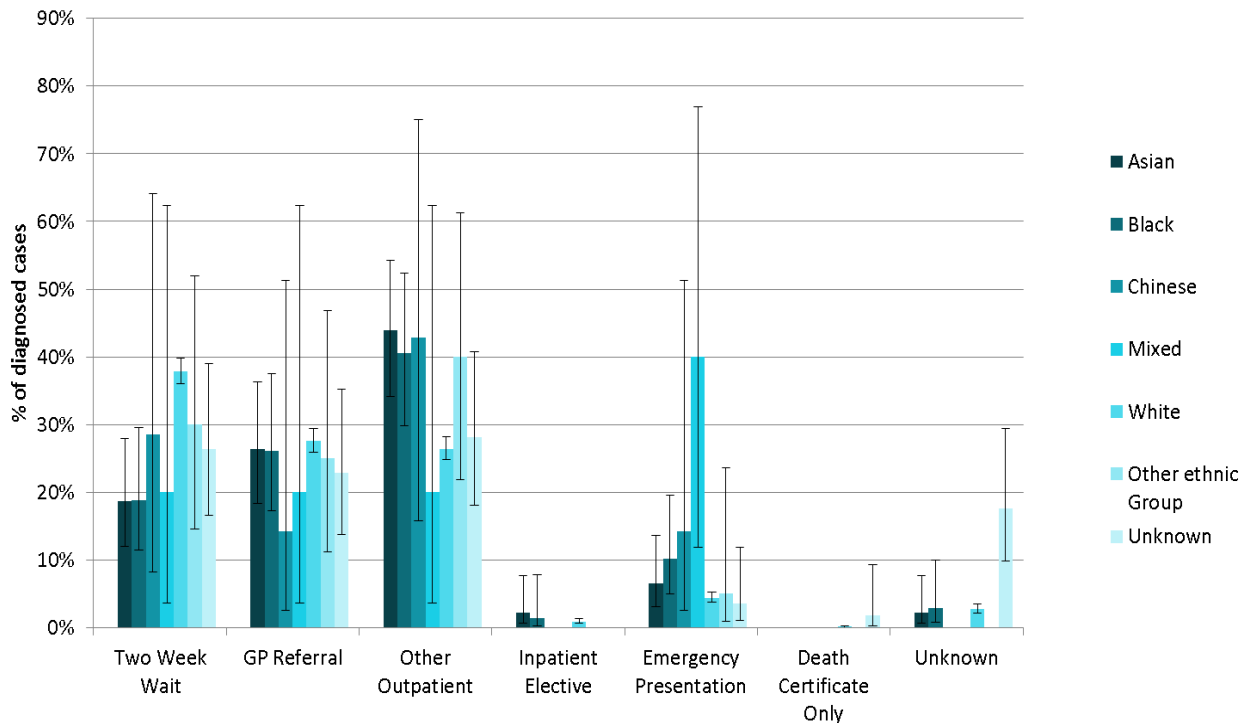
Age: emergency presentation generally increased with increasing age with a 7% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age. Those aged under 50 were more likely to be diagnosed through other outpatient route at 36%.



Deprivation: those living in the most deprived areas had a significantly higher proportion diagnosed through TWW compared to those living in the least deprived areas; 40% compared to 30%, however, other outpatient routes were commonest among those living in the least deprived areas.

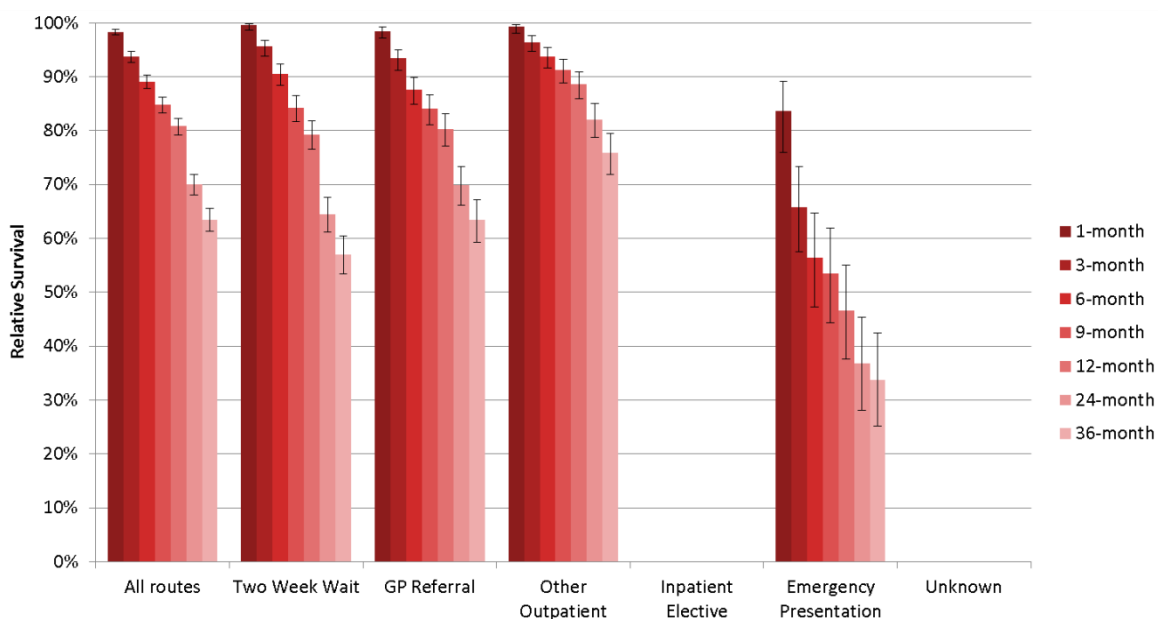


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. TWW was significantly higher and other outpatient was significantly lower among those of white ethnicity compared to those of Asian and black ethnicities.



### Survival results for head and neck – palate cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 84% at one month to 34% at three years after diagnosis.



**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)

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