



Routes to diagnosis 2015 update: stomach cancer

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 stomach cancer. The definition used for this briefing is ICD10 C16. 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.

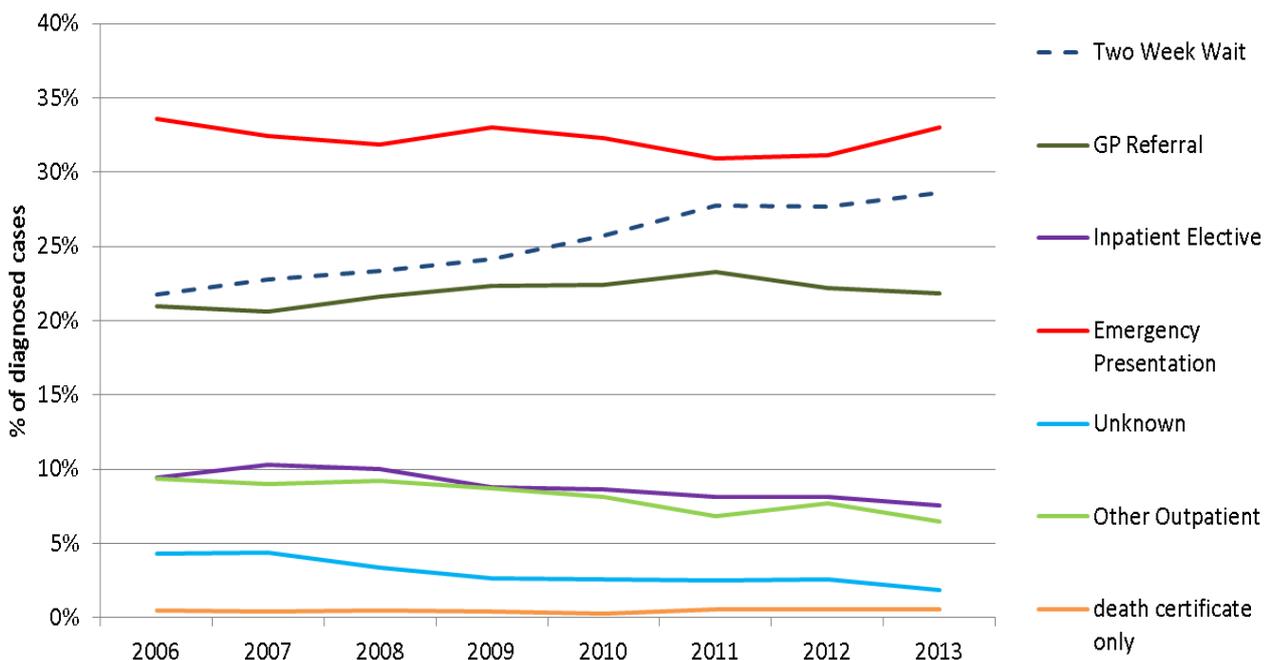
Key messages

New data published for stomach cancer.

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

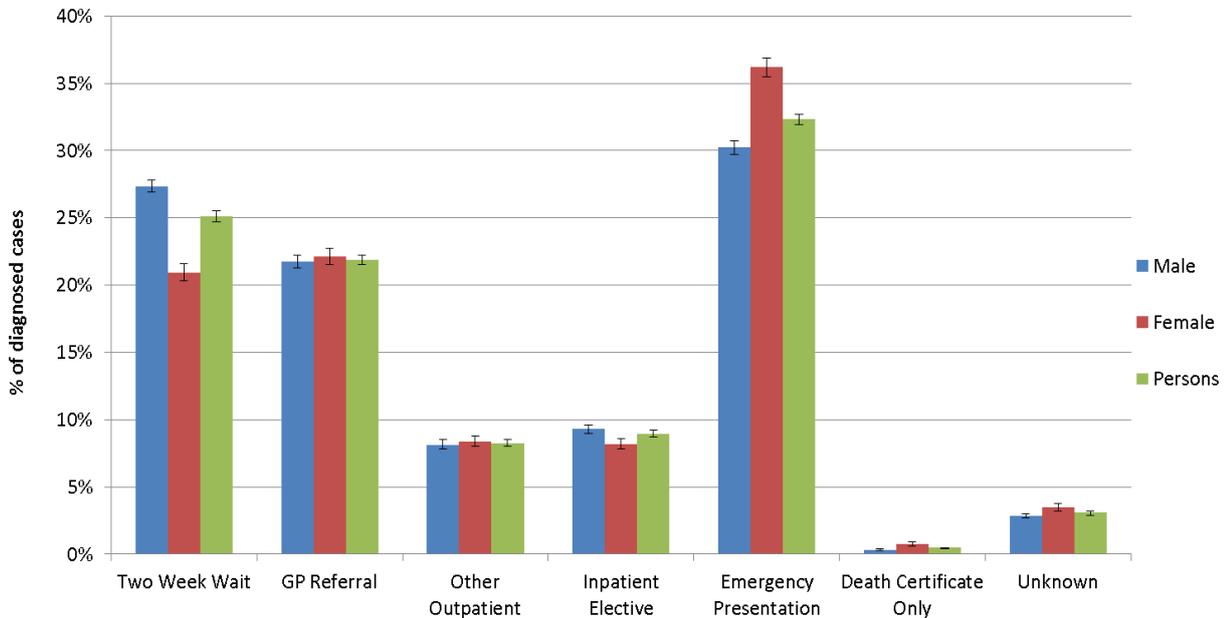
Summary of RtD for stomach cancer

Emergency presentation was the commonest route to diagnosis, however, two week wait (TWW) significantly increased across the time period analysed from 22% in 2006 to 29% in 2013.

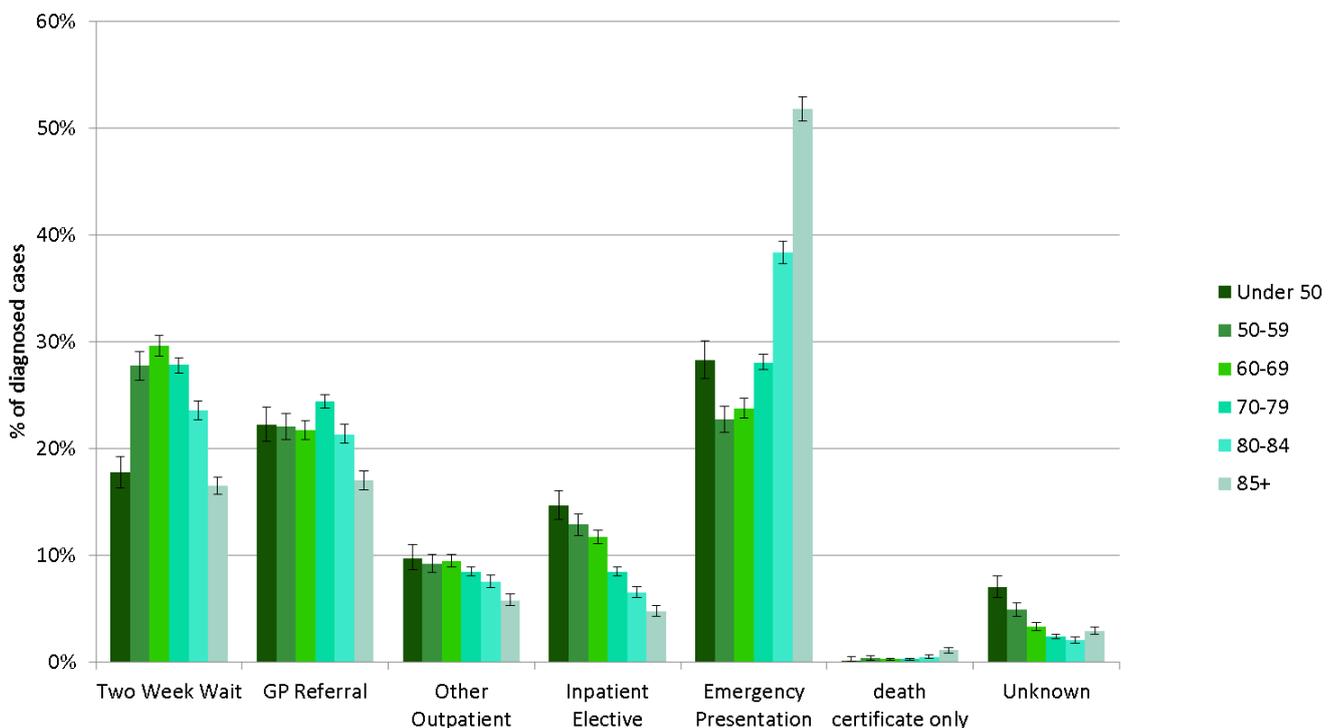


Route breakdowns for stomach cancer, 2006 to 2013

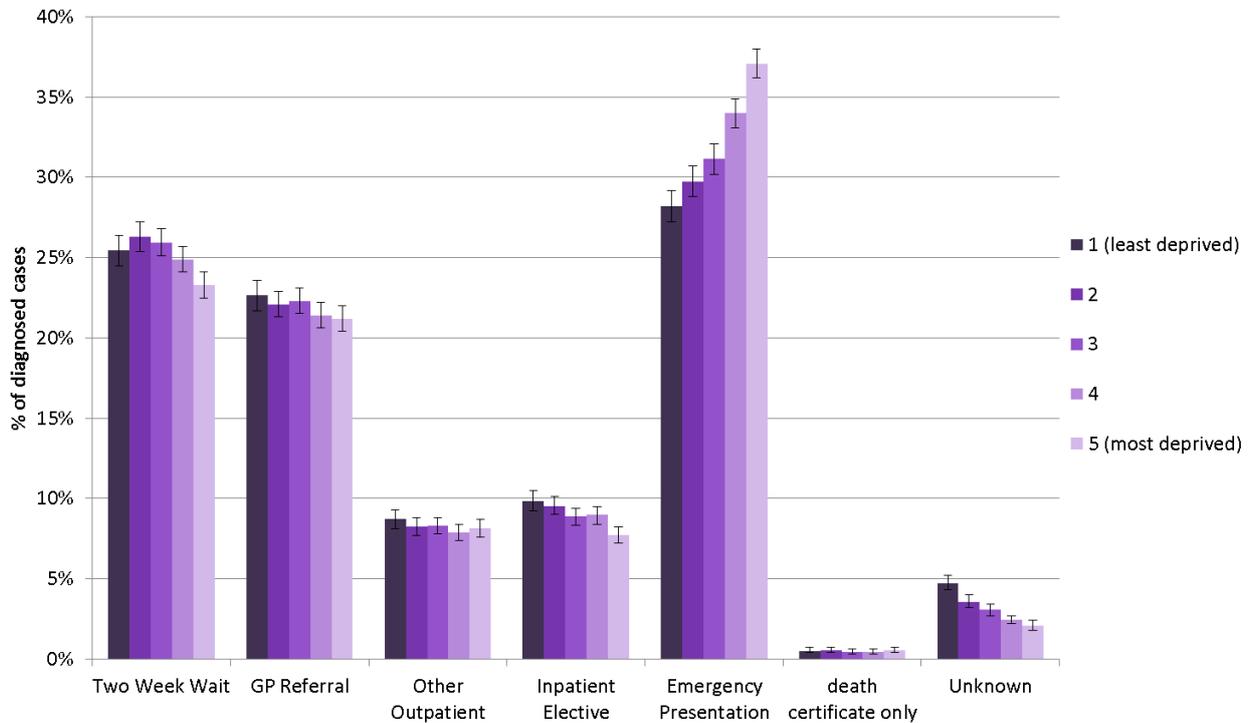
Sex: females had a significantly higher proportion of cases diagnosed through emergency presentation; 36% compared to 30% for males. Compared to females, males had a significantly higher proportion of cases diagnosed through TWW; 27% compared to 21%.



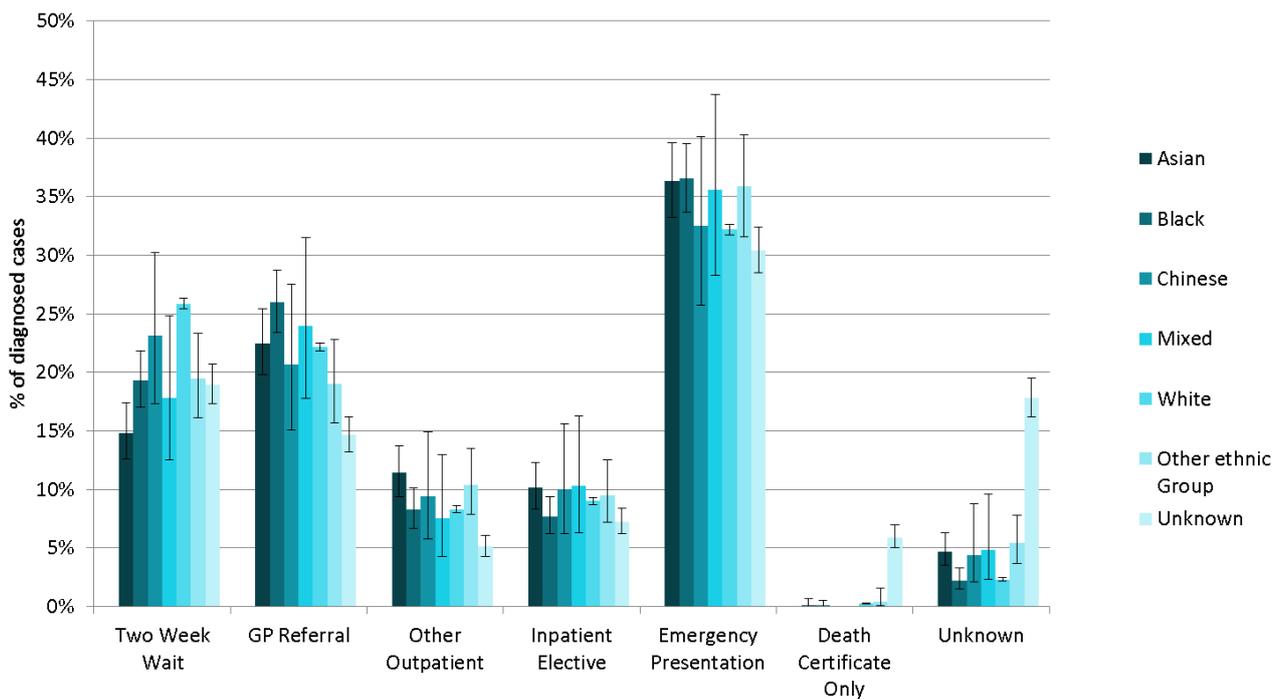
Age: emergency presentation generally increased with increasing age with a 23% difference between those aged over 85 and those aged under 50. Diagnoses through managed routes generally decreased with increasing age.



Deprivation: emergency presentation increased with increasing deprivation with a 9% difference between those living in the least deprived areas and those living in the most deprived areas. Those living in the most deprived areas had a significantly lower proportion diagnosed through TWW compared to those living in the least deprived areas; 23% compared to 25%.

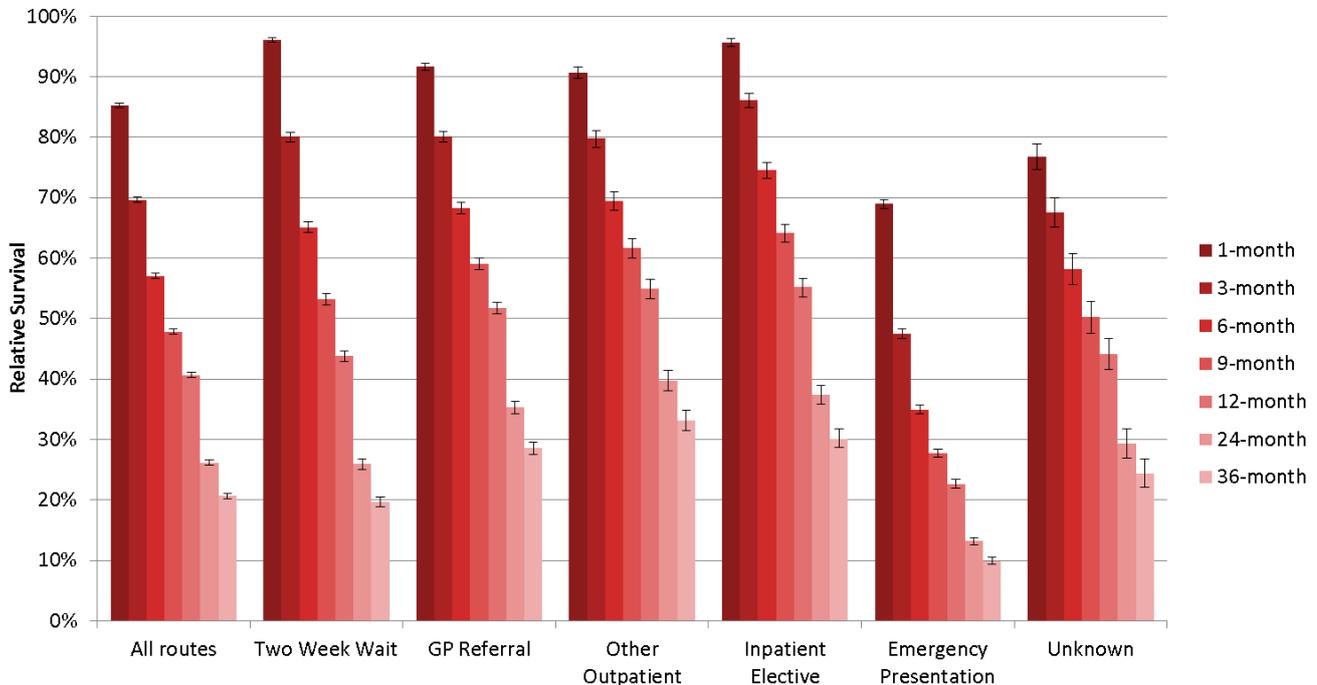


Ethnicity: TWW was significantly higher among those of white ethnicity compared to those of Asian and black ethnicity. The converse was true for emergency presentations.

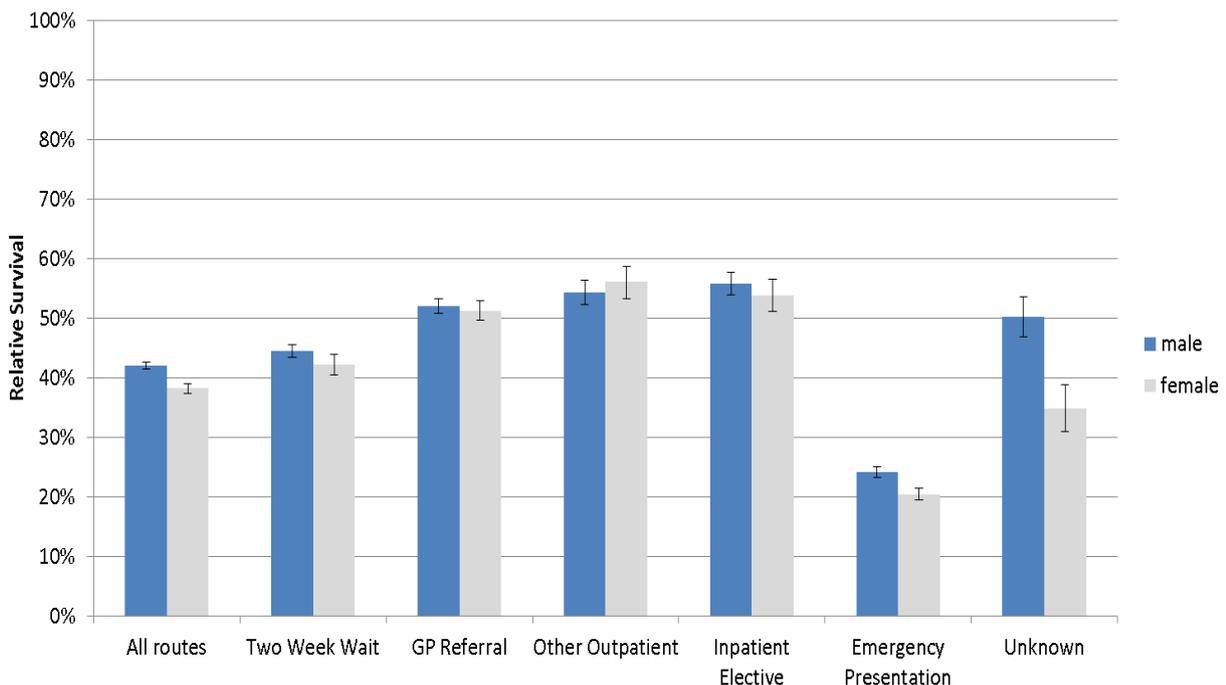


Survival results for stomach cancer, 2006 to 2013

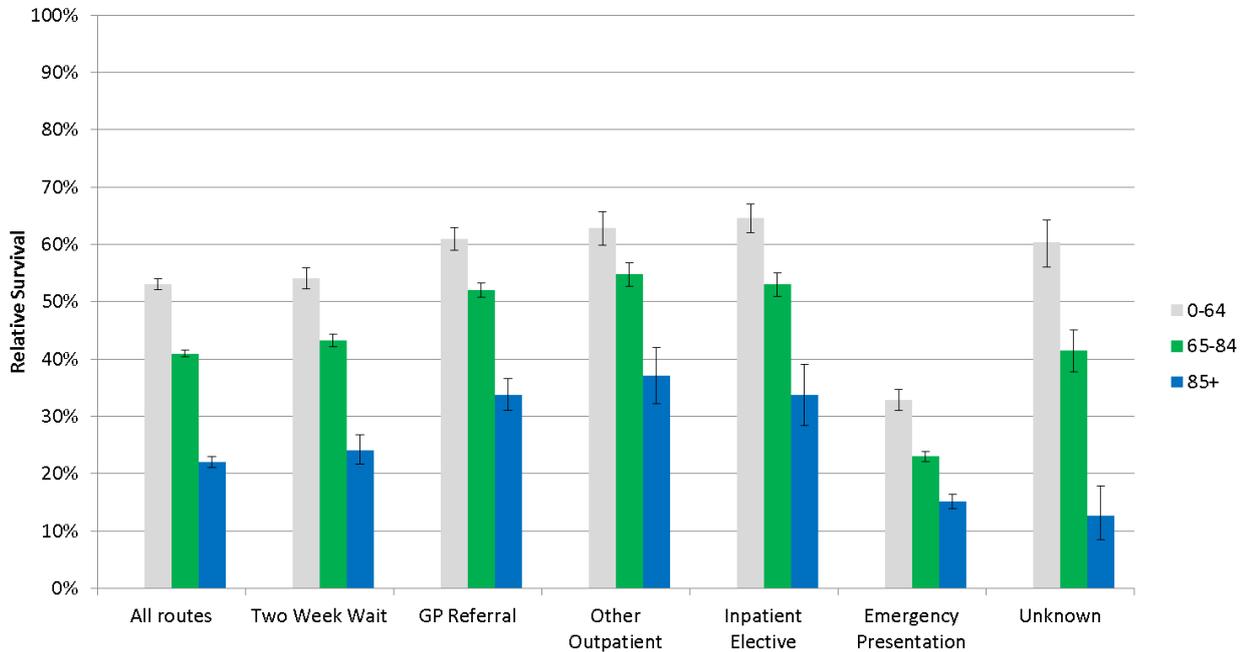
Survival for patients diagnosed through emergency presentation was significantly lower than all other routes to diagnosis: ranging from 69% at one month to 10% at three years after diagnosis.



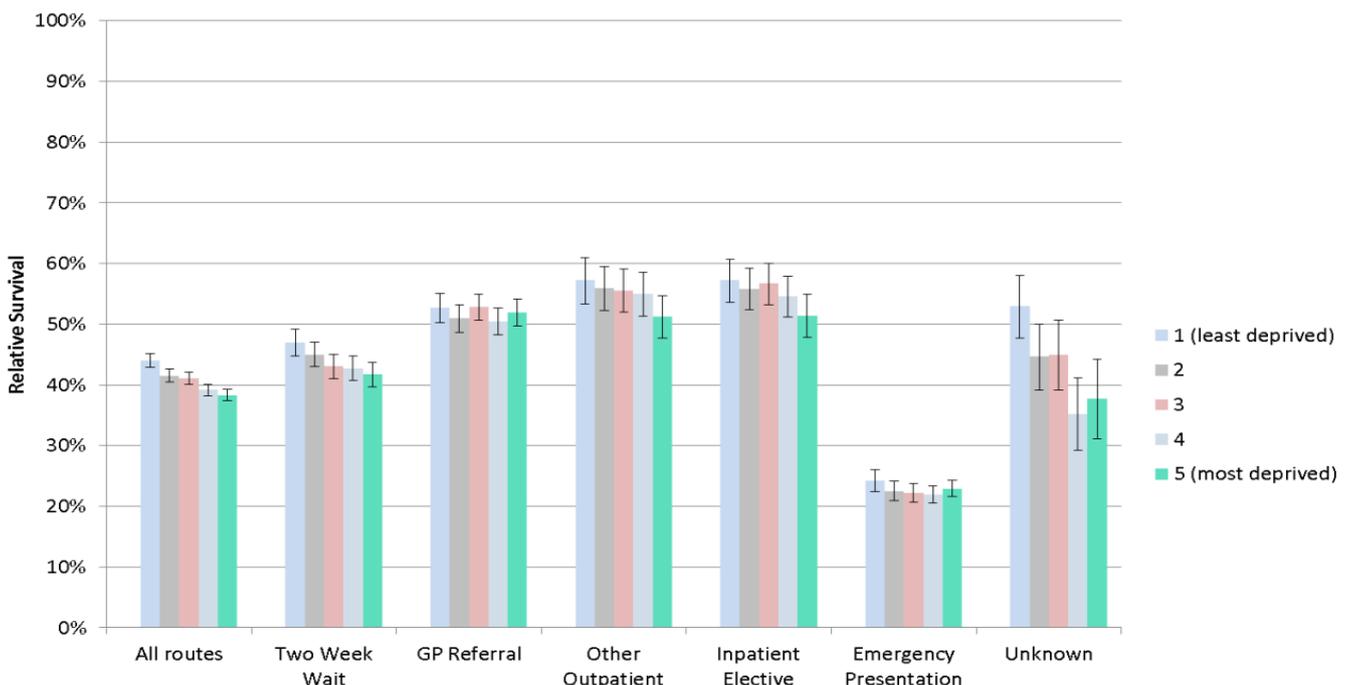
Sex: overall, one year survival was significantly lower for females than compared to males; 38% compared to 42%, respectively. Compared to males, females had a significantly lower one year survival for those diagnosed through an emergency route; 20% compared to 24%.



Age: one year survival significantly decreased with increasing age across all routes to diagnosis. By age group, one year survival for emergency presentation was significantly lower than for the same age groups for all other known routes, falling as low as 15% among those aged 85 and over.



Deprivation: overall, one year survival was significantly lower among those living in the most deprived areas compared to the least deprived areas. For TWW, one year survival was significantly lower among those living in the most deprived areas compared to those living in the least deprived areas; 42% compared to 47%, 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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