



# Routes to diagnosis 2015 update: malignant melanoma

## 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 malignant melanoma. The definition used for this briefing is ICD10 C43. 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.

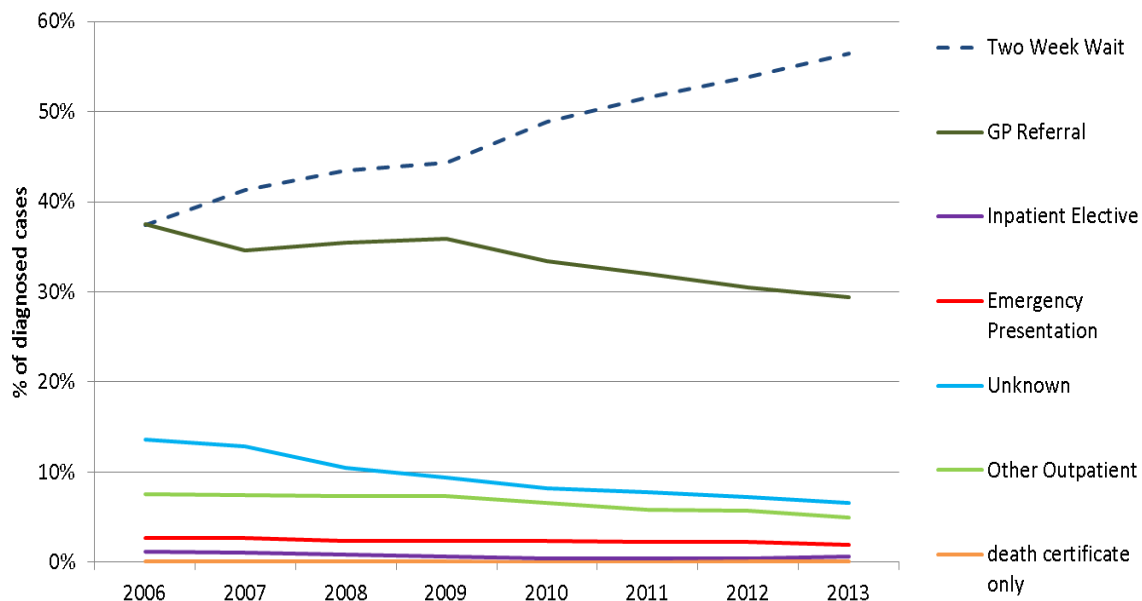
### Summary of RtD for malignant melanoma

Two week wait (TWW) was the commonest route over the time period analysed, significantly increasing from 37% in 2006 to 56% in 2013. Conversely, GP referral has decreased.

### Key messages

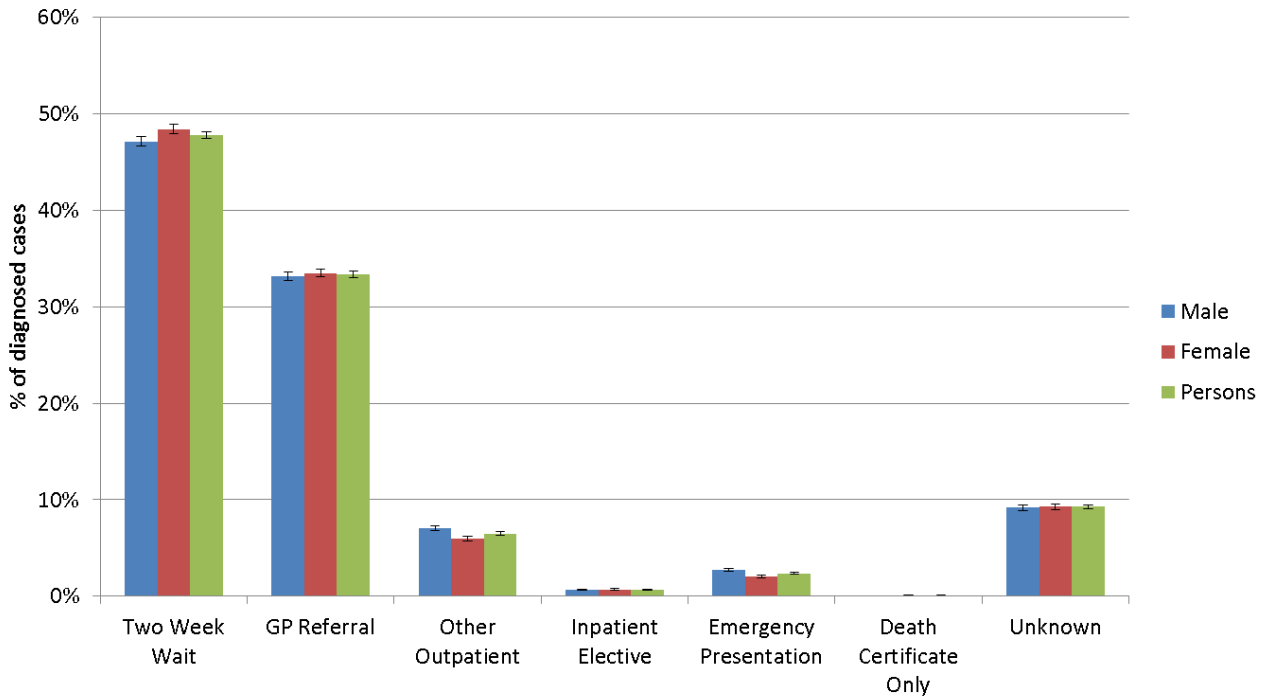
New data published for malignant melanoma.

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

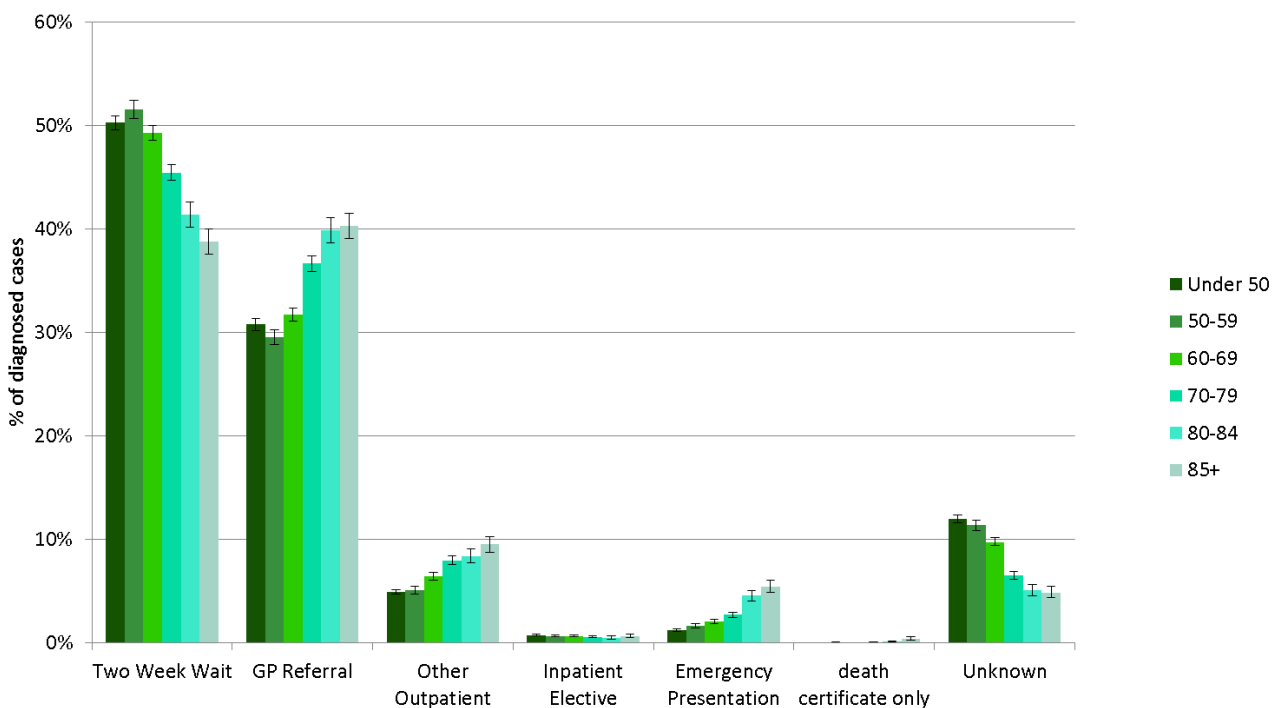


### Route breakdowns for malignant melanoma, 2006 to 2013

Sex: males had a significantly higher proportion of cases diagnosed through emergency presentation; 3% compared to 2%. There were no significant differences between males and females for TWW and GP referrals.

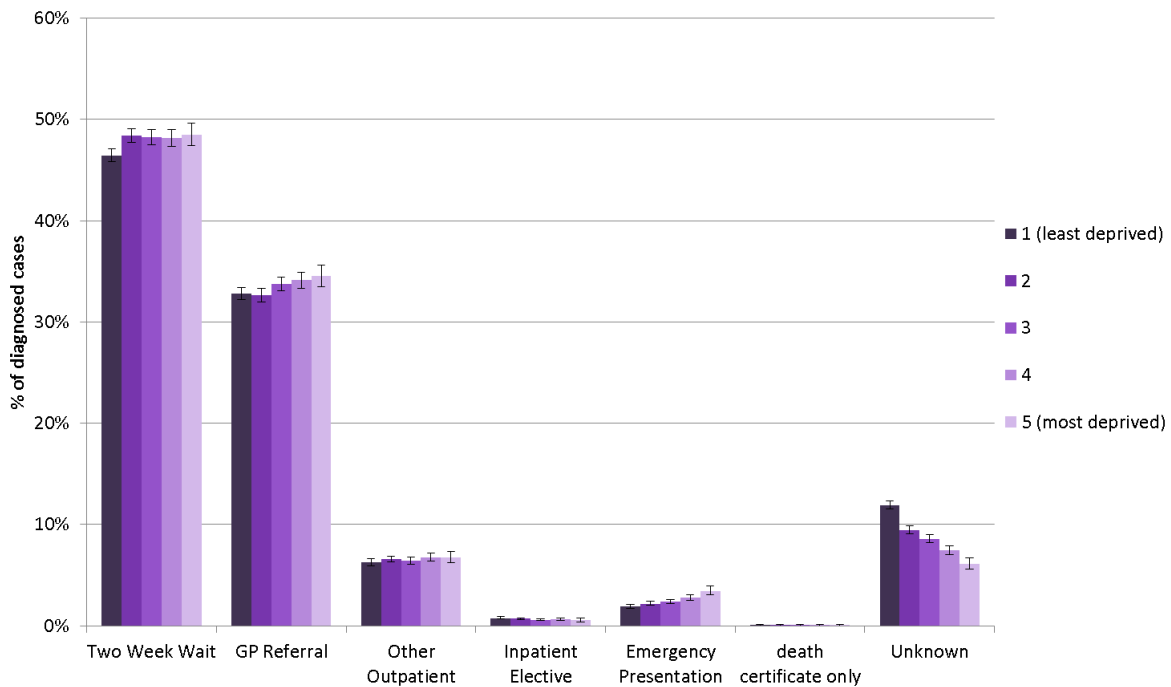


Age: emergency presentation generally increased with increasing age with a 4% difference between those aged over 85 and those aged under 50. TWW decreased with increasing age while for GP referral the converse was true.

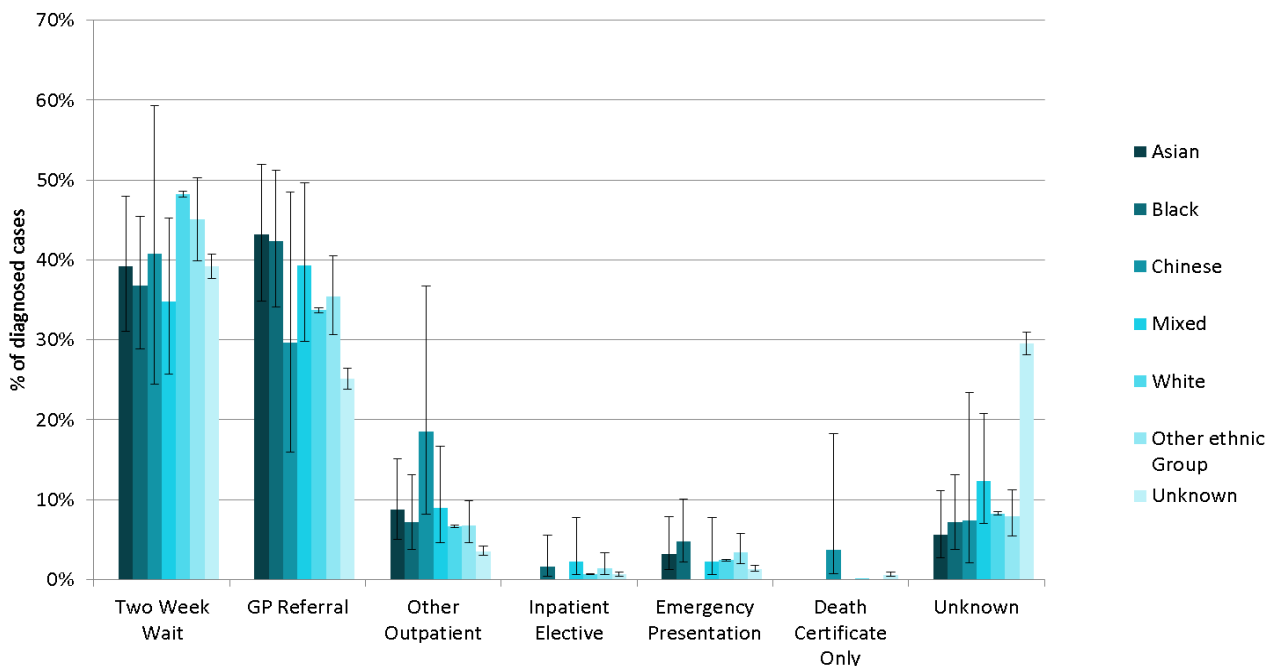


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Deprivation: emergency presentation increased with increasing deprivation with a 2% difference between those living in the least deprived areas and those living in the most deprived areas. The proportions diagnosed through both TWW and GP referral were significantly higher among those living in the most deprived areas compared to those living in the least deprived areas.

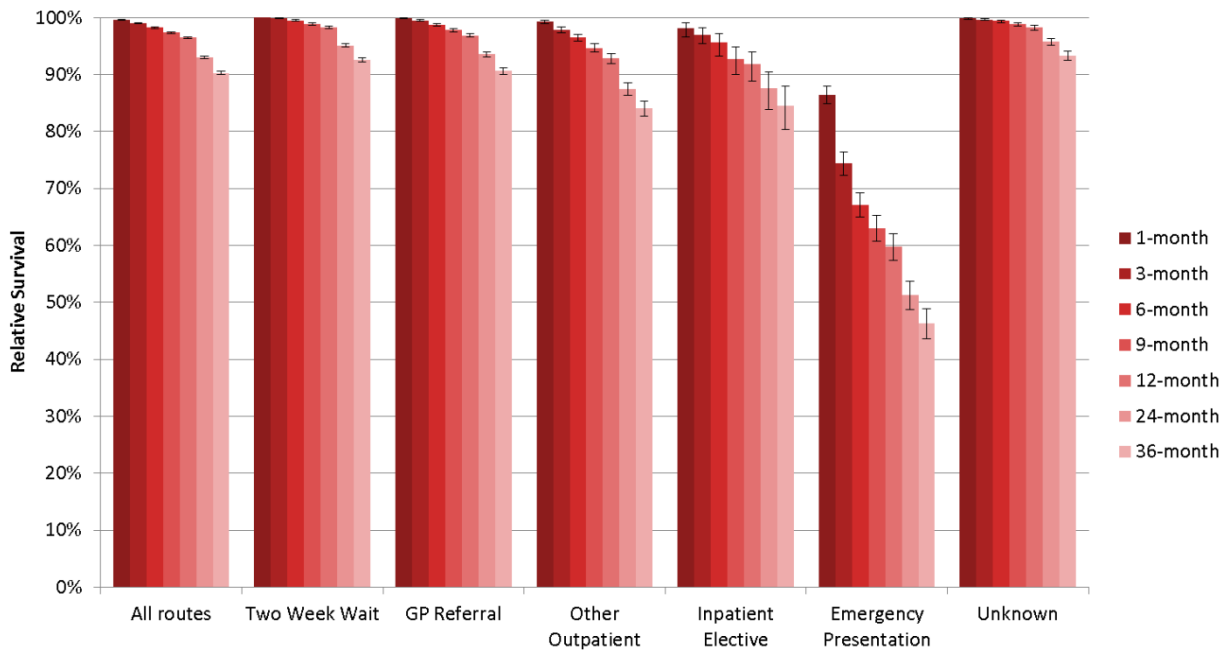


Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. TWW was significantly higher among those of white ethnicity compared to those of Asian and black ethnicities; the converse is true for GP referral.

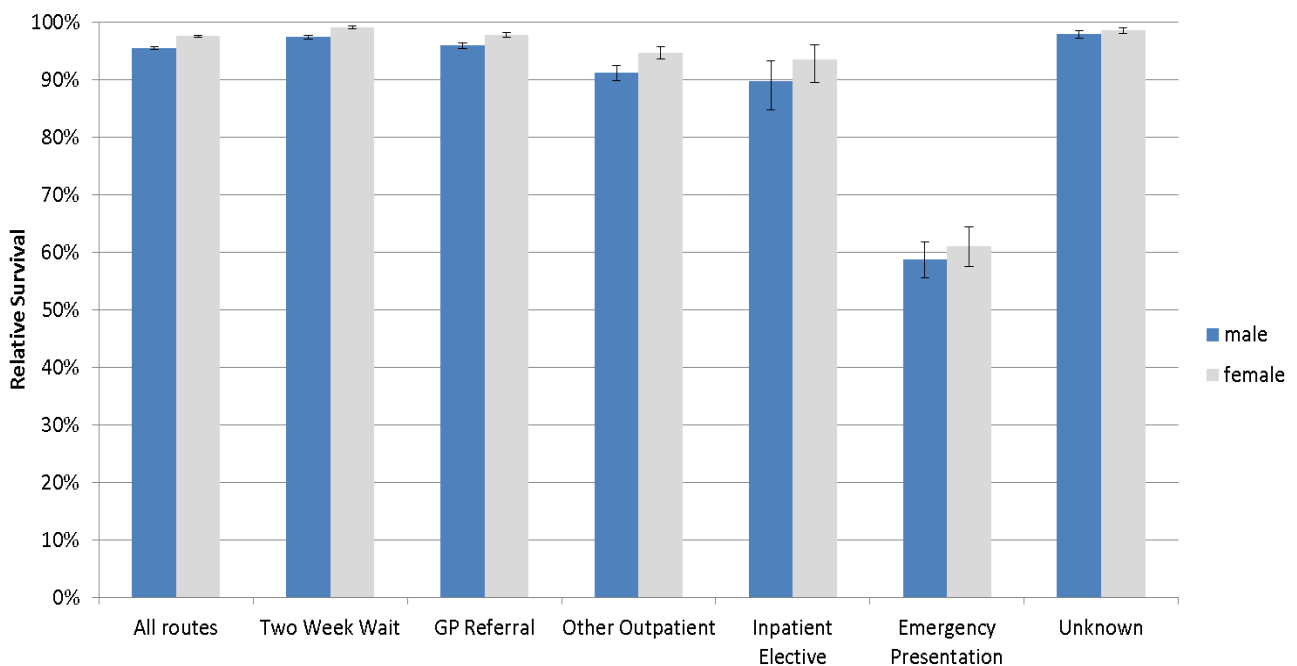


### Survival results for malignant melanoma, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 86% at one month to 46% at three years after diagnosis. TWW was significantly better than all other routes, ranging from 100% for one month to 93% at three years after diagnosis.

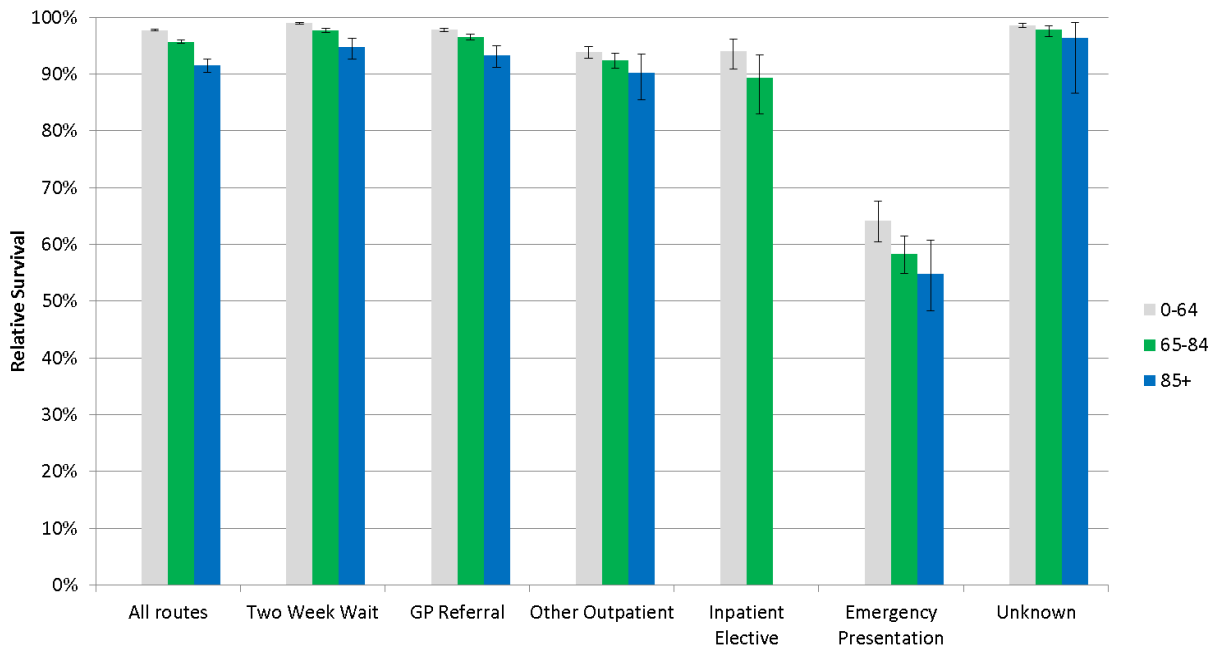


Sex: for TWW, one year survival is significantly higher among females compared to males; 99% compared to 95%, respectively. This is also the case for GP referral at 98% for females compared to 96% for males, and for other outpatient at 95% compared to 91%, respectively.

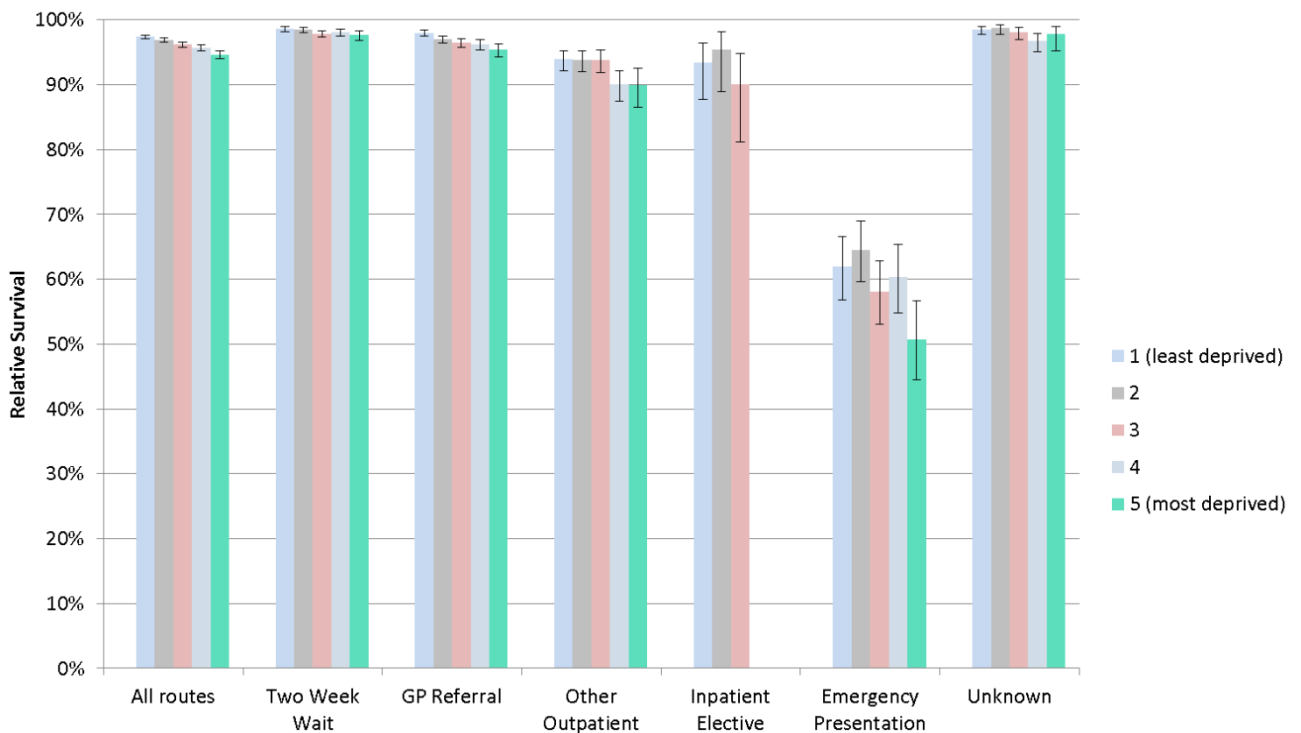


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Age: one year survival significantly decreased as age increased across age groups for those diagnosed through TWW and GP referral routes to diagnosis. By age group, survival for emergency presentation was significantly lower than for the same age group in most other routes to diagnosis, falling as low as 55% for those aged 85 and over.



Deprivation: overall, one year survival is significantly lower among patients living in the most deprived areas compared to those living in the least deprived areas; 95% compared to 97%, 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](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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