



Routes to diagnosis 2015 update: mesothelioma

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 mesothelioma. The definition used for this briefing is ICD10 C45. It includes variation in routes over time, by sex, age, deprivation and variation in survival by time from diagnosis, sex, age and deprivation.

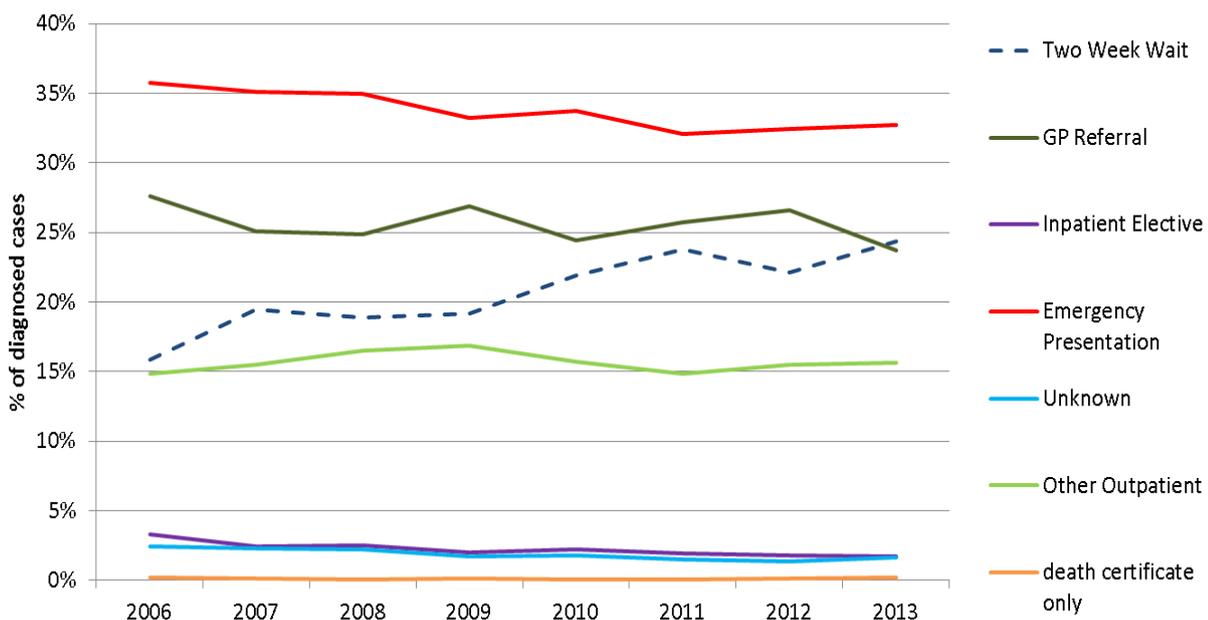
Summary of RtD for mesothelioma

Emergency presentation was the commonest route to diagnosis over the period analysed. Two week wait (TWW) significantly increased over the period analysed from 16% in 2006 to 24% in 2013.

Key messages

New data published for mesothelioma.

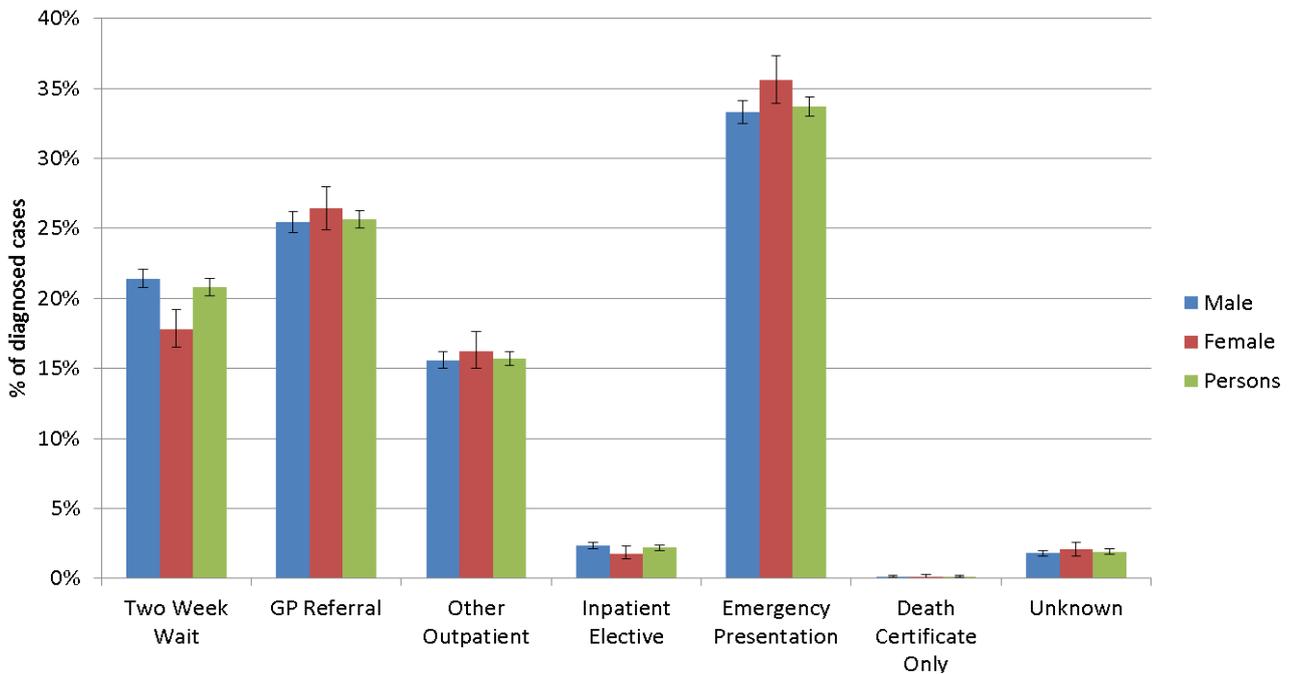
The data shows variation by route over time, by sex, age, deprivation and also variation in survival.



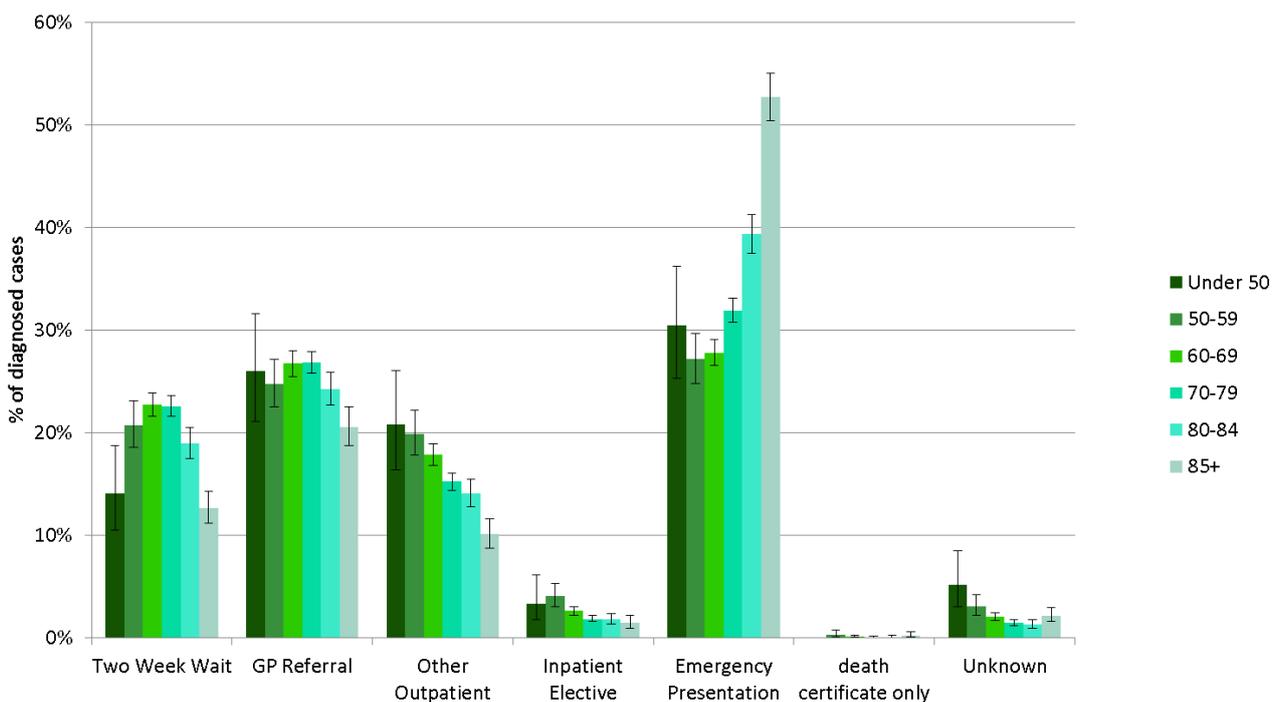
Route breakdowns for mesothelioma, 2006 to 2013

Sex: although the proportion of cases diagnosed through emergency presentation was higher in females, this was not significantly different to the proportion for males.

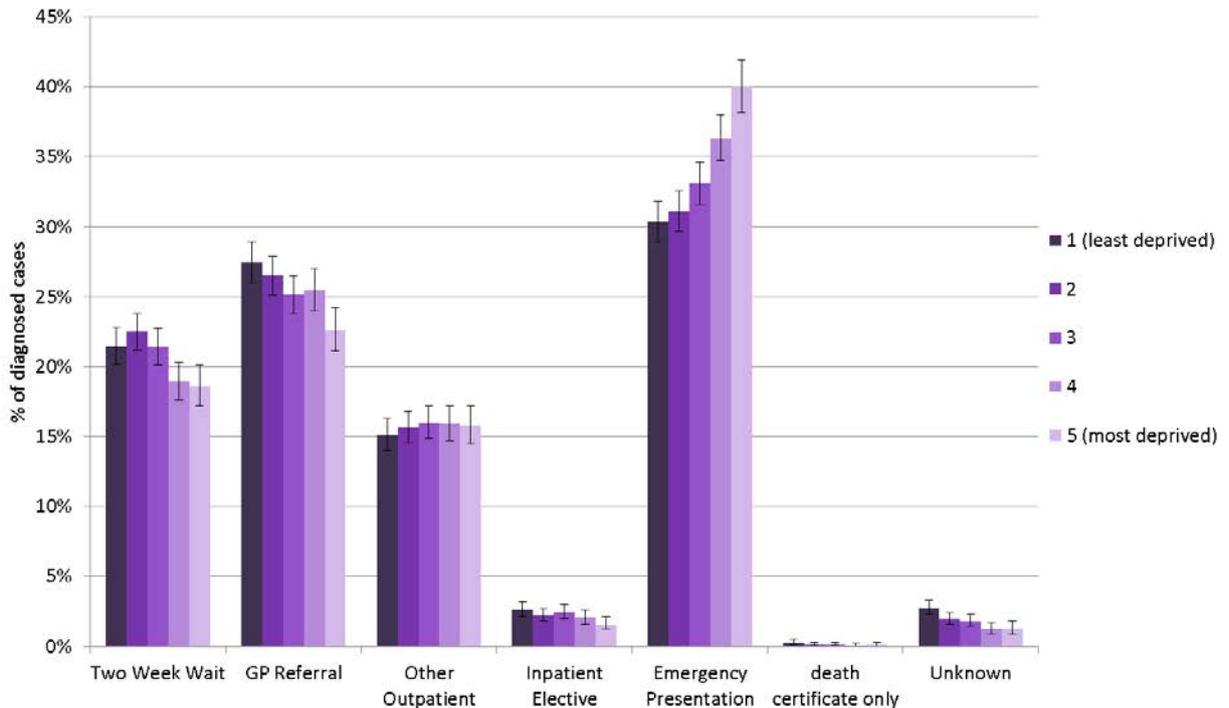
Compared to females, males had a significantly higher proportion of cases diagnosed through TWW; 21% compared to 18%.



Age: emergency presentation generally increased with increasing age with a 22% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

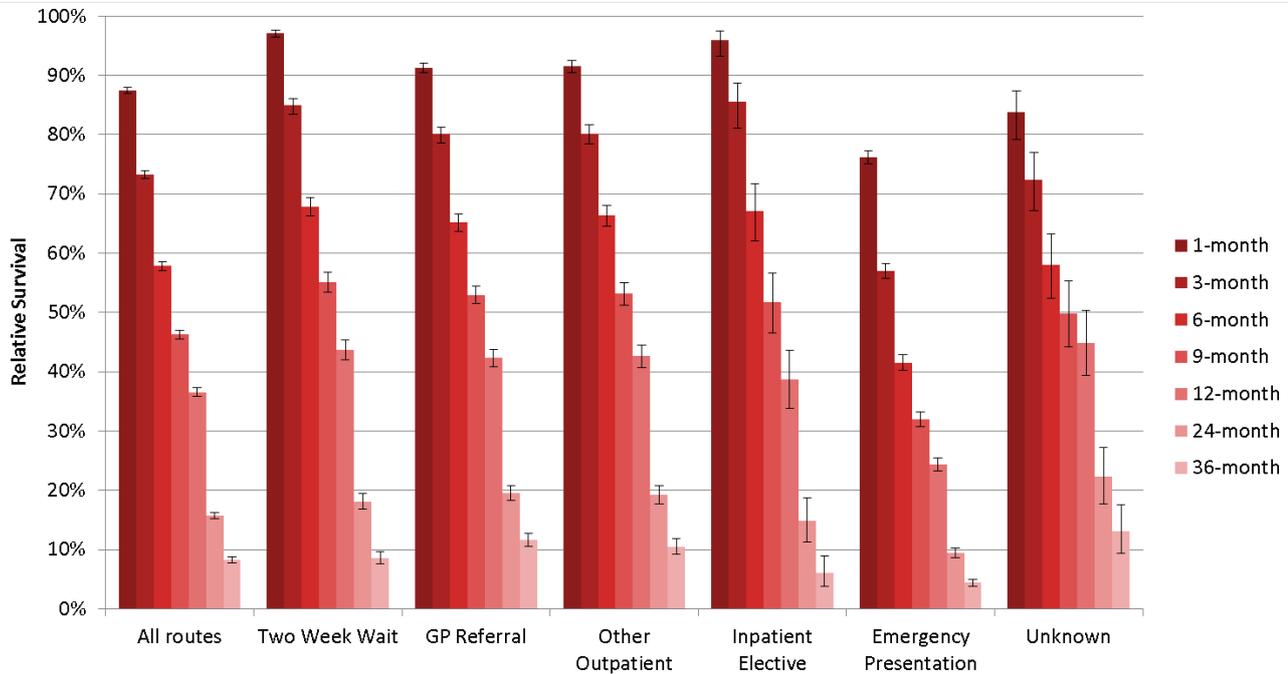


Deprivation: emergency presentation increased with increasing deprivation with a 10% difference between those living in the least deprived areas and those living in the most deprived areas. The proportions diagnosed through both TWW and GP referral were significantly lower among those living in the most deprived areas compared to those living in the least deprived areas.

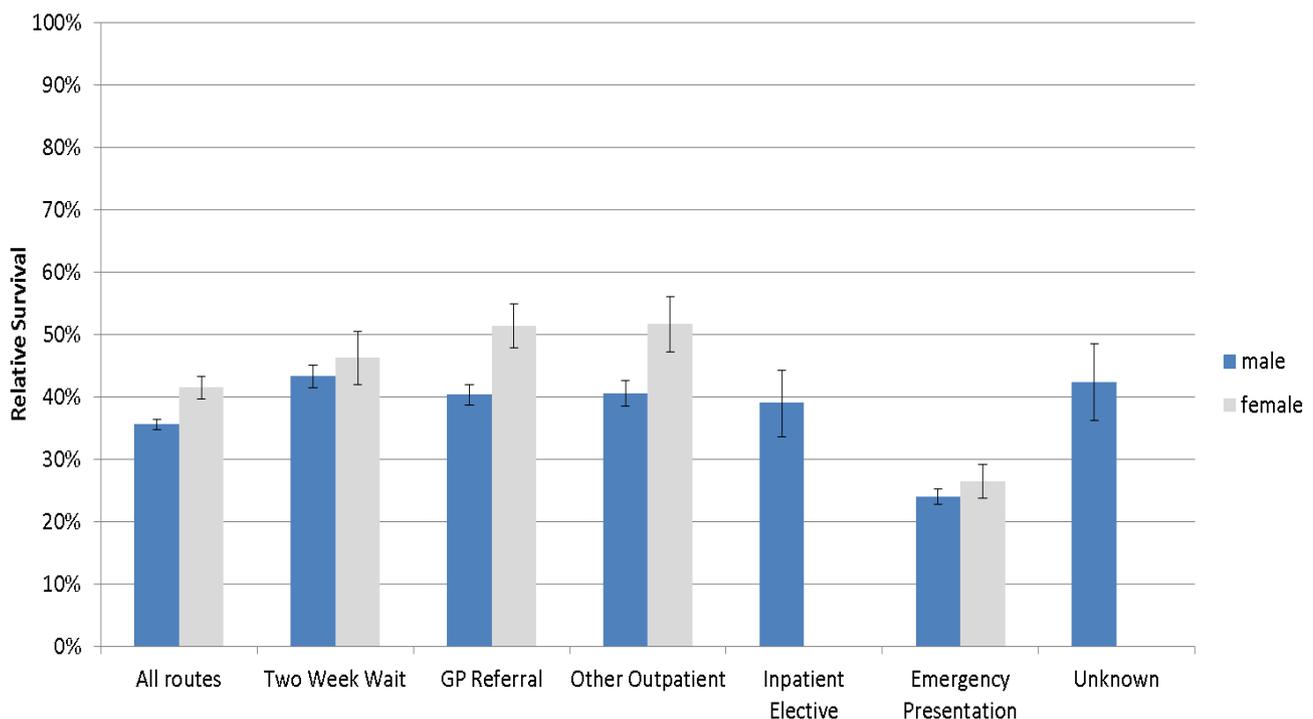


Survival results for mesothelioma, 2006 to 2013

Emergency presentation was significantly lower than all other routes to diagnosis: ranging from 76% at one month to 4% at three years after diagnosis.

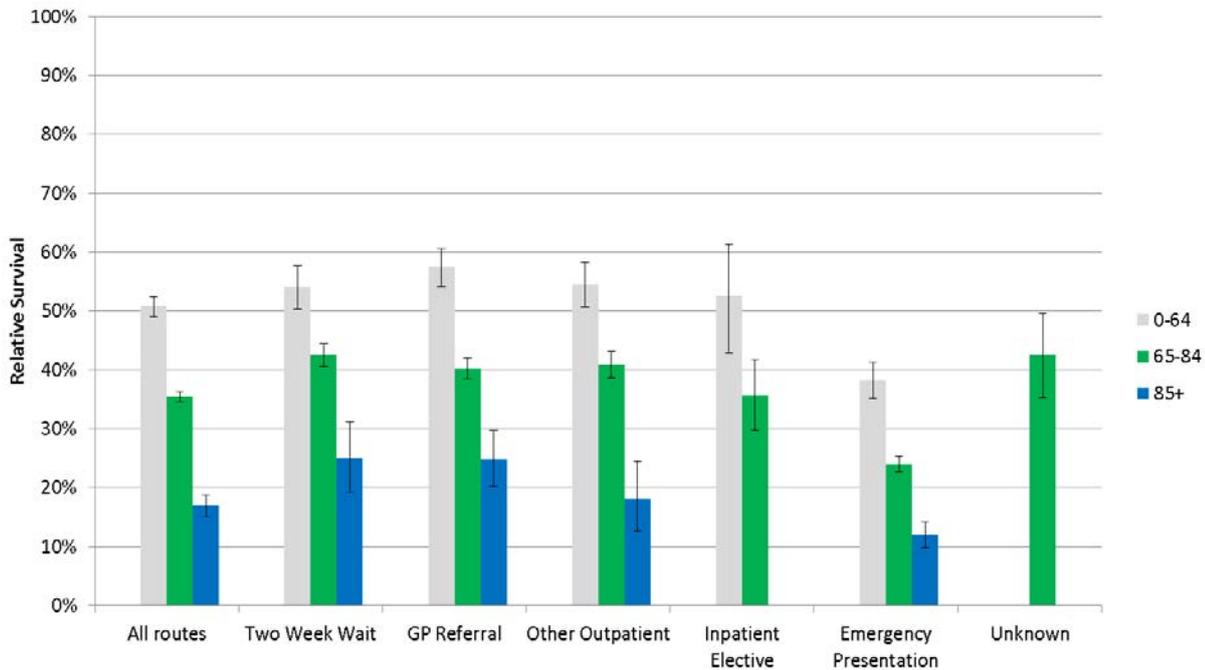


Sex: overall, one year survival was significantly higher among females compared to males; 41% compared to 36%, respectively. One year survival for GP referral is also significantly higher among females compared to males at 51% compared to 40% and for those diagnosed through other outpatient routes at 52% compared to 41%, respectively.

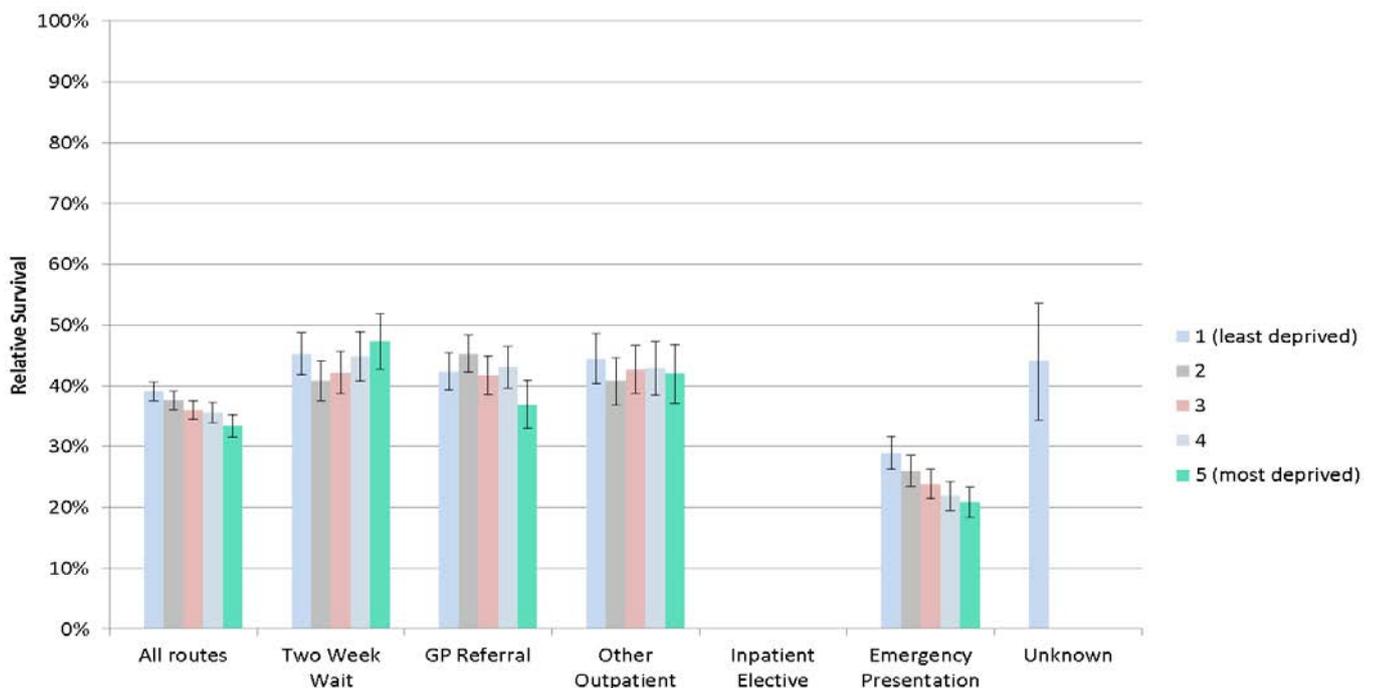


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Age: one year survival significantly decreased as age increased across all routes to diagnosis. By age group, survival for emergency presentations was significantly lower than for the same age group diagnosed by other routes, falling as low as 12% for those aged 85 and over.



Deprivation: overall, one year survival was significantly lower among patients living in the most deprived areas compared to those living in the least deprived areas. This is also the case for those diagnosed through emergency presentations; 21% compared to 29%, 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

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