



Routes to diagnosis 2015 update: leukaemia: chronic myeloid

National Cancer Intelligence Network Short Report

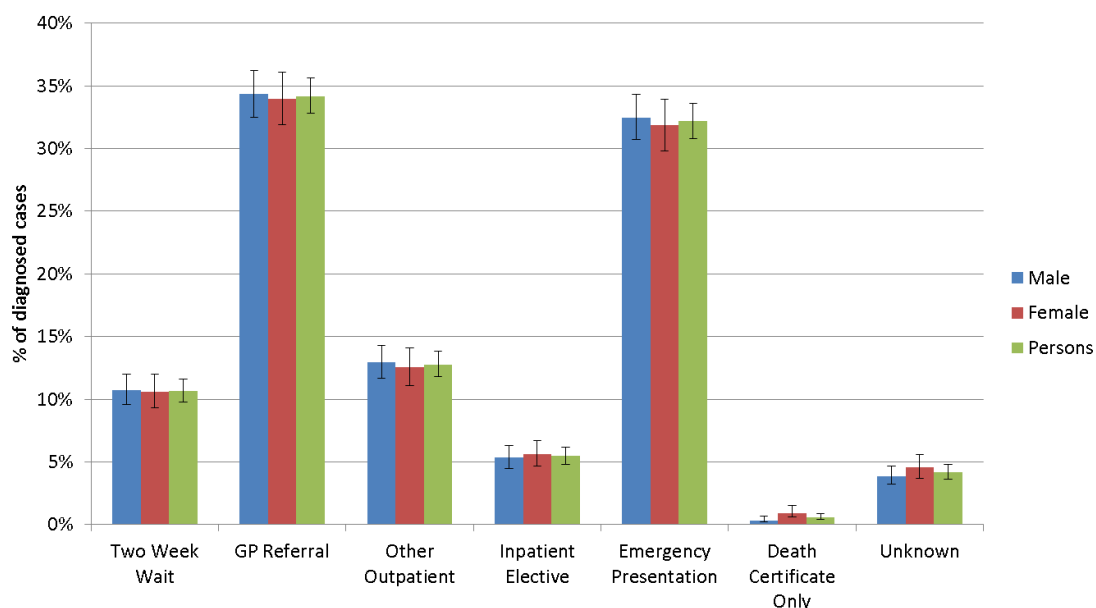
Introduction

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 leukaemia: chronic myeloid. The definition used for this briefing is ICD10 C92.1. 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.

Route breakdowns for leukaemia: chronic myeloid, 2006 to 2013

GP referral was the commonest route to diagnosis accounting for 34% of diagnoses. Emergency presentation was the next commonest route at 32%. There were no significant differences between men and women.

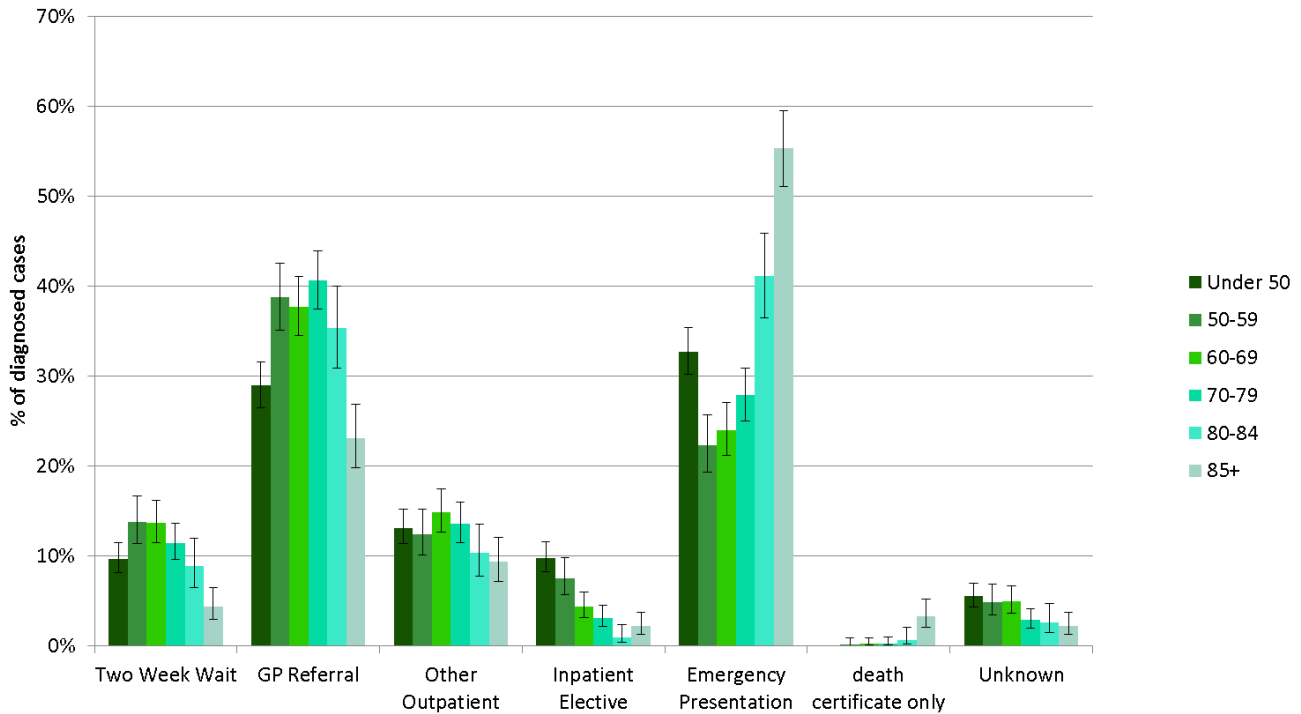


Key messages

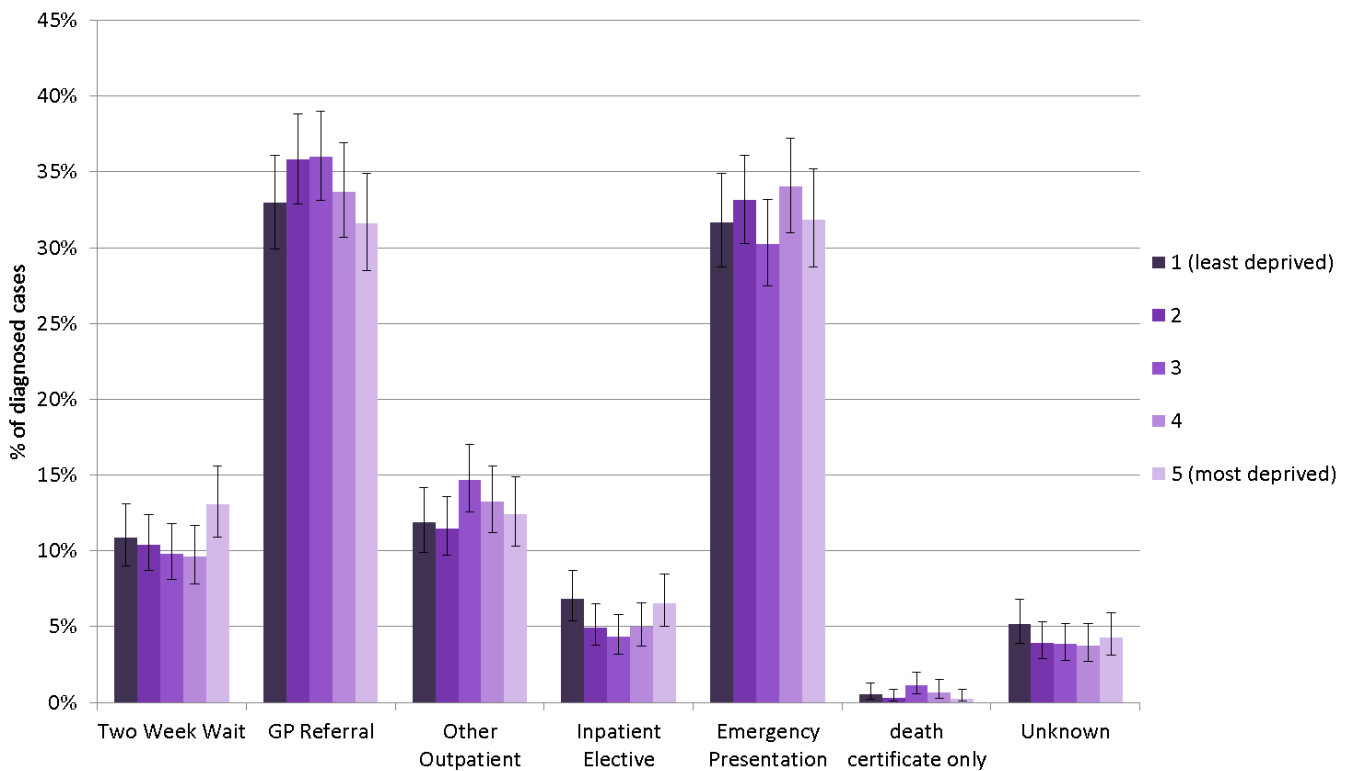
New data published for leukaemia: chronic myeloid.

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

Age: emergency presentation generally increased with increasing age with a 23% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.

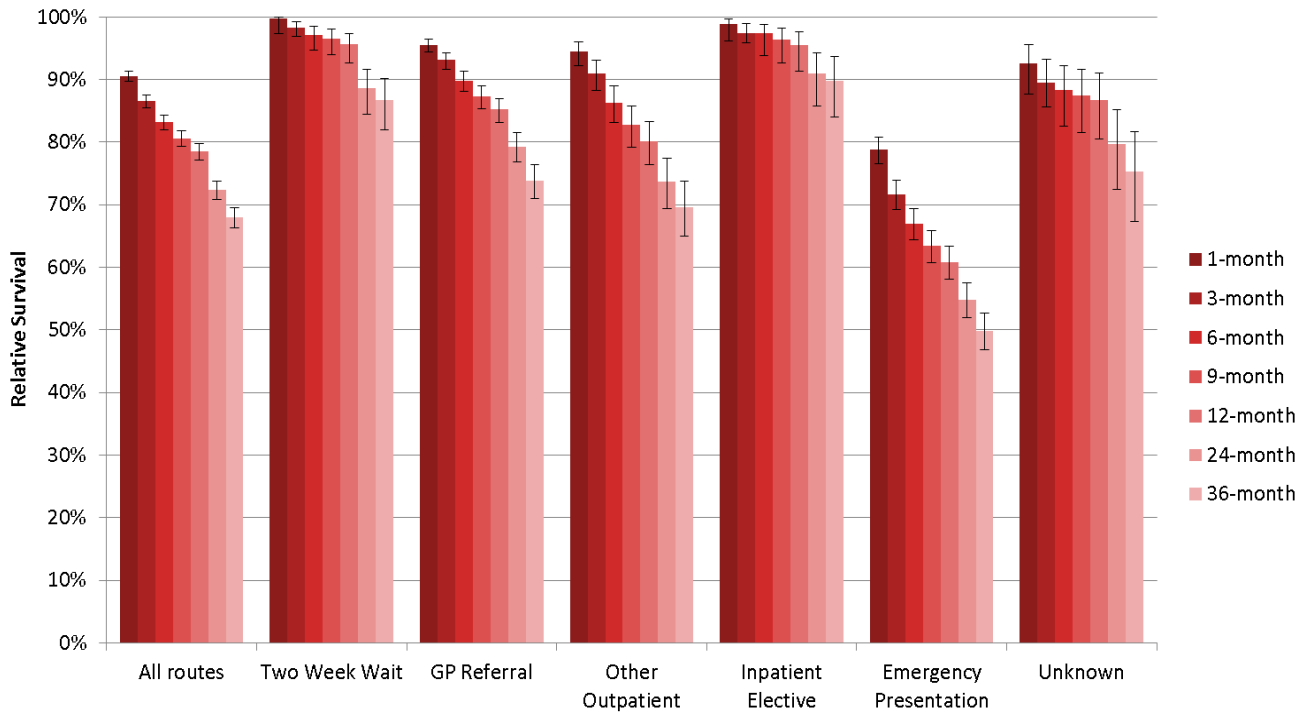


Deprivation: there were no significant differences between those living in the least deprived areas compared those living in the most deprived.

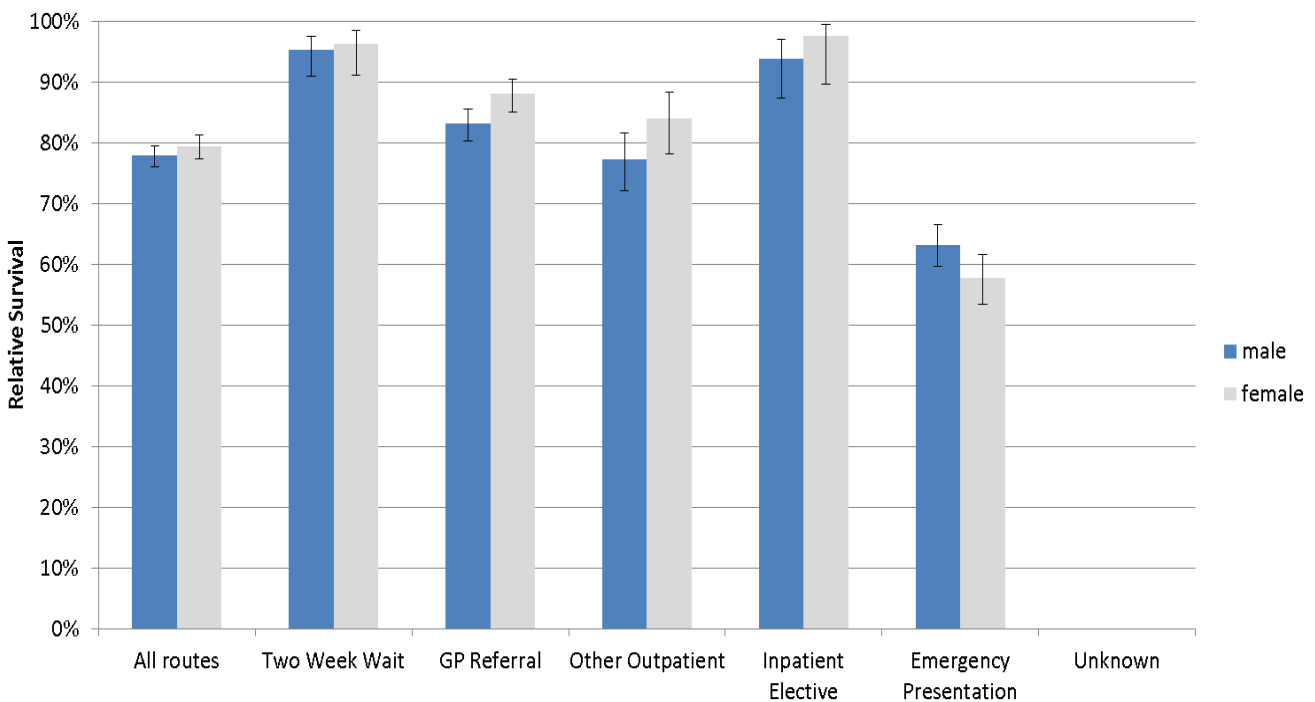


Survival results for leukaemia: chronic myeloid, 2006 to 2013

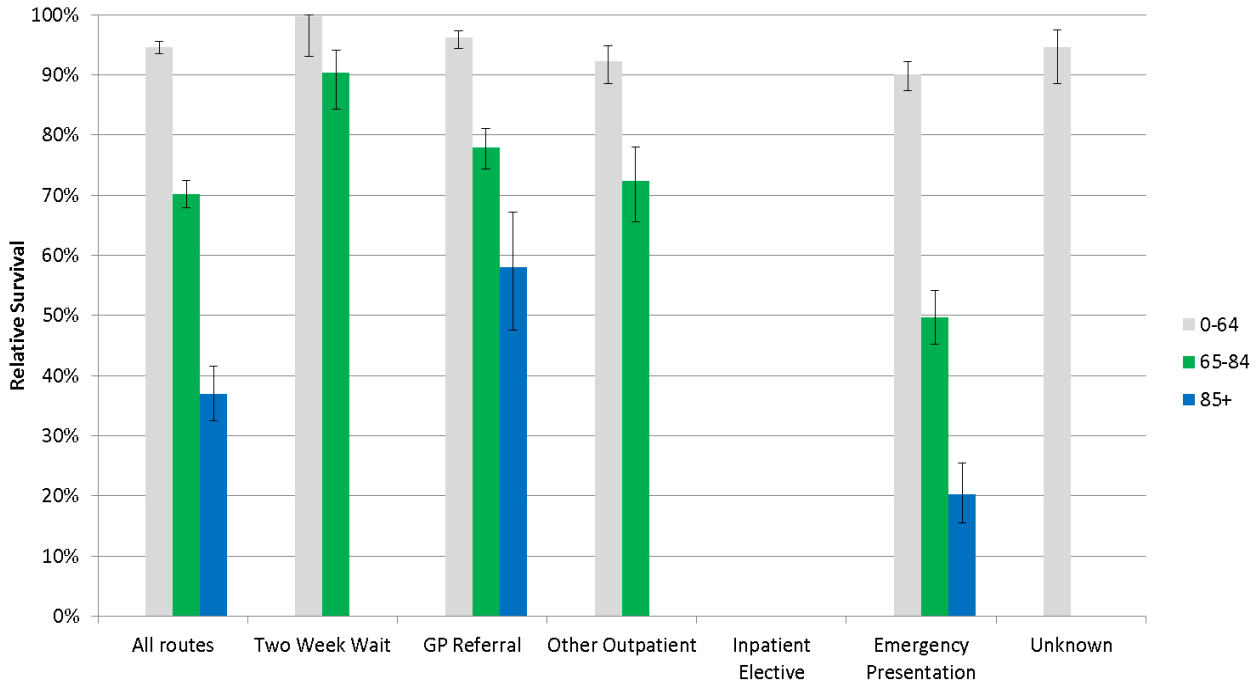
Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 79% at one month to 50% at three years after diagnosis.



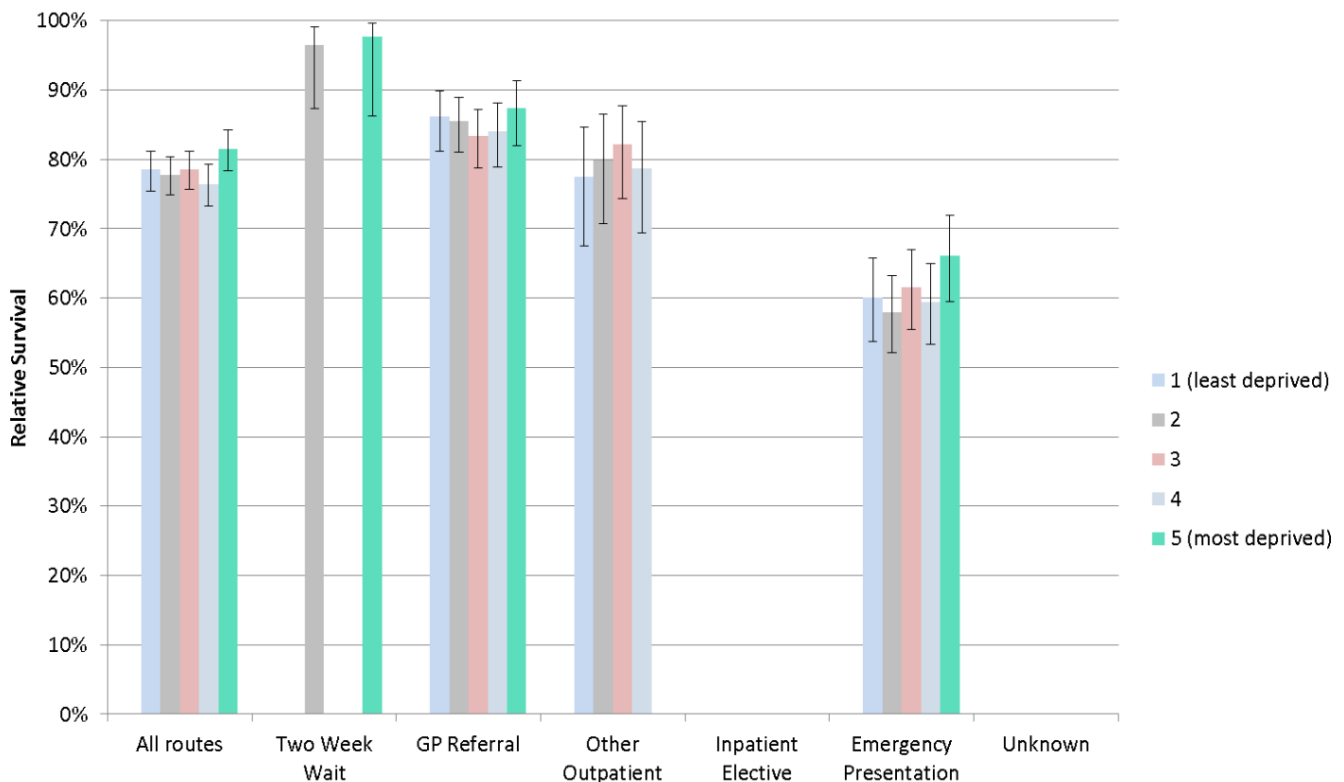
Sex: there were no significant differences in one year survival between males and females for any route to diagnosis.



Age: one year survival significantly decreased as age increased across all routes to diagnosis with the exception of TWW. Survival for emergency presentation is significantly lower than all routes to diagnosis, falling as low as 20% for those aged 85 and over.



Deprivation: one year survival was not significantly different by route to diagnosis when comparing across deprivation groups.



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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