

Presenting symptoms of cancer and stage at diagnosis: evidence from a cross-sectional, population-based study

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Background

'Early diagnosis interventions such as symptom awareness campaigns increasingly form part of global cancer control strategies. However, these strategies will have little impact in improving cancer outcomes if the targeted symptoms represent advanced stage of disease.' This paper aimed to 'examine associations between common presenting symptoms of cancer and stage at diagnosis.'



Methods

Data from the English NCDA analysed for 7997 patients. The 20 most common presenting symptoms and their associations with stage at diagnosis were examined (TNM stage IV vs stage I–III).



Results

- Significant variation in the proportion of patients diagnosed with stage IV cancer, when presenting symptom considered
 - 1% for abnormal mole to 80% for neck lump
- Consistently raised odds of stage IV cancer with neck lump, chest/back pain
- Greater than 50% of patients were diagnosed at stages other than stage IV, for 13 of the 20 symptoms:
 - Abnormal mole, breast lump, post-menopausal bleeding, rectal bleeding, lower urinary tract symptoms, haematuria, change in bowel habit, hoarseness, fatigue, abdominal pain, lower abdominal pain, weight loss, and the "any other symptom" category
- Greater than a third of patients were diagnosed at stages other than stage IV, for 19 of the 20 studied symptoms (all except neck lump)



Conclusions

'Despite specific presenting symptoms being more strongly associated with advanced stage at diagnosis than others, for most symptoms, large proportions of patients are diagnosed at stages other than stage IV. These findings provide support for early diagnosis interventions targeting common cancer symptoms, countering concerns that they might be simply expediting the detection of advanced stage disease.'

Full reference: Koo MM, Swann R, McPhail S, Abel GA, Elliss-Brookes L, Rubin GP, Lyratzopoulos G. Presenting symptoms of cancer and stage at diagnosis: evidence from a cross-sectional, population-based study. *Lancet Oncol.* 2020 Jan;21(1):73-79
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