

# Women four times less likely to have surgery if breast cancer diagnosed as an emergency

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Breast cancer patients are four times less likely to have potentially lifesaving surgery if diagnosed as an emergency rather than through an urgent GP referral, according to a new data published today (Monday).

This is the first study of its kind that looks at how treatment varies across cancers depending on the patients' route to [diagnosis](#).

The report from Cancer Research UK and Public Health England's National Cancer Intelligence Network (NCIN) is being launched at the annual NCIN Cancer Outcomes Conference in Belfast.

It presents the proportion of patients having [major surgery](#) for 20 [cancer](#) sites and compares urgent GP referral (two-week referral) to the other routes to diagnosis. The report shows that the difference in the proportions of patients either having major surgery or missing out is greatest for [breast cancer](#).

Only 20 per cent of [breast cancer patients](#) had surgery if they were diagnosed through an emergency presentation at hospital, for example as an emergency GP referral or at Accident and Emergency. But this increases to around 80 per cent if the disease was diagnosed following an urgent two week referral from their GP.

Patients with kidney cancer have the second biggest difference with around 30 per cent having surgery when diagnosed as an emergency. This rises to 70 per cent in those diagnosed via the urgent GP referral.

Overall, the proportion of cancer patients who had major surgery after an emergency diagnosis in hospital was lower than after an urgent GP referral for 19 of the 20 cancer types examined in the report. Cancer of the larynx is the only cancer where the proportion of major surgery is similar for both diagnosis routes.

Surgery is the treatment with highest impact on [cancer survival](#) and experts believe that it accounts for at least half of the cases where cancer is cured.

Dr Mick Peake, lead clinician at Public Health England's National Cancer Intelligence Network (NCIN), said: "We have known for some time that patients whose cancers are first found during an emergency

hospital admission have a much lower chance of surviving a year after diagnosis. However many people admitted to hospital in this way will have a more advanced cancer so are less likely to be suitable for potentially lifesaving surgery. These findings offer two key messages; that earlier diagnosis is crucial to improve cancer survival, and that all cancer patients being admitted as an emergency must be assessed by the appropriate specialist team to ensure they receive the optimum treatment."

Sara Hiom, Cancer Research UK's director of early diagnosis, said: "These data provide valuable insight into who is and who isn't having surgery as part of their treatment for cancer. It reinforces the fundamental need to avoid late diagnosis as those diagnosed as a result of an emergency presentation to hospital are more likely to be diagnosed with advanced stage disease when surgery is less likely to be an option.

"Surgery is a life saving treatment for tens of thousands of [cancer patients](#) every year, and giving more patients the opportunity to get surgery is vital. We next need to look at how the stage at diagnosis via [emergency](#) presentations impacts the treatment and as soon as these linked data are available we can complete a more comprehensive analysis. Knowing more about when, where and how patients are diagnosed should help us overcome barriers and better plan services to improve cancer survival and patient experience."

Provided by Cancer Research UK

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