Public Health England

Protecting and improving the nation's health

Routes to diagnosis 2015 update: ovarian cancer

National Cancer Intelligence Network Short Report

Introduction

The routes to diagnosis (RtD) study has been updated to include all patients diagnosed from 2006 to 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 ovarian cancer. The definition used for this briefing is ICD10 C56-C57. It includes variation in routes over time, by age, deprivation and ethnicity and variation in survival by time from diagnosis, age and deprivation.
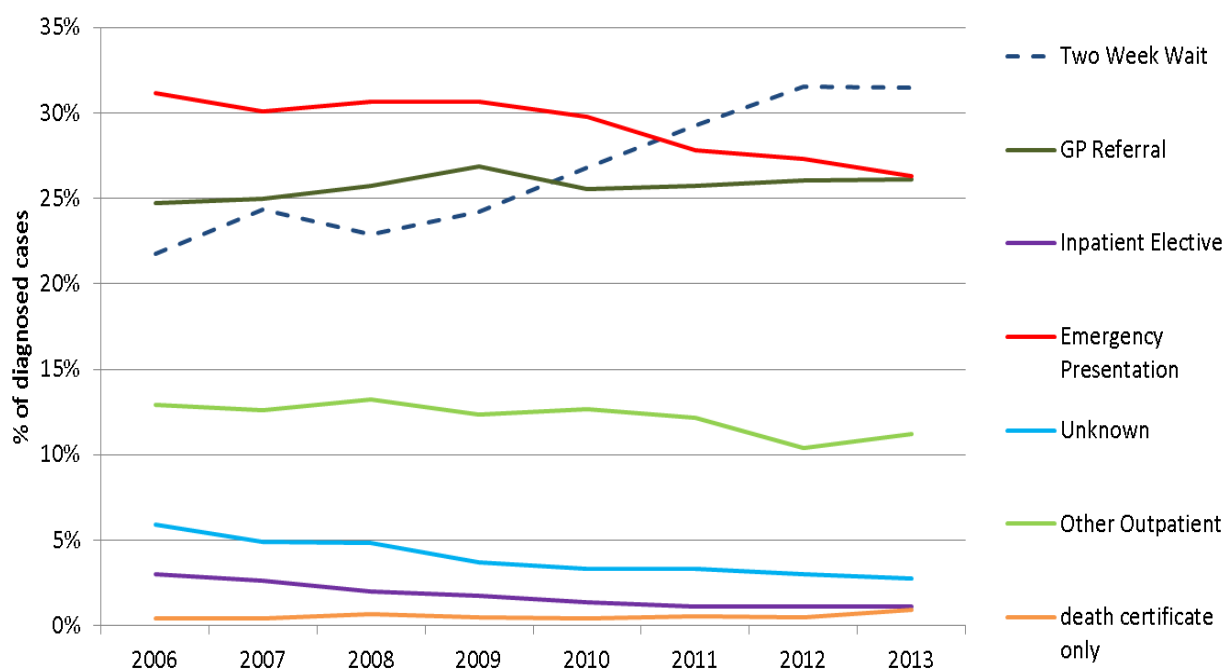
Key messages

New data published for ovarian cancer

The data shows variation by route over time, by age, deprivation and ethnicity and also variation in survival
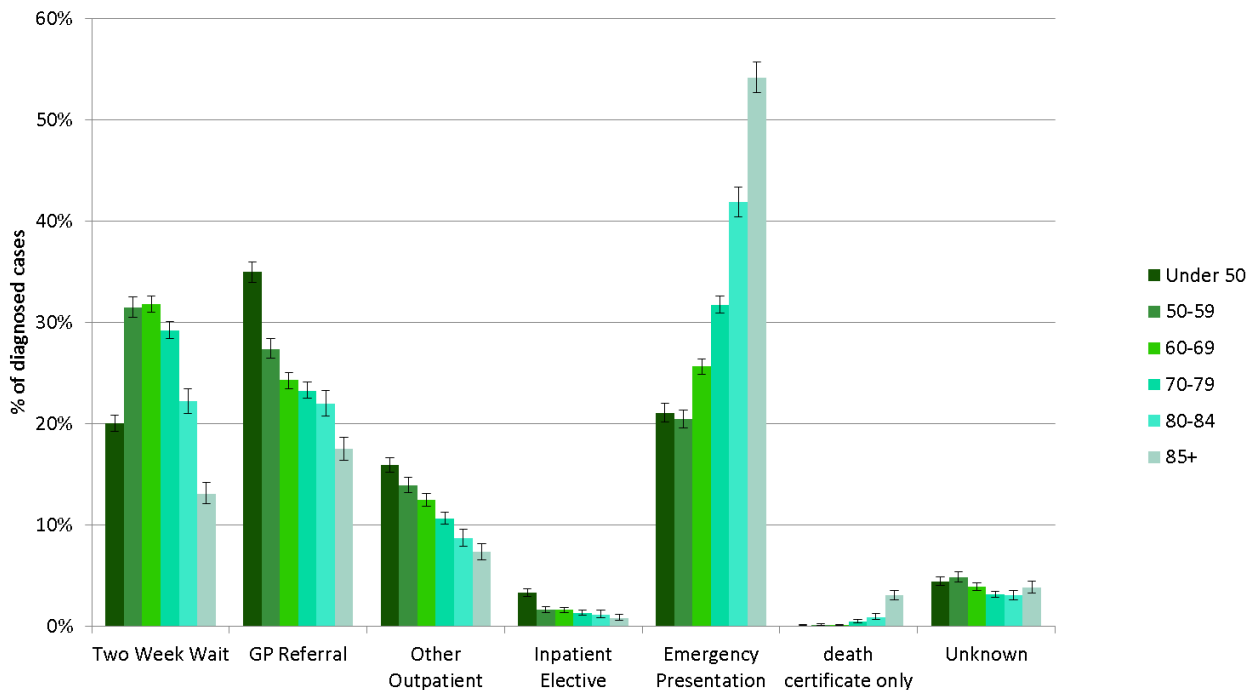
Summary of RtD for ovarian cancer

Two week wait (TWW) significantly increased over the time period analysed; from 22% in 2006 to 31% in 2013. Emergency presentations significantly decreased from 31% in 2006 to 26% in 2013.
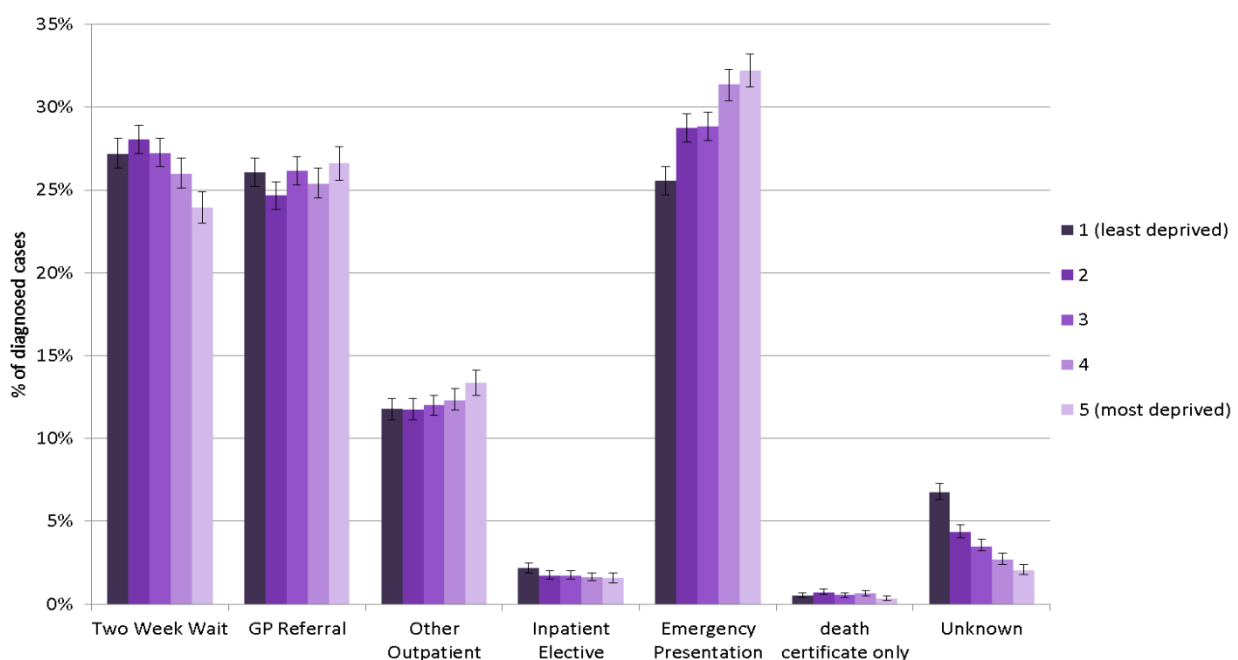
Route breakdowns for ovarian cancer, 2006 to 2013

Age: emergency presentation generally increased with increasing age with a 33% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.
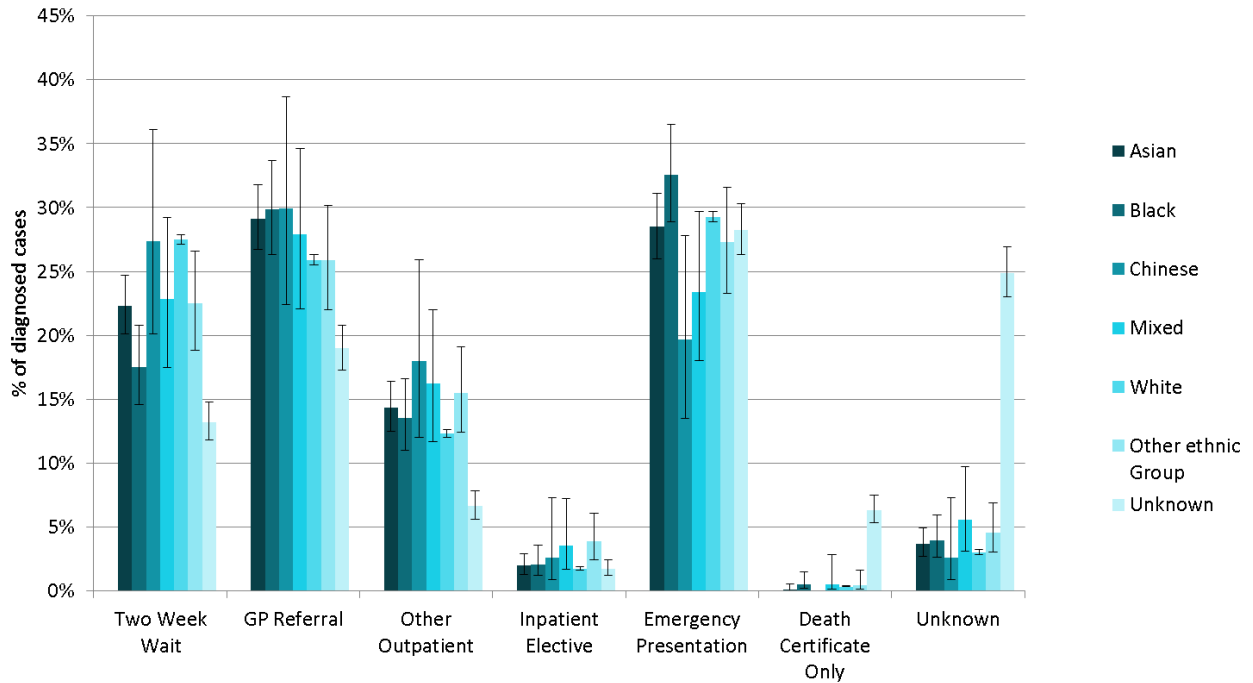

Deprivation: emergency presentation increased with increasing deprivation with a 7% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in more deprived areas had a significantly lower proportion diagnosed through TWW compared to those living in the least deprived areas; 24% compared to 27%.
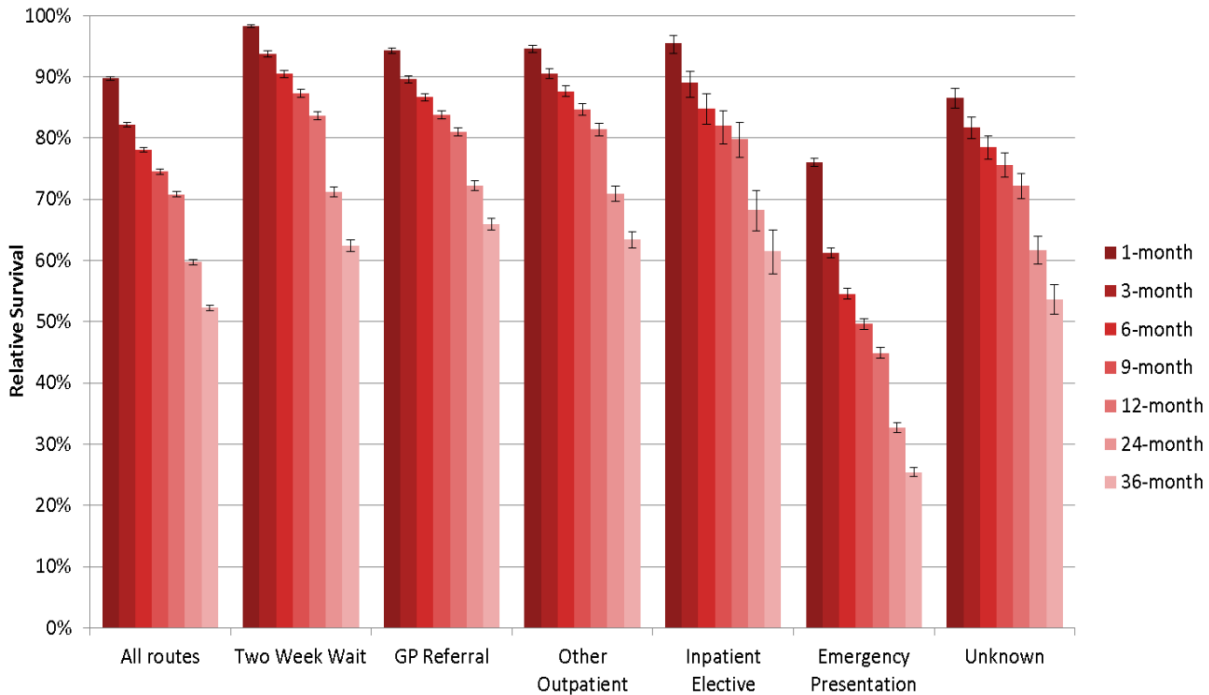
Ethnicity: there was some variation by ethnicity, although small numbers mean that confidence intervals are wide. Those of white ethnicity had a significantly higher proportion of TWW compared to those of black and Asian ethnicities.
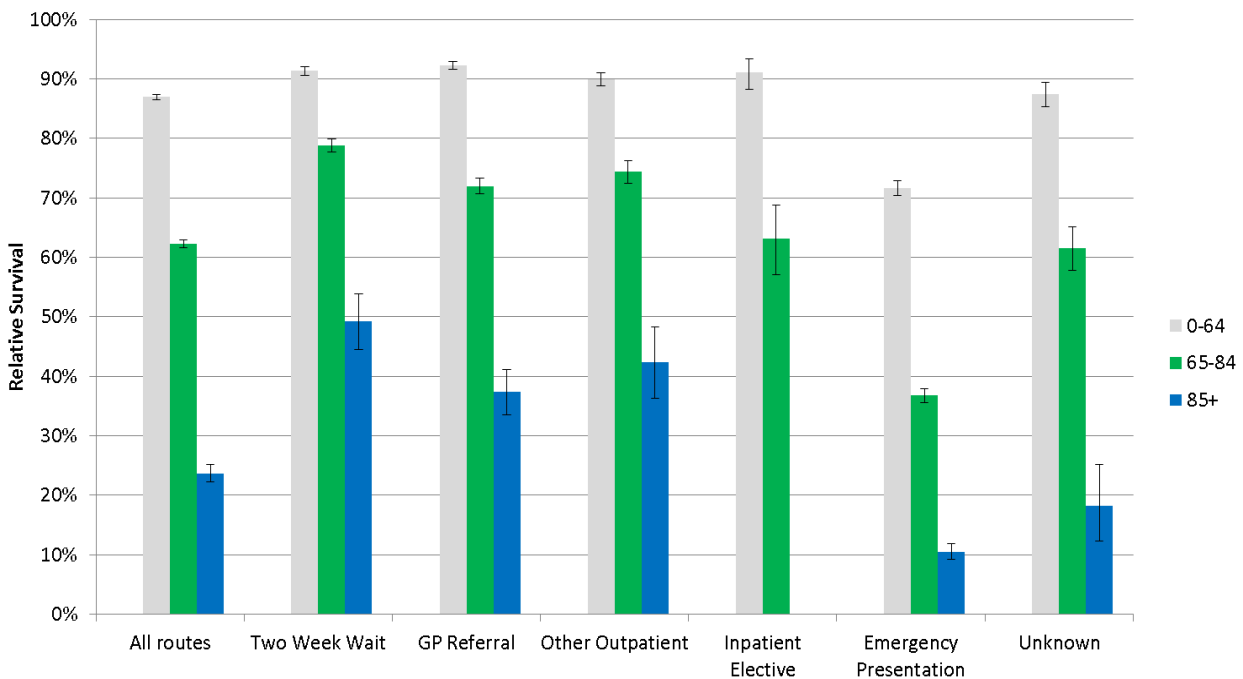
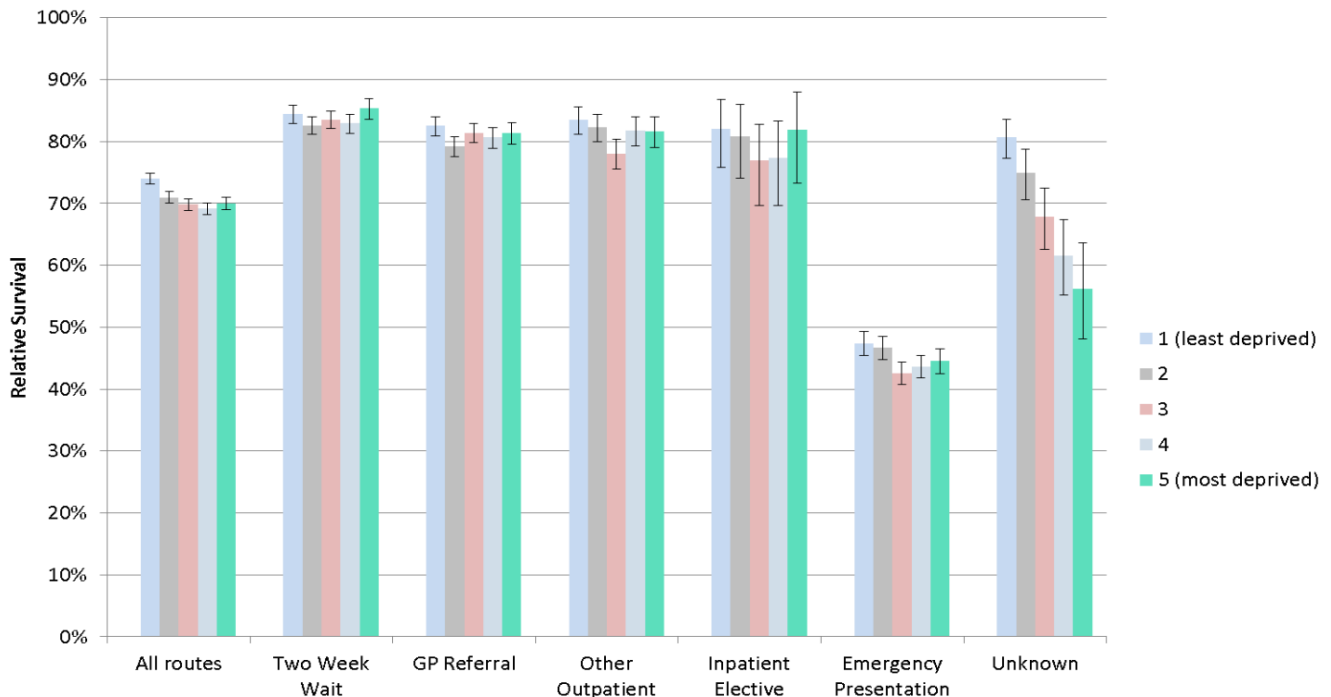## Survival results for ovarian cancer, 2006 to 2013

Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 76% at one month to 25% at three years after diagnosis.

Age: one year survival significantly decreased with increasing age across all routes to diagnosis. For all age groups diagnosed through emergency presentation, one year survival was significantly lower than the same age group diagnosed through other routes, ranging from 72% in the under 65 age group to 10% in the 85 and over age group.

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, however, for known routes there were no significant differences when comparing those living in the least and most deprived areas.

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