 <h4 style="margin: 0.6em 0px 1em;">National Cancer Intelligence Network Press Release</h4> Almost a third (31 per cent) of cancers in the over 70s • around 38,300 a year in England • are diagnosed through emergency admission to hospital, according to new research* by the National Cancer Intelligence Network (NCIN), published today (Friday) in the British Journal of Cancer (BJC). In all ages, 24 per cent • around 58,400 cases a year • are diagnosed through an emergency presentation. This new study examined the journey of nearly three quarters of a million cancer patients (739, 667) between 2006 and 2008 in England and worked backwards to see how they were diagnosed with cancer and the sequence of events that took them there. In those over 70, around 70 per cent of cancers of the central nervous system and over half of pancreatic (55 per cent) and liver (52 per cent) cancers were first diagnosed after an emergency admission to hospital. Patients first coming to hospital as an emergency before having cancer diagnosed could have presented in a variety of ways including, coming into A&E due to their cancer symptoms, coming into A&E with, for example, a broken hip and having cancer detected, or being referred straight to A&E by their GP because their cancer symptoms are so severe. Of all ages the data shows wide variation between cancers, with a high percentage of emergencies for cancers of the brain and central nervous (62 per cent); pancreatic cancer (50 per cent) and lung cancer (39 per cent). This was compared to cancers with easier to spot symptoms such as skin and breast cancer which had just three and five per cent emergency admissions. For all cancer types, patients are much less likely to survive the next year if they are diagnosed through emergencies. Sara Hiom, director of information at Cancer Research UK and one of the study authors, said: •Our findings showing the sheer numbers of cancer patients first seen as an emergency are startling. Early diagnosis of cancer, when the most effective treatments are more likely to be options, helps improve a patient•s chance of surviving their disease. •We don•t yet know the reasons that lie behind these stark figures but, although we might expect higher numbers of older patients to have cancer detected as an emergency, we urgently need to understand why there is such a great proportion. It may be that older people are reluctant to bother their doctor with possible cancer symptoms, or they could be slipping through the net as symptoms may be dismissed as •the usual aches and pains• or •old age•, or their GP could have referred them but their condition has progressed so rapidly that they end up as an emergency in hospital. •With so many people past retirement now able to lead healthy, active lives we need to continue to work with GPs and older people to raise awareness of early detection and treatment of cancer in the over 70s • a generation where traditionally cancer was a taboo word.• Chris Carrigan, head of the National Cancer Intelligence Network (NCIN), said: •These exciting data are the first set of detailed analysis in the world which give us an idea of the journey patients went on in being diagnosed with cancer. Producing new intelligence such as this, and making the data available for others to use and understand, is a key priority for the partners in the NCIN.• <p

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    <h2>Reference</h2>   * Elliss-Brookes, L et al. Routes to diagnosis for cancer • determining the patient journey using multiple routine data set. British Journal of Cancer doi:10.1038/bjc.2012.408   <h2 id="notes">Notes to editors</h2>   **Lower figures are:
 Melanoma (5%)
 Head and neck - Oral cavity (7%)
 Vulva (10%) All routes to diagnosis data will be available on the NCIN website www.ncin.org.uk