

700 women with urinary cancers in England missing out on prompt diagnosis every year

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Around 700 women in England with symptoms of kidney or bladder cancer are missing out on prompt diagnosis and treatment of their condition every year, reveals research in the online only journal *BMJ Open*.

This may be because [family doctors](#) tend to attribute women's - rather than men's - initial symptoms to harmless causes, such as bacterial infections, and some women therefore have to visit their GP several times before they get referred to a specialist, say the researchers.

Currently, [survival rates](#) for kidney and [bladder cancer](#) in England show that fewer women than men live for five years after diagnosis.

The researchers looked at the numbers of patients diagnosed with kidney and bladder cancers in England between 2009 and 2010. They used data from the National Audit of [Cancer Diagnosis in Primary Care](#), covering 1170 representative [general practices](#) - equivalent to around 14% of the national total. They looked at two interrelated measures of the promptness of diagnosis: the number of consultations the patient made before s/he was referred; and the [time interval](#) between the first visit to the GP with symptoms and specialist referral.

In all, 920 patients were diagnosed with bladder cancer during the study period, of whom 252 (27%) were women; and 398 were diagnosed with kidney cancer, of whom 165 (42%) were women. These proportions are similar to national figures: 28% and 38%, respectively.

Women were around twice as likely as men to have visited their GP on three or more occasions before they were referred to a specialist, the analysis showed.

Around one in 10 men (11%) with bladder cancer had three or more visits before referral, compared with 27% of women. The equivalent figures for kidney cancer were 18% and 30%.

The average interval between first GP consultation and specialist referral didn't differ greatly between men and women - four versus six days for bladder cancer and 10 versus 16 days for kidney cancer. But among the 25% of women experiencing the longest delays, it took two weeks longer to get referred than the 25% of men with the longest delays. When this was narrowed down to the 10% of those experiencing the longest delays, the figure rose to more than two months for women with bladder cancer and over three weeks for those with kidney cancer, compared with the men.

Two thirds of all patients with bladder cancer and one in four of those with kidney cancer had blood in their urine (haematuria), a red flag symptom for further investigation.

But the presence or absence of this symptom could not account for the gender difference in referral times, the analysis indicated.

Even when they came to see their GP with haematuria, women with bladder cancer were more than three times as likely to have three or more GP visits before referral compared with men with the same symptom.

And women with [kidney cancer](#) were almost twice as likely as men to experience three or more consultations, when they had blood in their urine.

As almost 3000 women are diagnosed with each cancer every year in England, the authors calculate that around 700 women will experience delayed diagnosis.

Reinforcing the need to follow guidelines and view blood in the urine as suspicious might prompt GPs to refer women more quickly, but it won't help in those cases where this symptom is absent, warn the authors, who call for new approaches to tackle this issue.

"The findings signal a large potential for improving the timeliness of diagnosis of urinary tract cancer in women," write the authors.

"Interventions to help [GPs] avoid initial misattribution of haematuria in [women](#) with urinary tract cancer to benign causes need to be promptly developed and evaluated," they urge.

More information: www.bmjopen.bmj/lookup/doi/10.1136/bmjopen-2013-00286

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