



## Routes to diagnosis 2015 update: sarcoma: connective and soft tissue cancer

### National Cancer Intelligence Network Short Report

#### Introduction

The routes to diagnosis (RtD) study has been updated to include all patients diagnosed from 2006 to 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 sarcoma: connective and soft tissue cancer. The definition used for this briefing is ICD10 C49. 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.

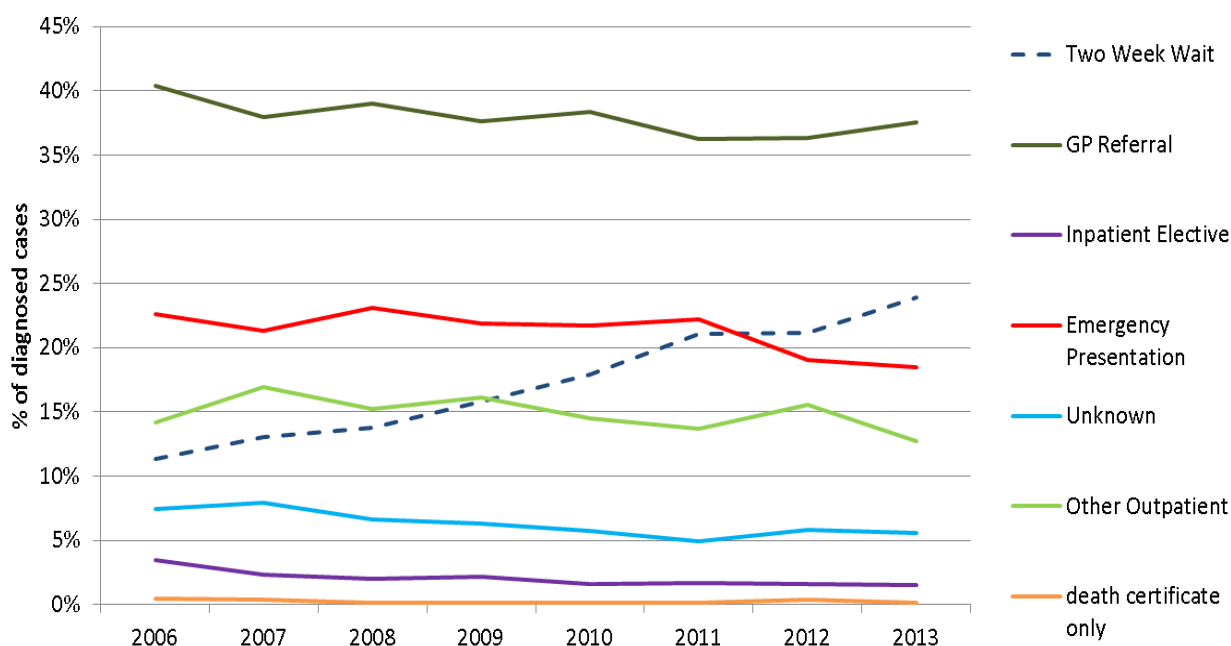
#### Summary of RtD for sarcoma: connective and soft tissue cancer

GP referral was the commonest route to diagnosis. However, two week wait (TWW) increased significantly from 11% in 2006 to 24% in 2013.

#### Key messages

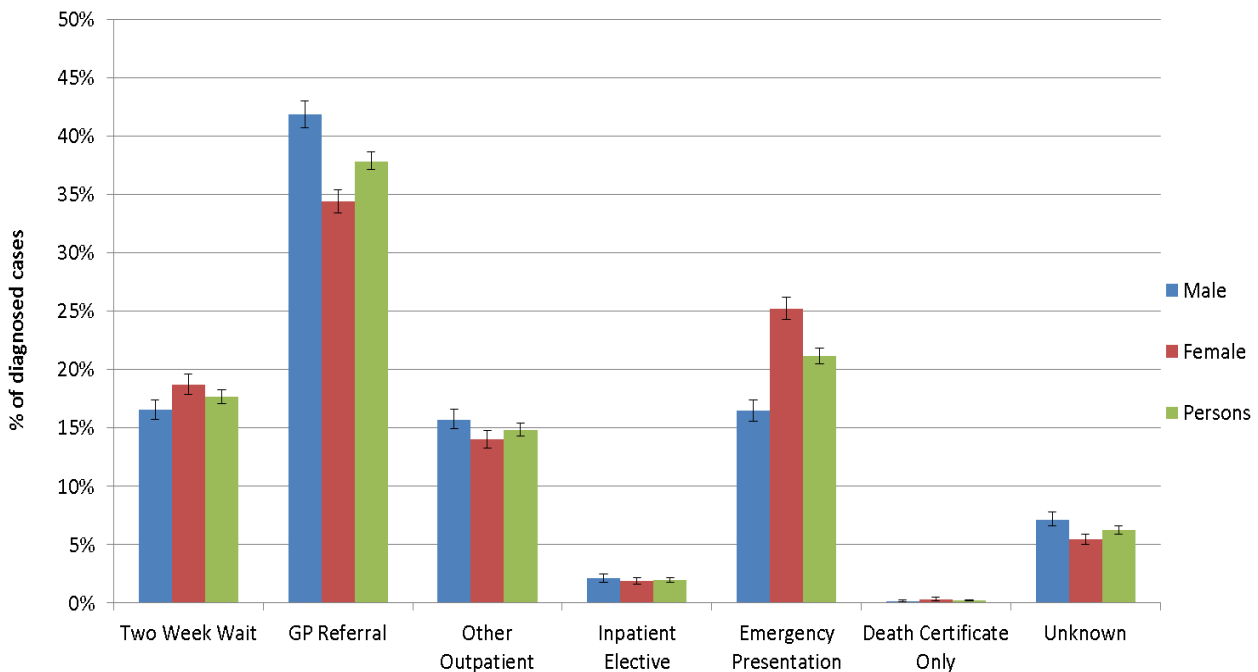
New data published for sarcoma: connective and soft tissue cancer.

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

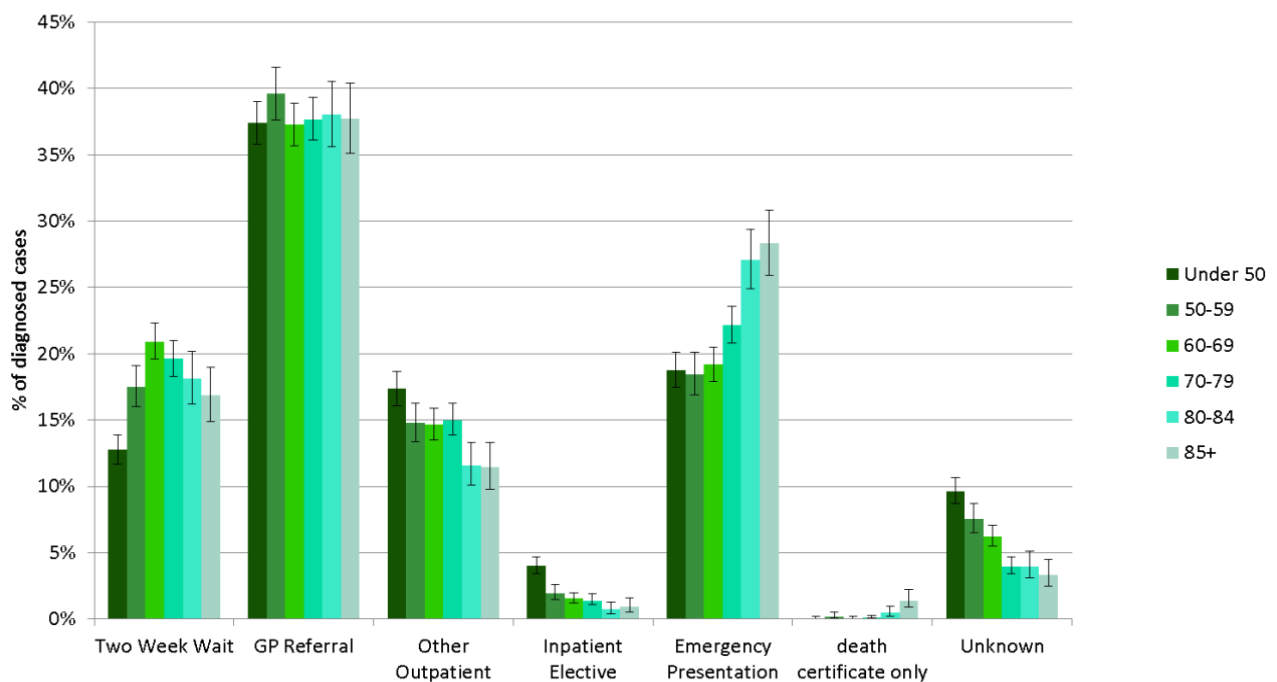


### Route breakdowns for sarcoma: connective and soft tissue cancer, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 25% compared to males 16%. Females had a significantly higher proportion of cases diagnosed through TWW and a significantly lower proportion of cases diagnosed through GP referral.

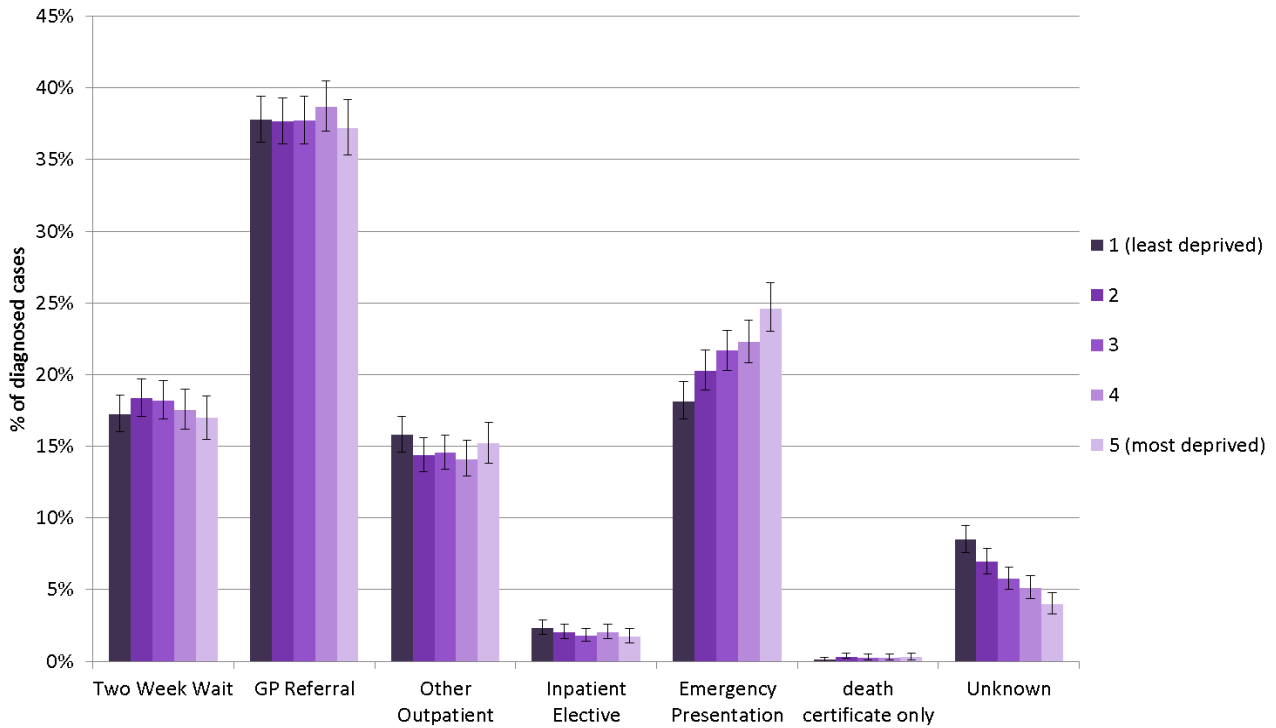


Age: emergency presentation generally increased with increasing age with a 10% difference between those aged over 85 and those aged under 50.

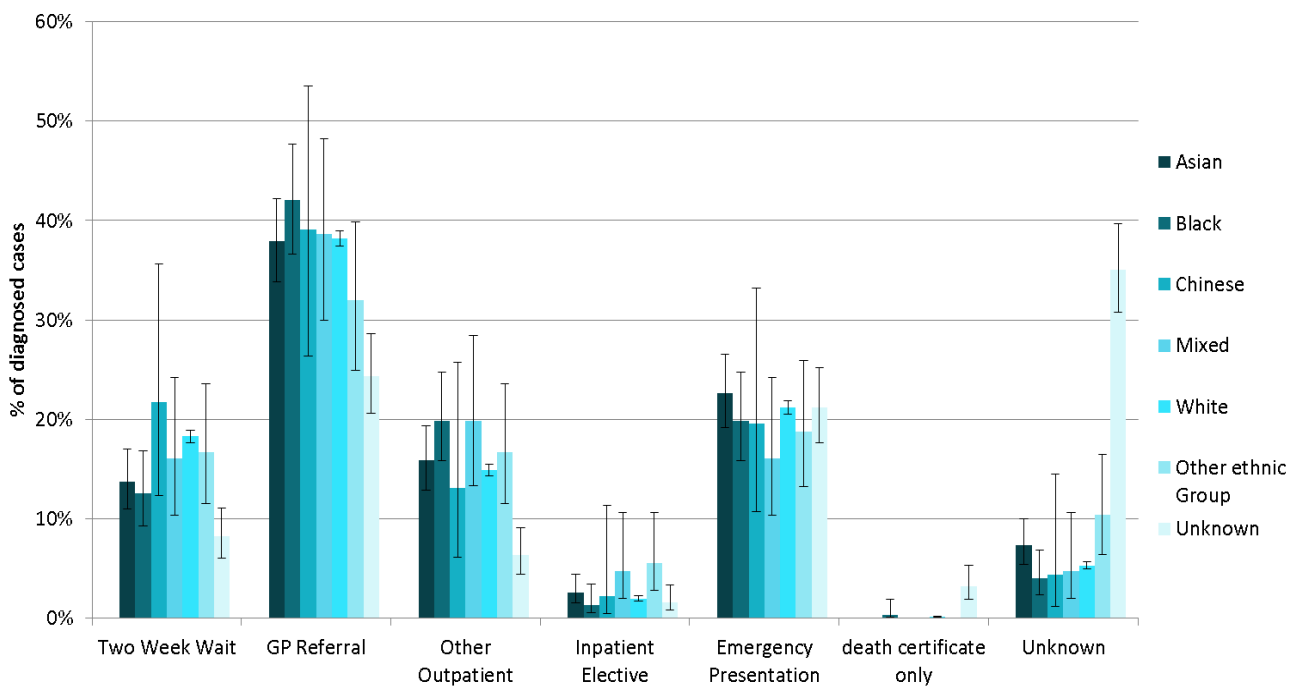


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Deprivation: emergency presentation increased with increasing deprivation with a 7% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.

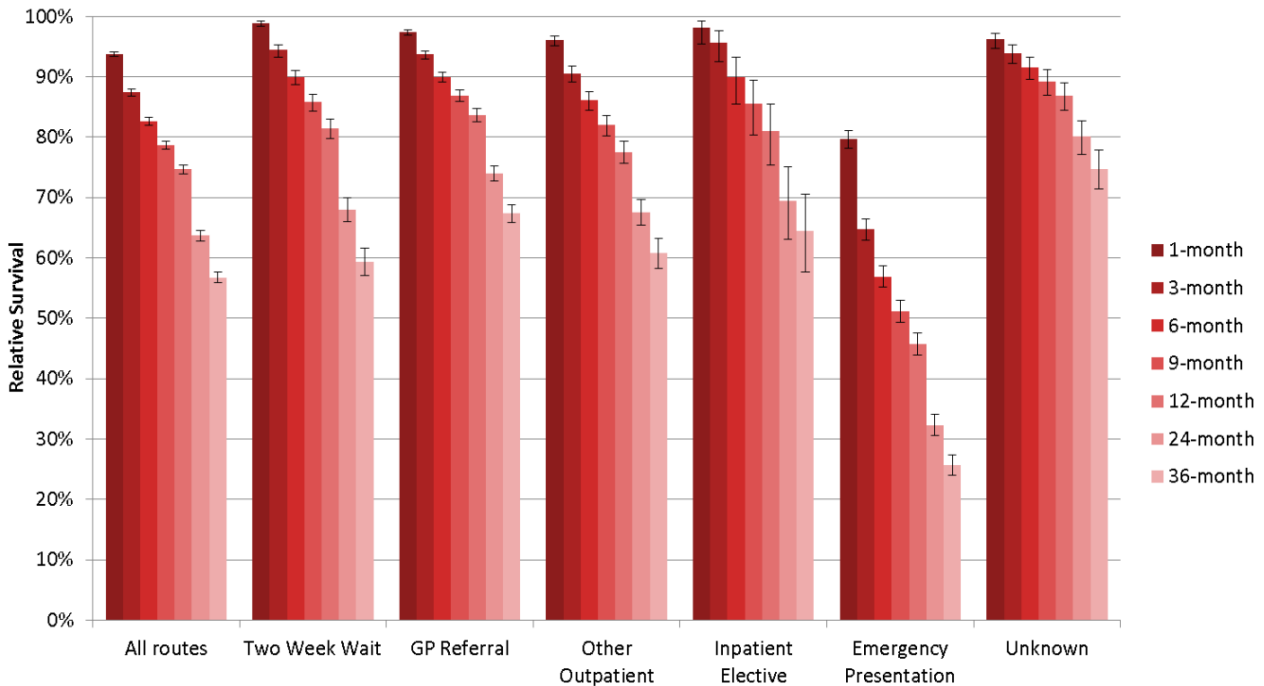


Ethnicity: those of white ethnicity had a significantly higher proportion of TWW compared to those of Asian and black ethnicities.

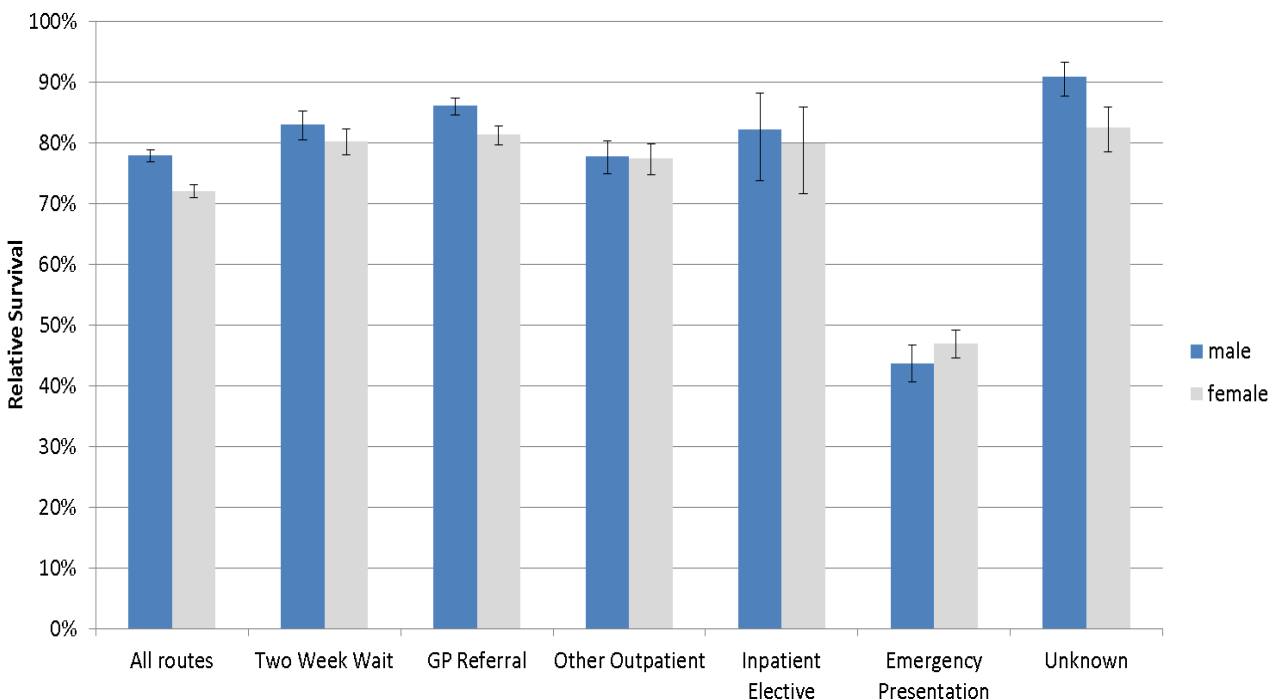


### Survival results for sarcoma: connective and soft tissue cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 80% at one month to 26% at three years after diagnosis. By route, there are other significant differences in survival.

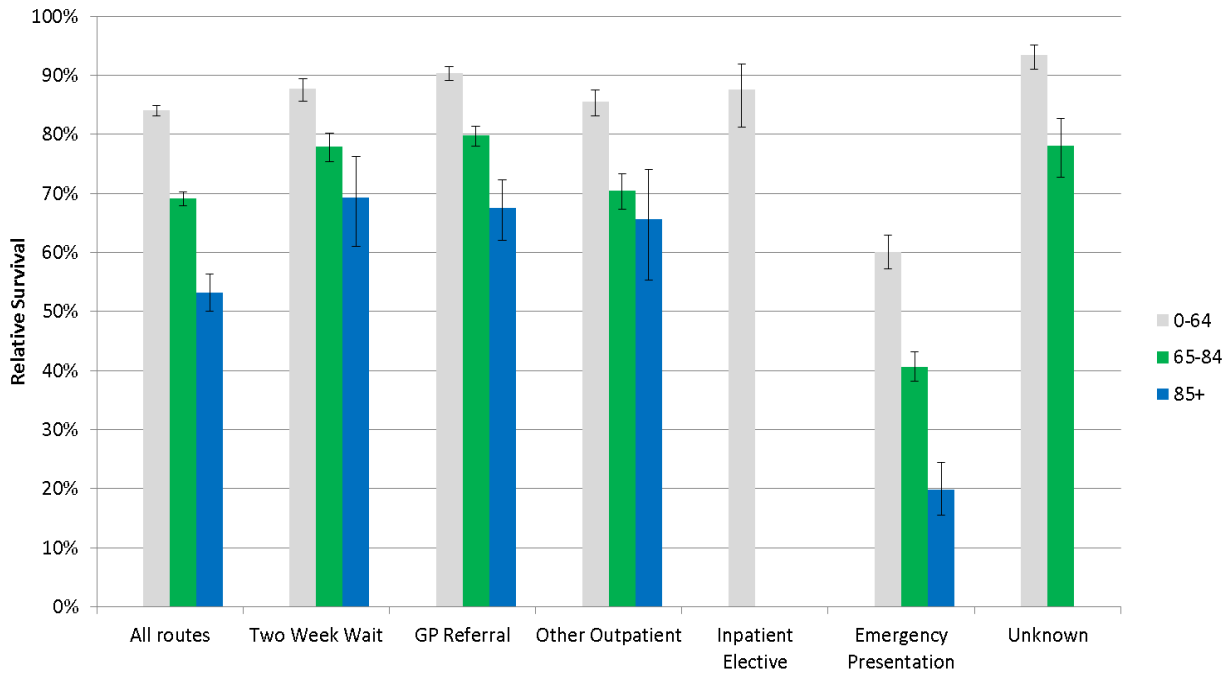


Sex: overall, one year survival was significantly lower among females than compared to males; 72% compared to 78%, respectively. For GP referral, one year survival was significantly higher among males at 86% compared to females at 81%.

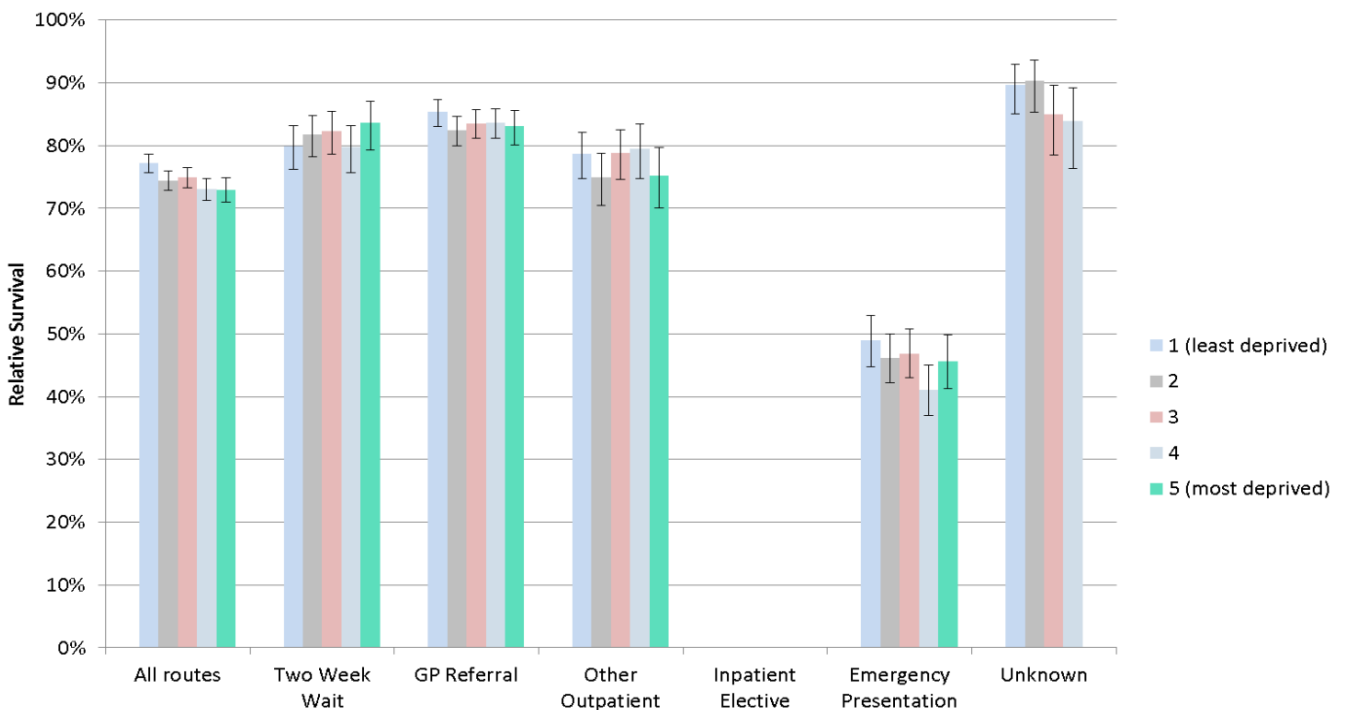


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Age: one year survival significantly decreased as age increased for most routes to diagnosis. By age group, one year survival for emergency presentation was significantly lower than compared to the same age group for all other routes to diagnosis, falling as low as 20% among those aged 85 and over.



Deprivation: overall, one year survival is significantly different when comparing those that live in the least and those that live in the most deprived areas; 77% compared to 73% respectively, however, by route to diagnosis there were no significant differences.



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**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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