NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Cancer: invasive cancer diagnosed via emergency routes

NICE indicator

2013

September 2023

Next review date: September 2026

# Indicator

The proportion of invasive cases of cancer diagnosed via an emergency route.

## Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

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| This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](https://www.nice.org.uk/Standards-and-Indicators/index).To find out how to use indicators and how we develop them, see our NICE [indicator process guide](https://www.nice.org.uk/standards-and-indicators/indicators#how-we-develop-indicators). |

## Rationale

Approximately [a fifth of people with cancer](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics) are diagnosed via emergency routes. Survival rates for people diagnosed via emergency routes are considerably lower than for other cancer patients. By identifying the proportion of people who first present as an emergency, it is likely to prompt investigation into why these people did present as emergencies and how some patients could have presented earlier via a different route. An increase in the proportion of people who present through more managed process will correspond with improved outcomes. Therefore, this indicator is useful for assessing improvements in early diagnosis.

## Source guidance

[Suspected cancer: recognition and referral](https://www.nice.org.uk/guidance/ng12) (2015) NICE guideline NG12

## Specification

Numerator: Number in the denominator with an emergency method of admission.

Denominator: Number of first inpatient admissions having a diagnostic code indicating a presentation of cancer (ICD-10 C00-97, D05).

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: Numerator and denominator: Persons with a prior registration or prior admission of cancer of a similar type (for further detail, see [NHS England (2023), Methodology and Comparison of results using the National Disease Registration Service (NDRS) Cancer Analysis System (CAS) Hospital Episodes Admitted Patient Care (HES-APC) and Datalake HES-APC data](https://digital.nhs.uk/data-and-information/publications/statistical/emergency-presentations-of-cancer-quarterly-data/q4-2021-22-to-q2-2022-23-january-to-september-2022))

Data source: [NHS England’s Emergency presentations of cancer (quarterly data)](https://digital.nhs.uk/data-and-information/publications/statistical/emergency-presentations-of-cancer-quarterly-data).

Expected population size: [NHS England's Emergency Presentations of cancers](https://digital.nhs.uk/data-and-information/publications/statistical/emergency-presentations-of-cancer-quarterly-data) quarterly data for 2021 quarter 4 shows that 0.12% of people in England with a first inpatient admission having a diagnostic code indicating a first presentation of cancer, excluding a prior registration or prior admission of cancer of a similar type and people with non-melanoma skin cancer: 12 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

# Update information

**Minor changes since publication**

**September 2023:** We updated this guidance document to ensure alignment with current data sources.

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