



Routes to diagnosis 2015 update: cancer of unknown primary (CUP)

National Cancer Intelligence Network Short Report

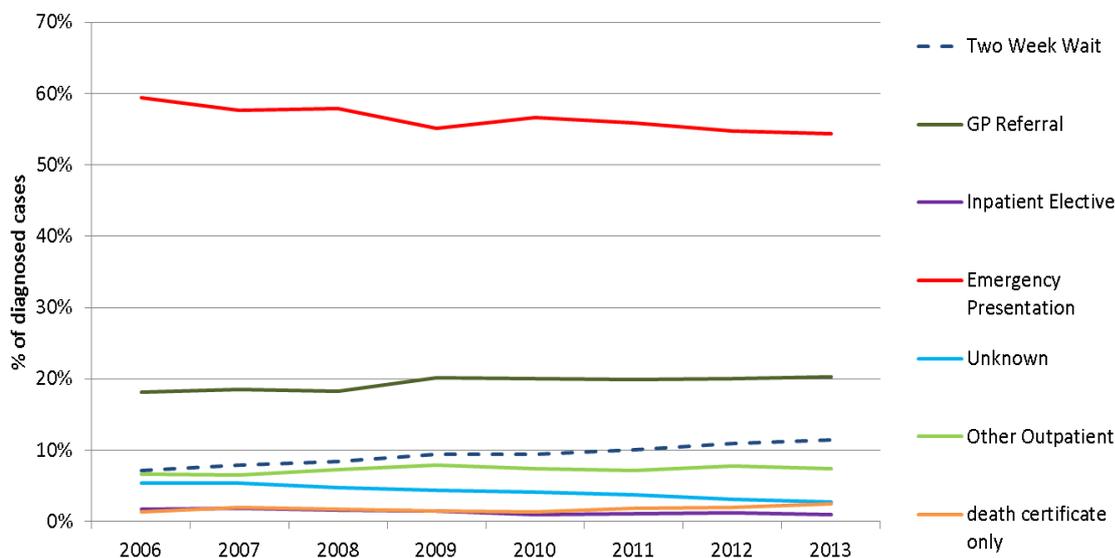
Introduction

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 cancer of unknown primary (CUP). The definition used for this briefing is ICD10 C77-C80. 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 CUP

Emergency presentation remained the commonest route to diagnosis over the period analysed, although the percentage decreased from 59% in 2006 to 54% in 2013. Diagnosis by GP referral was the second most common route, remaining fairly stable at around 20% during the period. Two week wait (TWW) significantly increased from 7% in 2006 to 11% in 2013.



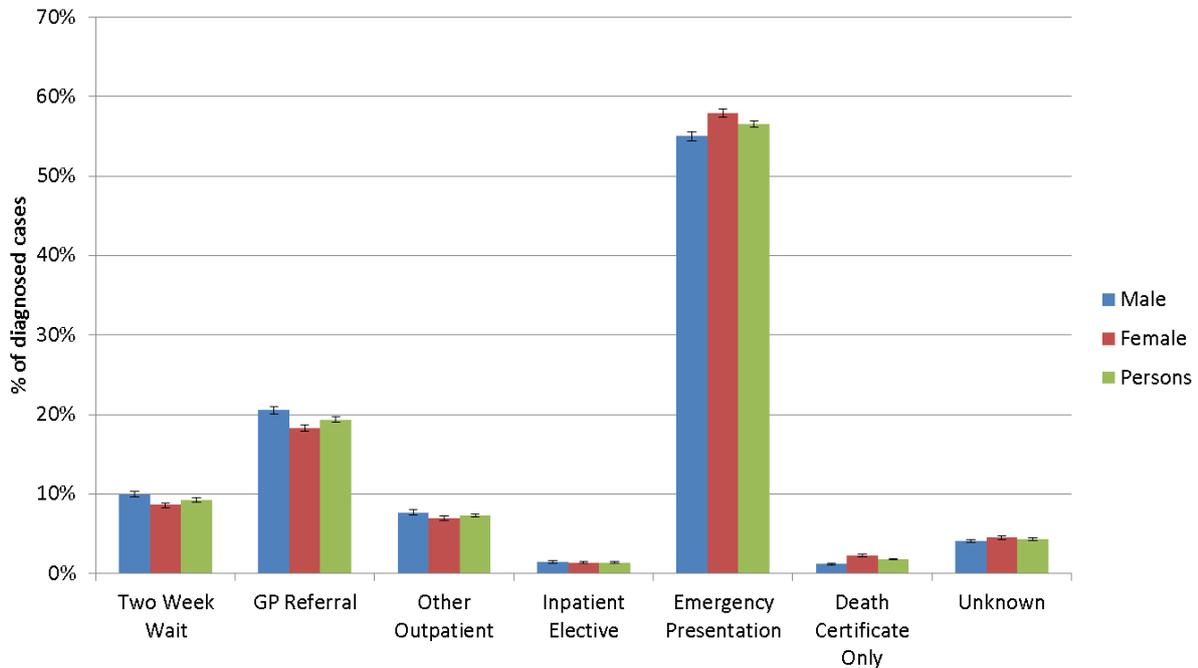
Key messages

New data published for cancer of unknown primary (CUP).

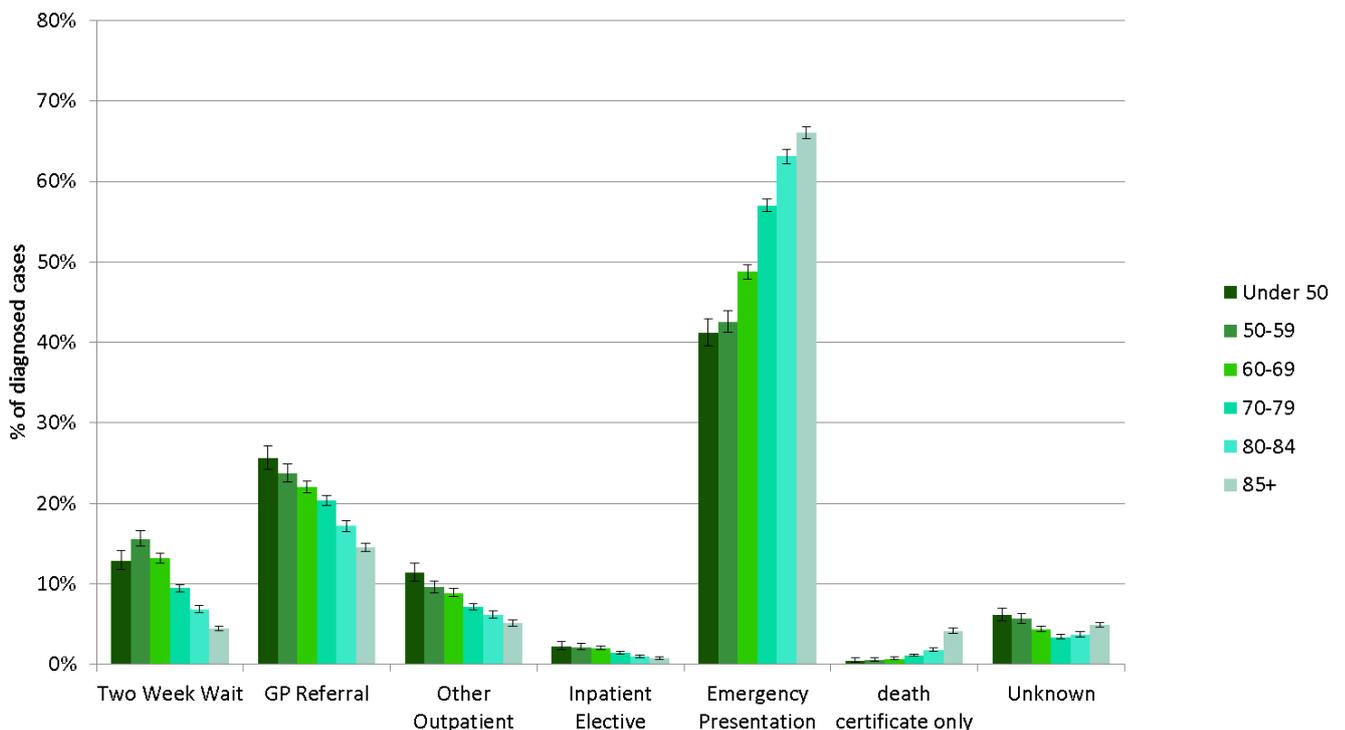
The data shows variation in cases by route over time, by sex, age, deprivation and ethnicity and also variation in survival.

Route breakdowns for CUP, 2006 to 2013

Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 58% compared to 55%. Compared to females, males had significantly higher proportions of cases diagnosed through both TWW and GP referral.

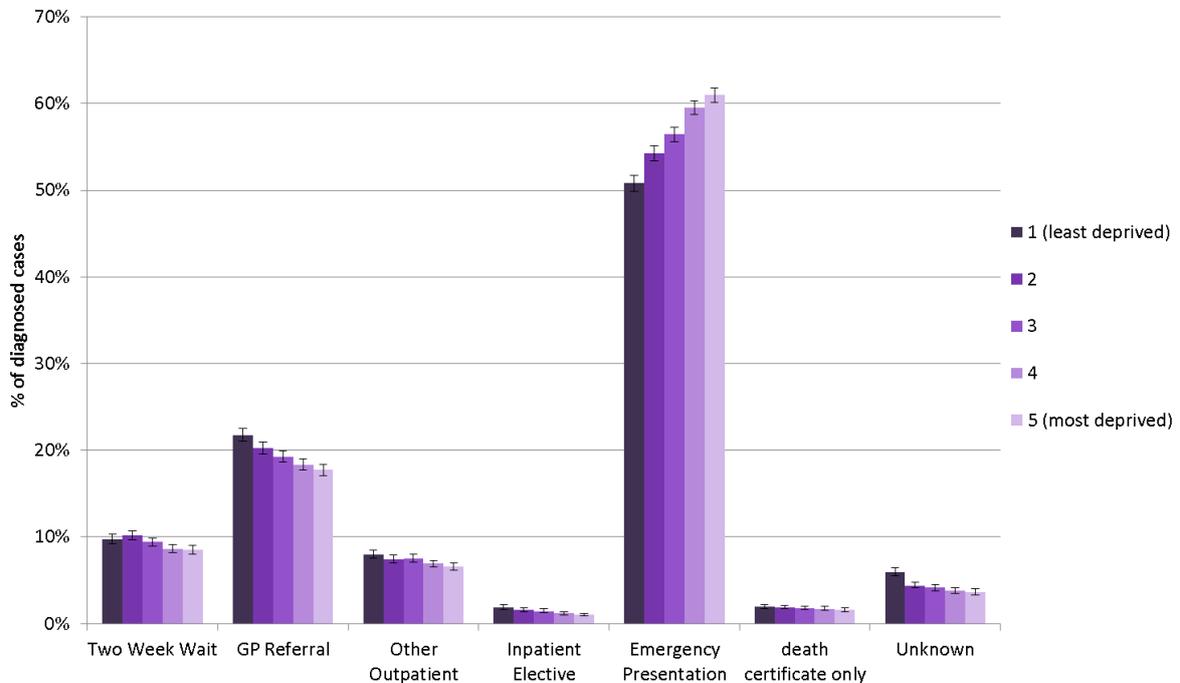


Age: emergency presentation generally increased with increasing age with a 25 percentage point difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

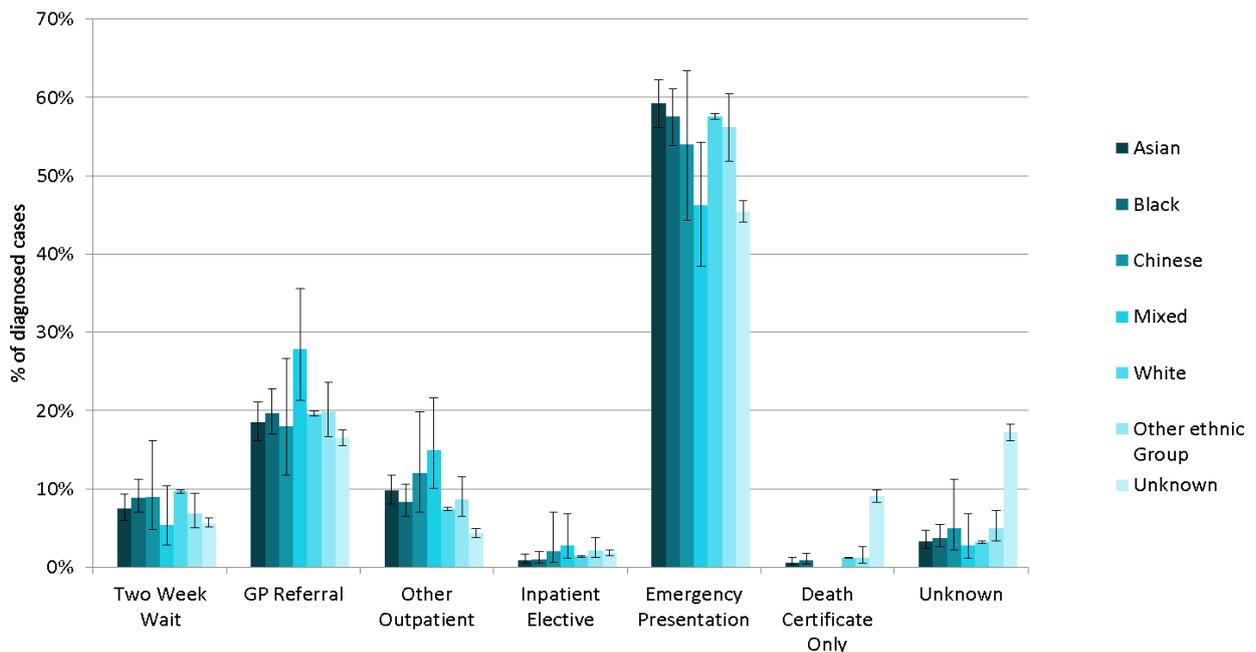


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Deprivation: emergency presentation increased with increasing deprivation with a ten percentage point difference between those living in the least deprived areas and those living in the most deprived areas. The proportions diagnosed through both TWW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

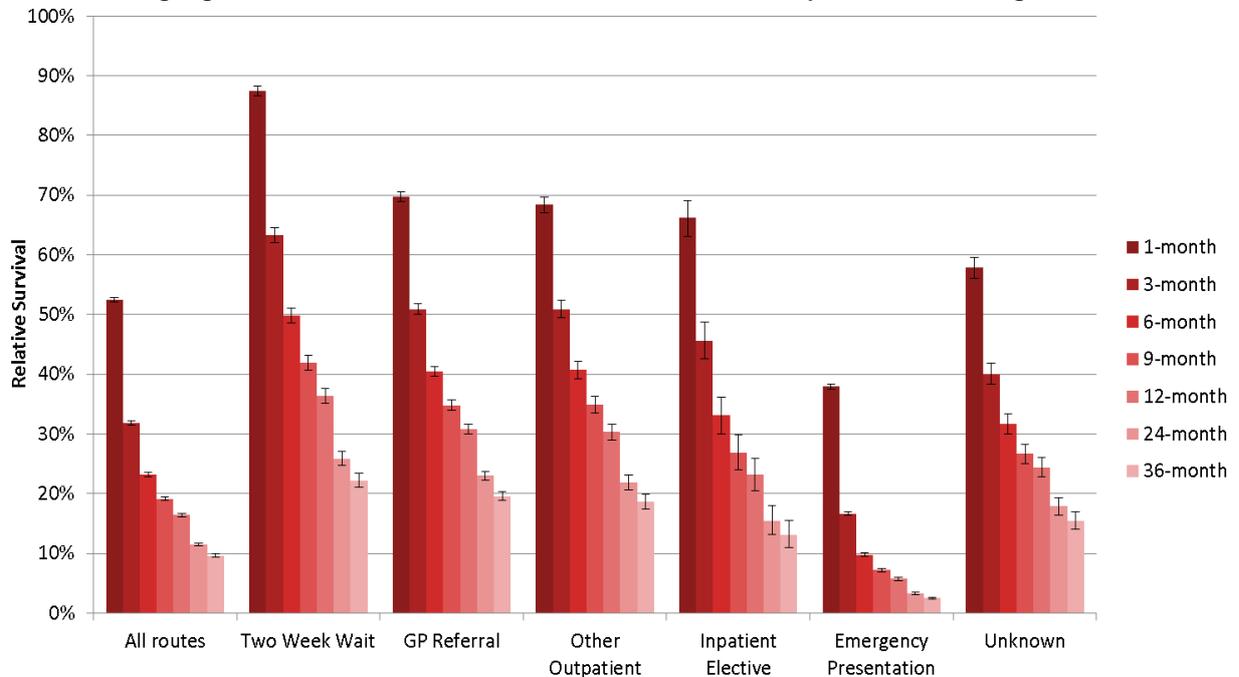


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Of those with ethnicity known, those of mixed ethnicity had a significantly lower proportion of emergency presentations compared to those of white and Asian ethnicity.

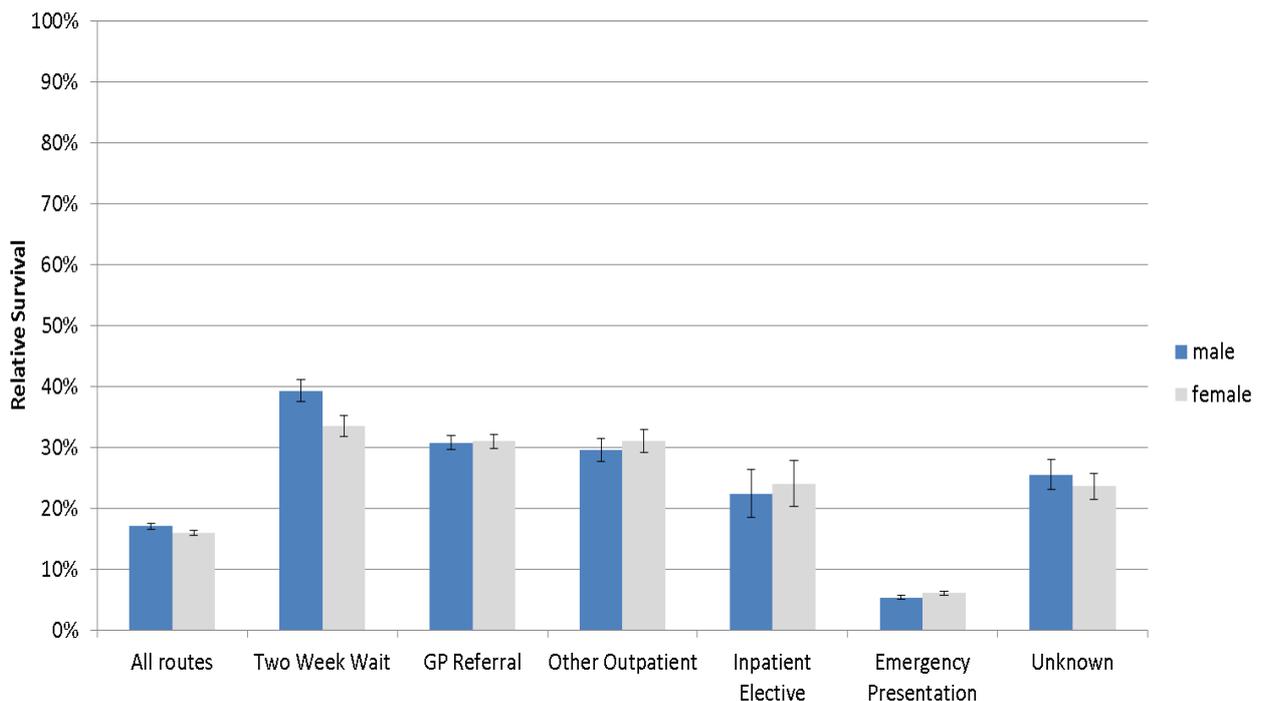


Survival results for CUP, 2006 to 2013

Patients diagnosed through emergency presentation had significantly lower survival rates than all other routes to diagnosis: ranging from 38% at one month to 2% at three years after diagnosis. TWW produced significantly better survival rates than all other routes, ranging from 87% for one month to 22% at three years after diagnosis.

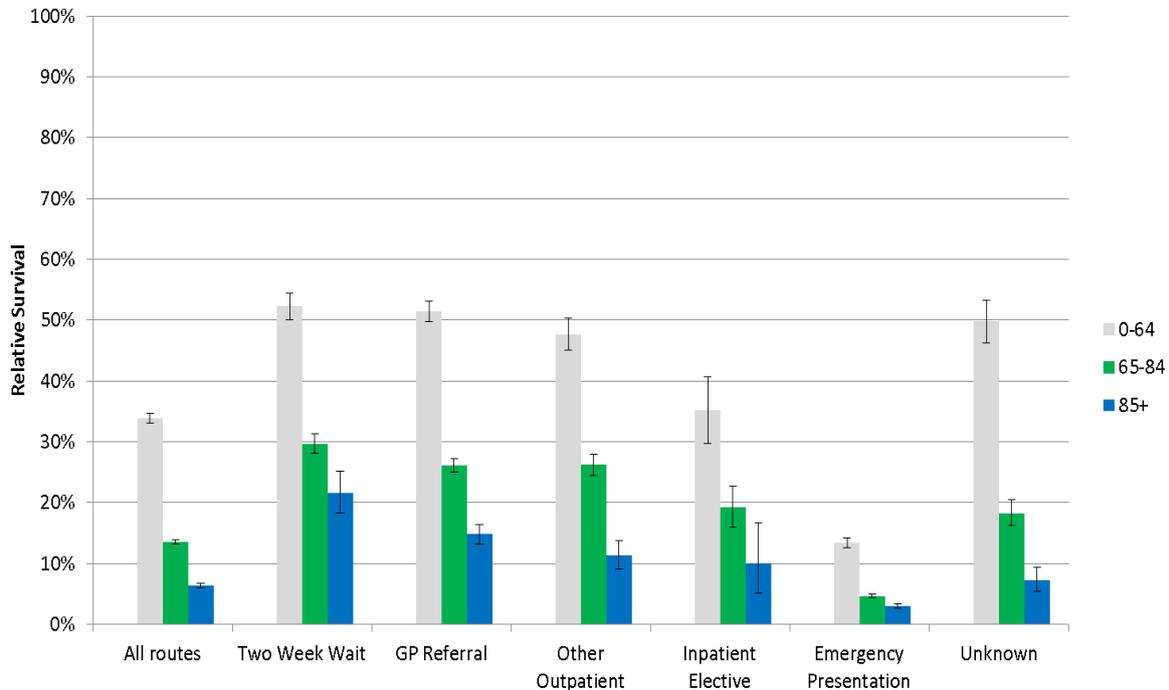


Sex: for TWW, one year survival was significantly higher among males compared to females at 39% compared to 33%, respectively. The converse was true for emergency presentation at 6% for females compared to 5% for males.

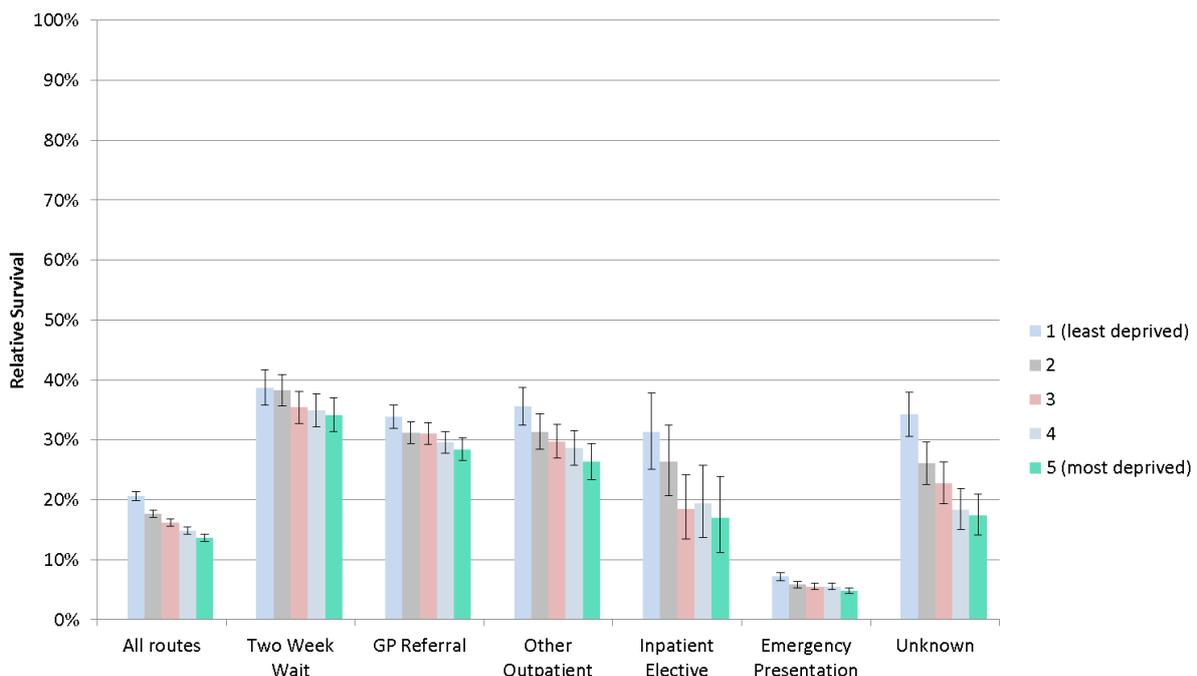


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Age: one year survival significantly decreased as age increased across all routes to diagnosis. Survival for emergency presentation was significantly lower than all routes to diagnosis, falling as low as 3% for those aged 85 and over.



Deprivation: one year survival was significantly lower among those living in the most deprived areas compared to those living in the least deprived areas across all routes to diagnosis, except TWW. The known route with the greatest difference between those living in the most and least deprived areas was inpatient elective; 17% compared to 31%, 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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