N. Ireland Cancer Registry Implications of Research for Services

	NICR Lead Author
	(Office use only) Paper ID
	(Office use only)
	Date Submitted to NICR Steering Group Click here to enter a date. (Office use only)
Paper Title	Diagnostic pathways for breast cancer in 10 International Cancer Benchmarking Partnership (ICBP) jurisdictions: an international comparative cohort study based on questionnaire and registry data
Authors	The ICBP Module 4 Working Group, The ICBP Module 4 Working Group, ICBP Module 4 Academic Reference Group, Vedsted, P., Weller, D., Zalounina Falborg, A., Jensen, H., Kalsi, J., Brewster, D. H., Lin, Y., Gavin, A., Barisic, A., Grunfeld, E., Lambe, M., Malmberg, M., Turner, D., Harland, E., Hawryluk, B., Law, R-J., Neal, R. D
Journal	BMJ Open
DOI	http://dx.doi.org/10.1136/bmjopen-2021-059669
Full paper available online	ICBP Module 4 was provided by CancerCare Manitoba, Cancer Care Ontario, Canadian Partnership Against Cancer (CPAC), Cancer Council Victoria, Cancer Research Wales, Cancer Research UK, Danish Cancer Society, Danish Health and Medicines Authority, European Palliative Care Research Centre (PRC), Norwegian University of Science and Technology (NTNU), Guidelines and Audit Implementation Network (GAIN), Macmillan Cancer Support, National Cancer Action Team, NHS England, Northern Ireland Cancer Registry funded by the Public Health Agency NI, Norwegian Directorate of Health, Research Centre for Cancer Diagnosis in Primary Care (CaP) at Aarhus University in Denmark, Scottish Government, Swedish Association of Local Authorities and Regions, University College London and NIHR Biomedical Research Centre at University College London NHS Foundation Trust, University of Edinburgh (R42856), Victorian Department of Health and Human Services, and Welsh Government.
Conclusion	Evidence suggests that for breast cancer patients a longer time between symptom onset and starting treatment affects breast cancer prognosis.
	This international collaboration across 10 jurisdictions in 6 counties (Australia, Canada, Denmark, Norway, Sweden and the UK) found large differences in patient, primary care,

	diagnostic, treatment and total intervals between different jurisdictions. The median time from women first noticing symptoms to starting treatment varied from 42 to 92 days across jurisdictions. This is mainly due to differences after first presentation. There is less variation across jurisdictions in the patient interval (time between a patient first noticing symptom and first attending healthcare). In some jurisdictions there is a cohort of women with excessively long waiting times from first noticing symptoms to presentation to healthcare.
	The study findings suggest some jurisdictions may have more effective strategies to optimise patient pathways and reduce time intervals.
What this means for the service	Targeted cancer awareness campaigns may support more timely diagnosis of breast cancer. Continued monitoring of breast cancer pathways is required.