



Routes to diagnosis 2015 update: testicular 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 testicular cancer. The definition used for this briefing is ICD10 C62. It includes variation in routes over time, by age, deprivation and ethnicity and variation in survival by time from diagnosis, age and deprivation.

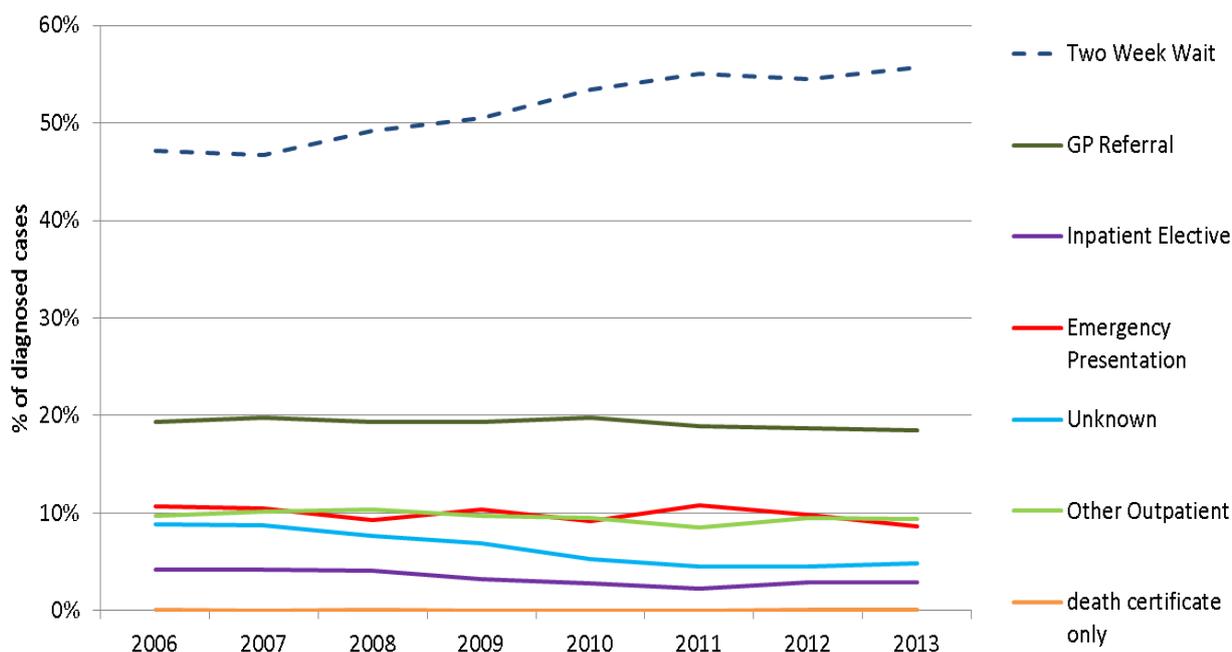
Summary of RtD for testicular cancer

Two week wait (TWW) was the commonest route across the time period analysed increasing from 47% in 2006 to 56% in 2013. Most other routes remained stable.

Key messages

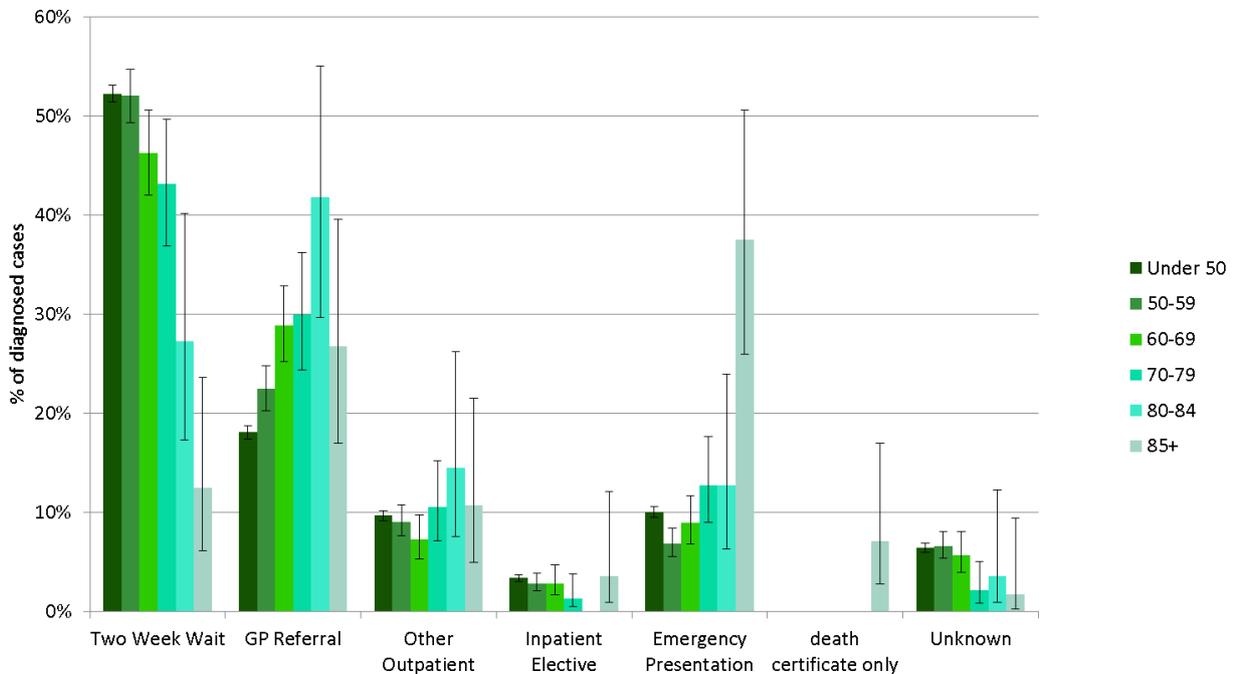
New data published for testicular cancer.

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

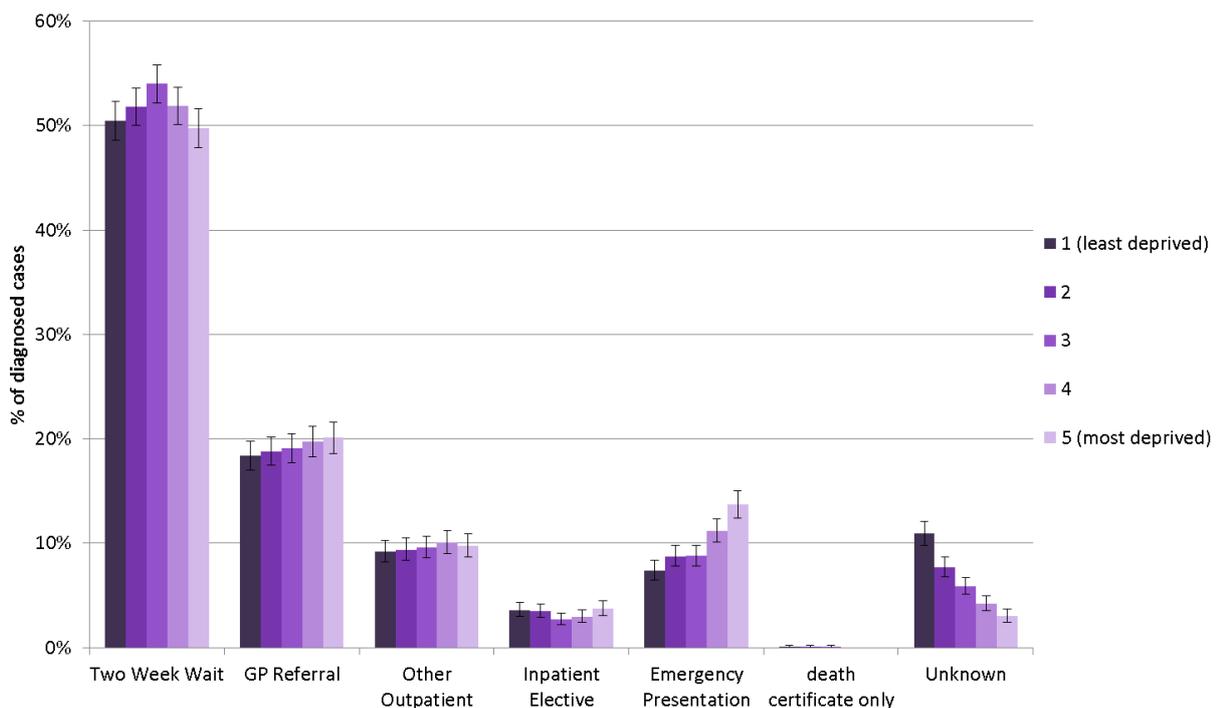


Route breakdowns for testicular cancer, 2006 to 2013

Age: emergency presentation generally increased with increasing age with a 27% difference between those aged over 85 and those aged under 50. Diagnoses through TWW generally decreased with increasing age.

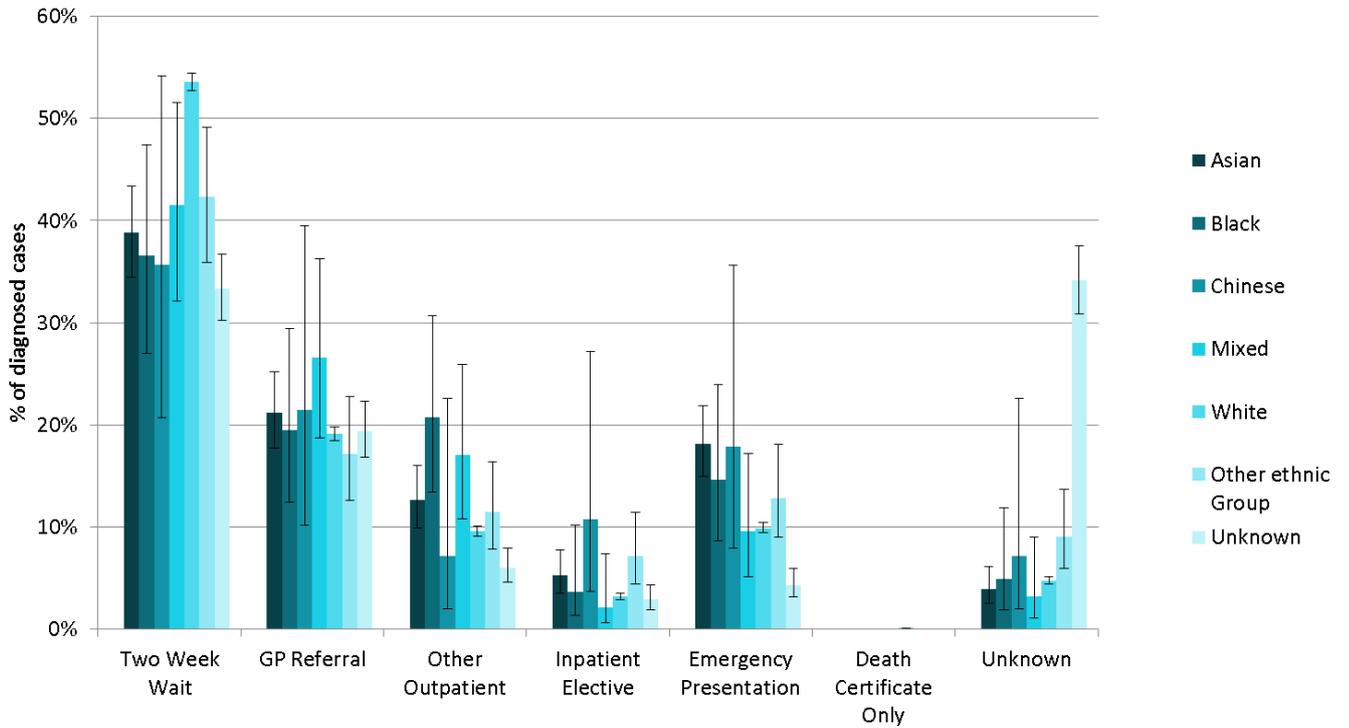


Deprivation: emergency presentation increased with increasing deprivation with a 6% difference between those living in the least deprived areas and those living in the most deprived areas. There were no significant differences between those living in the least and most deprived areas for TWW or GP referral.



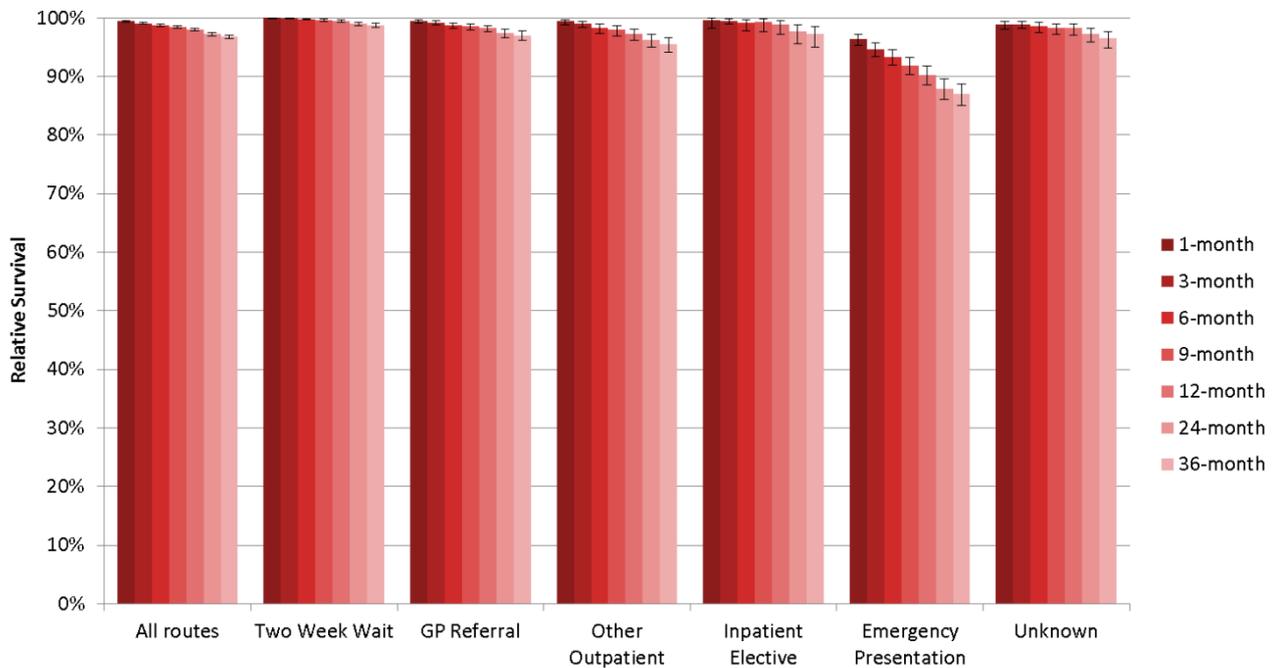
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Ethnicity: TWW was significantly higher among those of white ethnicity compared to those of Asian and black ethnicities. Emergency presentations were significantly lower among those of white ethnicity compared to those of Asian ethnicity.

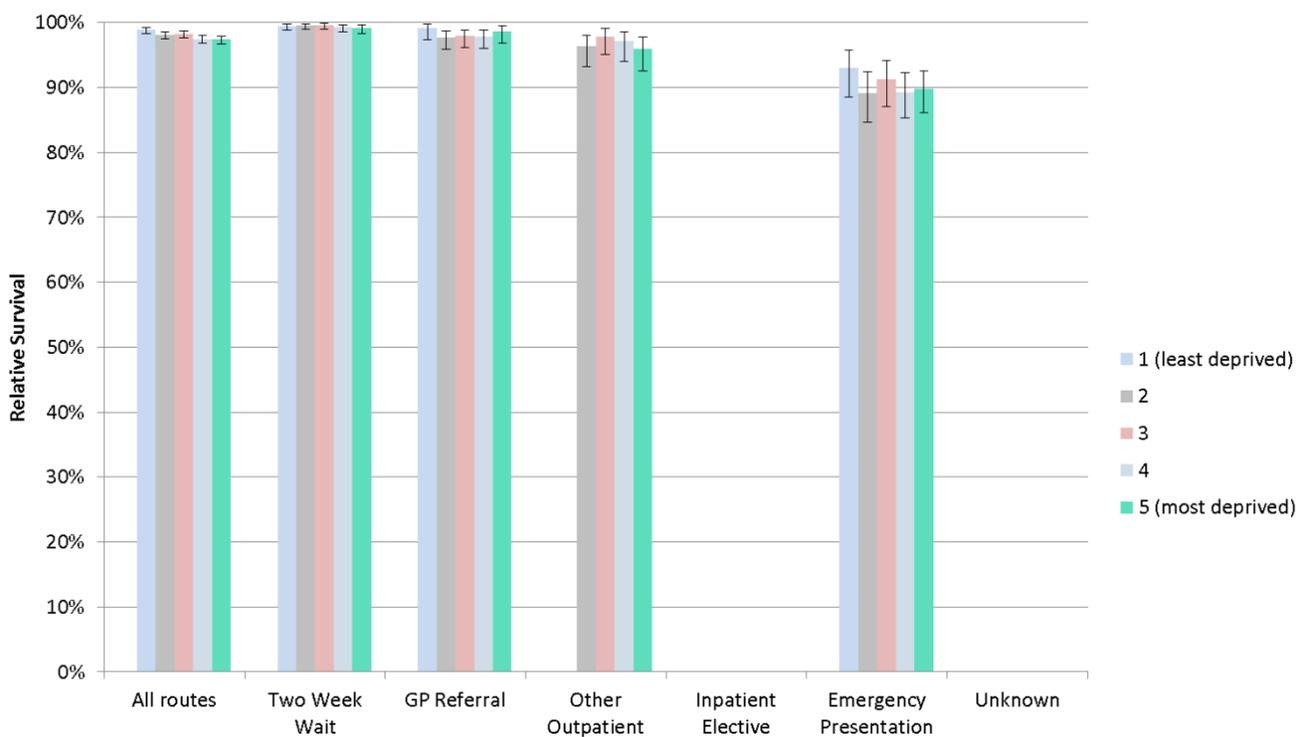


Survival results for testicular cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis; ranging from 97% at one month to 87% at three years after diagnosis.



Deprivation: overall, one year survival was significantly lower among those living in the most deprived areas compared to those living in the least deprived areas; 97% compared to 99%, respectively, however, there were no significant differences by route to 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

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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