



## Routes to diagnosis 2015 update: brain tumours

### National Cancer Intelligence Network Short Report

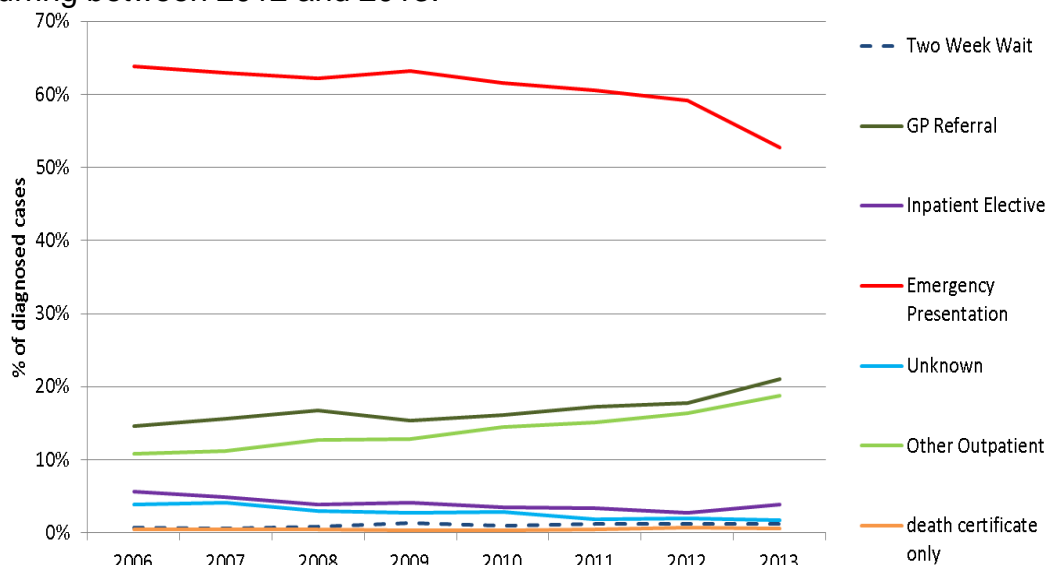
#### Introduction

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 brain tumours. The definition used for this briefing is ICD10 C71, D330-D332, D430-D432. 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 brain tumours

Brain tumour patients are more likely to be diagnosed through the emergency presentation than any other cancer site included in the RtD 2006 to 2013 study – over three-fifths (61%) of brain tumours have been diagnosed through this route, however, the proportion has decreased significantly over time, from 64% in 2006 to 53% in 2013, with the largest fall occurring between 2012 and 2013.



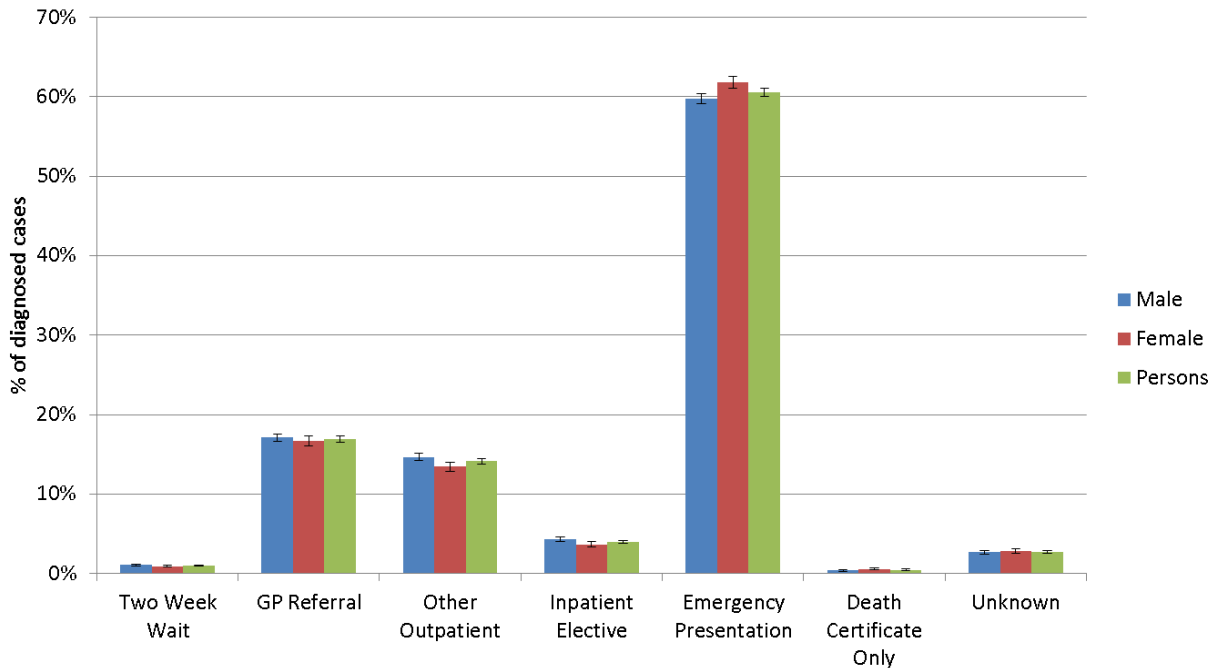
#### Key messages

New data published for brain tumours.

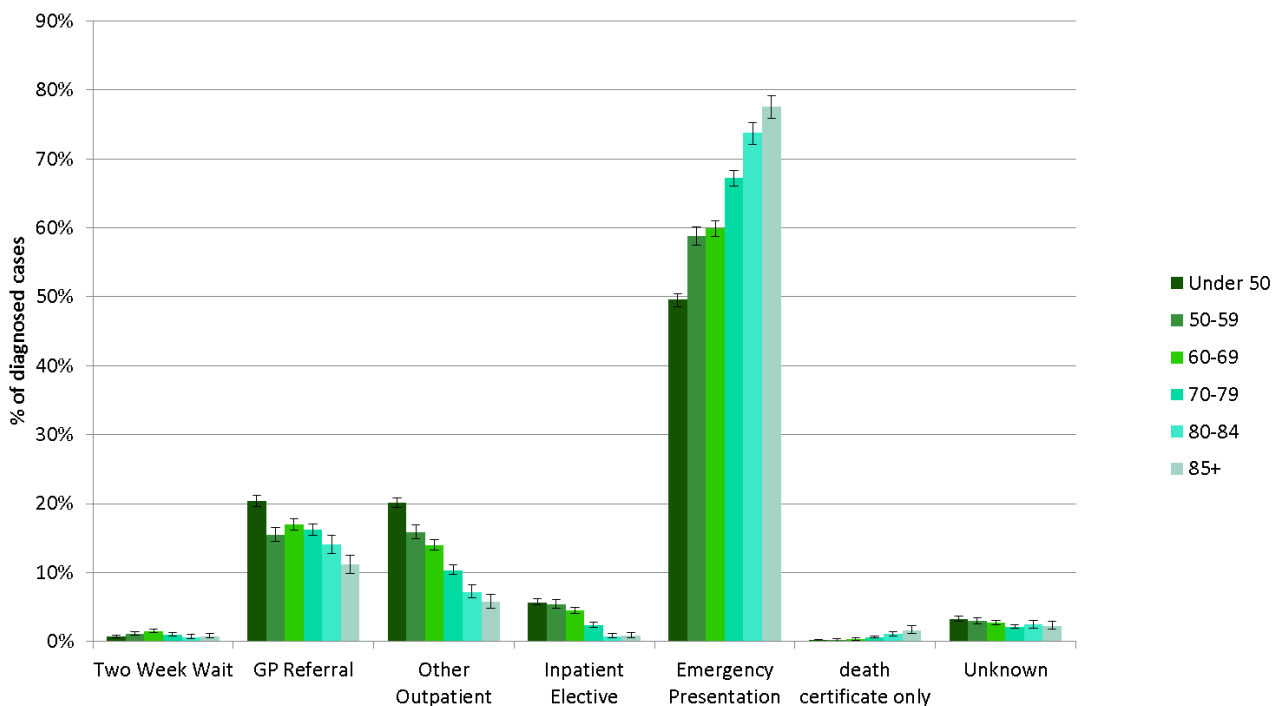
The data shows variation in cases by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

### Route breakdowns for brain tumours, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 62% compared to 60% for males. There were no significant differences between males and females for other managed routes.

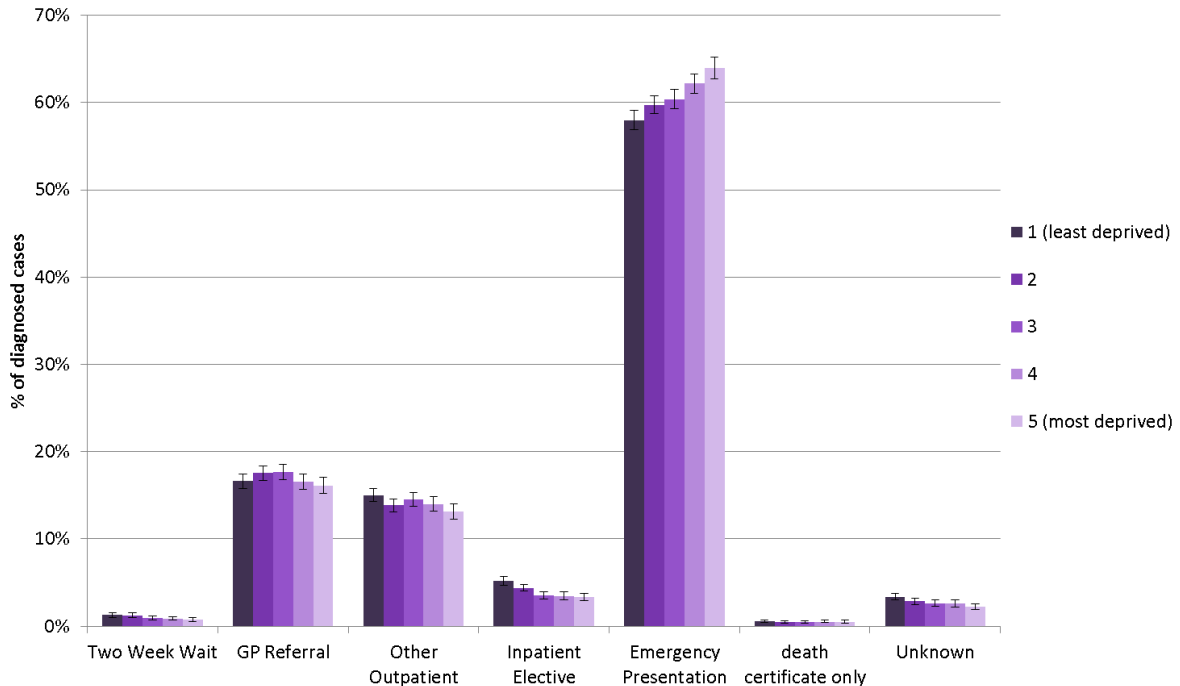


Age: emergency presentation generally increased with age, with more than three-quarters (78%) of 85+ year olds diagnosed through the emergency presentation compared to 50% in those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

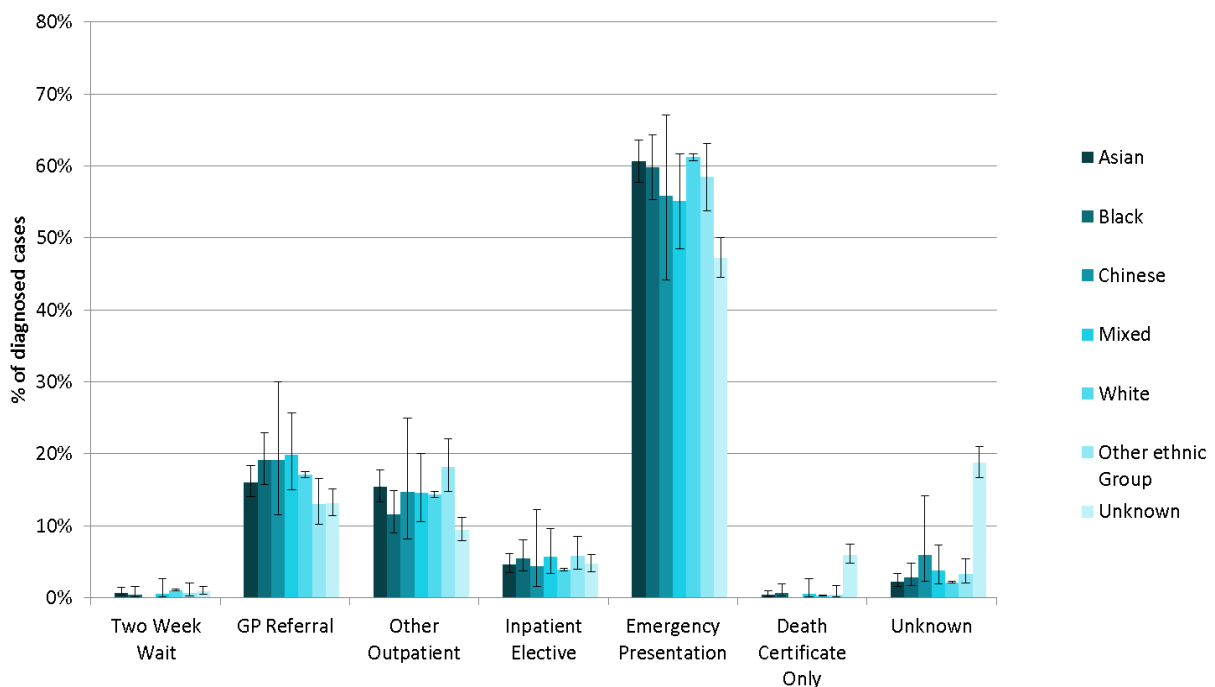


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Deprivation: emergency presentation increased with increasing deprivation with a statistically significant difference between those living in the least deprived areas (58%) and those living in the most deprived areas (64%). There was no significant difference in the proportion of cases diagnosed by either TWW or GP referral when comparing those living in the least deprived areas and most deprived areas.

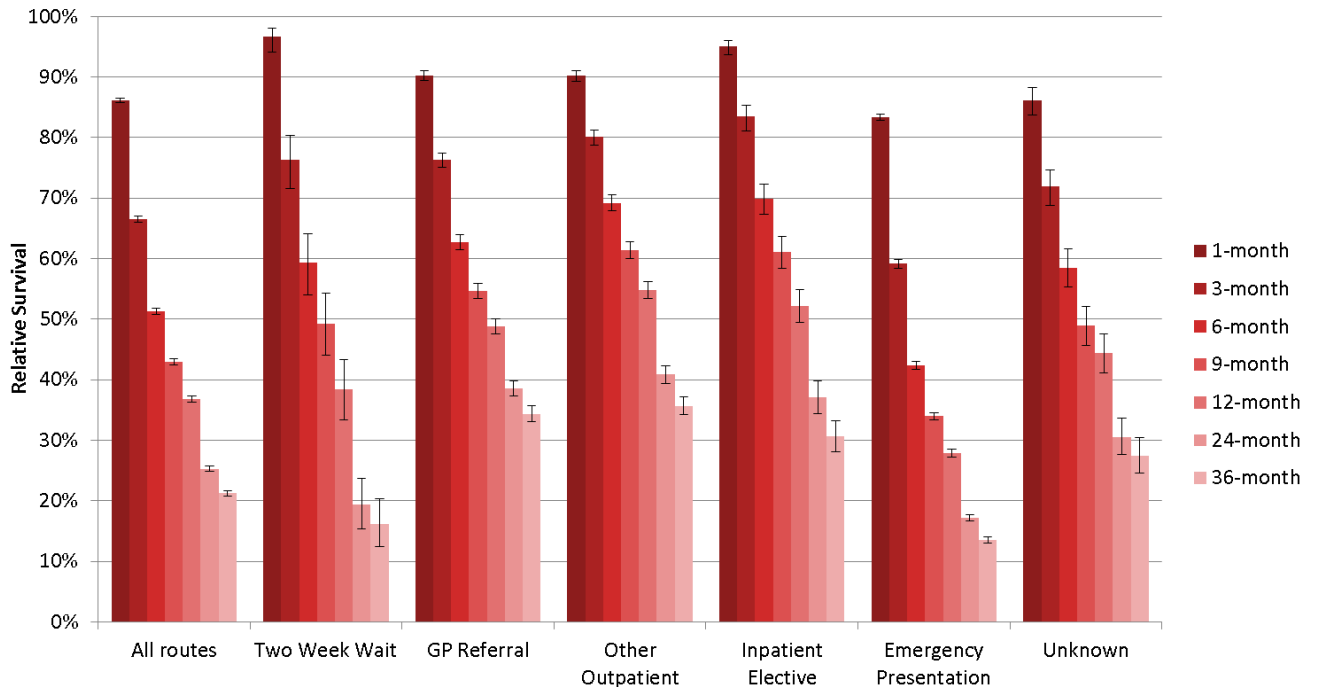


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide.

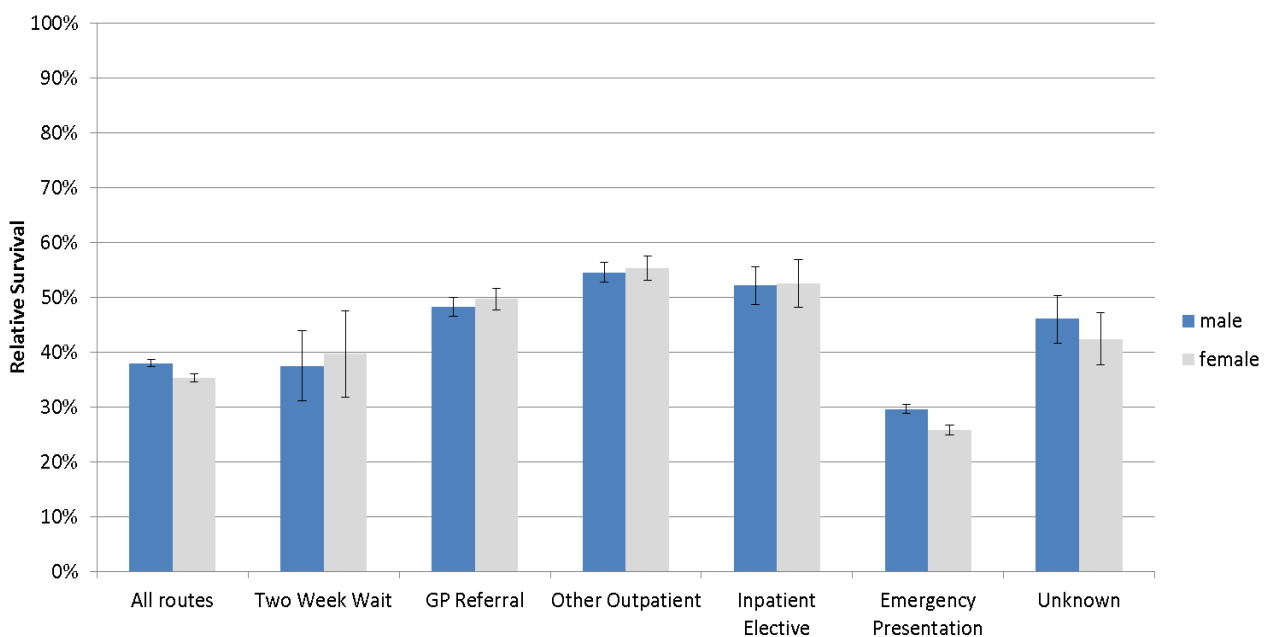


### Survival results for brain tumours, 2006 to 2013

Emergency presentation was significantly lower than most other routes to diagnosis; ranging from 83% at one month to 14% at three years after diagnosis. The exception was TWW survival at two years and three years following diagnosis.

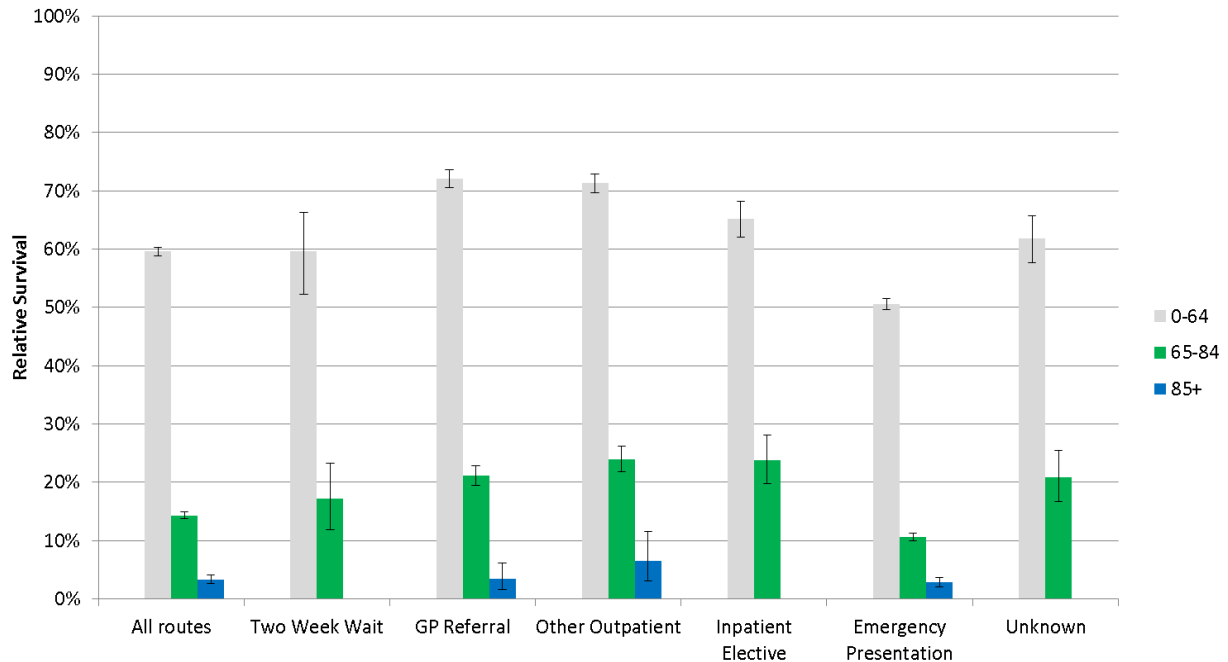


Sex: overall, one year survival was significantly higher among males compared to females for all routes combined, although there were no significant differences in one year survival between males and females for most routes. The exception was for emergency presentation, where one year survival was significantly higher among males compared to females at 30% compared to 26%, respectively.

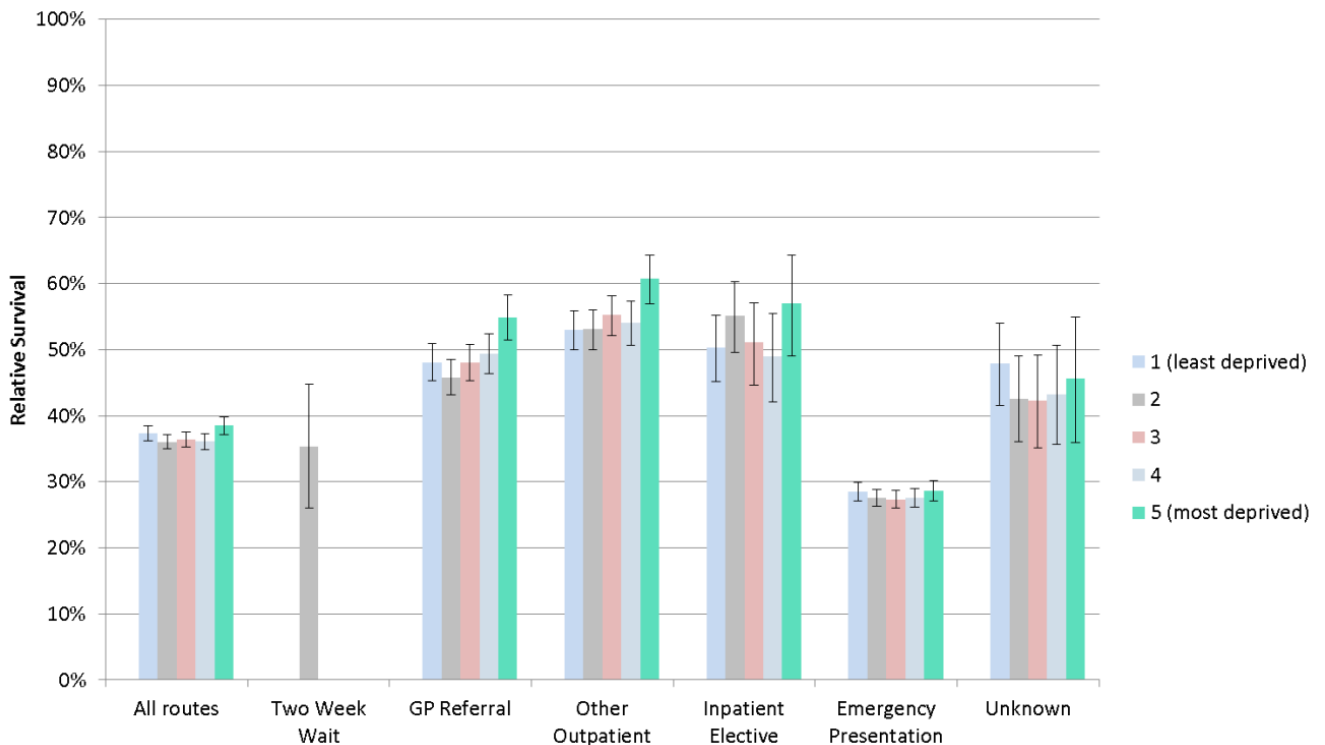


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Age: one year survival decreased dramatically after the age of 64 across all routes to diagnosis. Those diagnosed through emergency presentation had significantly lower survival compared to the same age groups diagnosed through other routes; for example, survival was 51% for those aged under 64 compared to over 70% for GP referral and other outpatient routes.



Deprivation: one year survival was not significantly different across deprivation groups for any 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](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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