



Aalborg Universitet

AALBORG UNIVERSITY
DENMARK

From First Symptom To Treatment For Breast Cancer in An International Comparative Study (ICBPM4)

Weller, David; Menon, Usha; Jensen, Henry; Zalounina Falborg, Alina; Vedsted, Peter

Published in:

International Agency Conference on Research on Cancer - Lyon, Frankrig (Abstract book)

Publication date:

2016

[Link to publication from Aalborg University](#)

Citation for published version (APA):

Weller, D., Menon, U., Jensen, H., Zalounina Falborg, A., & Vedsted, P. (2016). From First Symptom To Treatment For Breast Cancer in An International Comparative Study (ICBPM4). In *International Agency Conference on Research on Cancer - Lyon, Frankrig (Abstract book)*

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal -

Take down policy

If you believe that this document breaches copyright please contact us at vbn@aub.aau.dk providing details, and we will remove access to the work immediately and investigate your claim.



C A N C E R
OCCURRENCE / CAUSES / PREVENTION

Global Cancer

Occurrence, Causes,
and Avenues to Prevention

*A conference to discuss today's challenges
and help design tomorrow's agenda*

ABSTRACTS

7-10 JUNE 2016
Lyon, France

www.iarc-conference2016.com

International Agency for Research on Cancer



N-392 - From First Symptom To Treatment For Breast Cancer ñ An International Comparative Study (ICBPM4)

DAVID WELLER, UNIVERSITY OF EDINBURGH , UNITED KINGDOM

WORKING GROUP I. ³ , MENON U. ² , JENSEN H. ¹ , ZALOUNINA FALBORG A. ¹ , VEDSTED P. ¹

¹ *Research Unit for General Practice, Aarhus University, Aarhus, Denmark*

² *Institute for Women's Health, University College London, London, United Kingdom*

³ *ICBP Module 4 Working Group, Cancer Research UK, London, United Kingdom*

Purpose: International differences in breast cancer survival and stage at diagnosis, reported previously by the International Cancer Benchmarking Partnership (ICBP), may be linked to differences in time intervals and routes to diagnosis. ICBP Module 4 reports the first international comparison of routes to diagnosis for breast cancer patients and the time intervals from symptom onset until the start of treatment. Data from ten jurisdictions across six countries (Canada, the UK, Norway, Sweden, Denmark and Australia) is included.

Methods: Patients were identified via cancer registries. Data on symptomatic and screened patients was collected – with a target of 200 symptomatic patients. Questionnaire data from patients' primary care providers (PCPs) and specialists, as well as audit information from treatment records or databases, supplemented data from the patient questionnaire.

Routes to diagnosis and the key time intervals were estimated and compared using quantile regression.

Results: A total of 3,470 breast cancer patients diagnosed between May 2013 and November 2015 are included in the analyses. Preliminary analyses show that the main route to diagnosis was symptomatic presentation, most often to primary care, with half experiencing a lump.

The median patient interval ranged from 4 to 31 days. The primary care interval was short with a median of 0 days with a few important exceptions. For symptomatic women the median diagnostic interval ranged from 8 to 36 days and the median total interval from first symptom to treatment from 42 to 93 days between jurisdictions. The total interval was similar between jurisdictions when screen detected cases were included.

Conclusion: ICBM4 was able to demonstrate important differences in routes to diagnosis and time intervals between ten jurisdictions. Preliminary results will be presented at the conference.

Funding source: Provided by various sources from each participating jurisdiction.