

treatment rates has not previously been reported. Therefore we evaluated the impact on lung cancer diagnoses at our institution following a similar media based campaign piloted in the Midlands, with particular reference to lung cancer stage, patient fitness and treatment.

Method We conducted a case control cohort study comparing patients diagnosed at our institution in the 3 months following the campaign in 2011 to the same time period in 2010. Data on chest X-ray referrals were obtained from local imaging systems. Patient and lung cancer information were obtained from data submitted to the National Lung Cancer Audit. Statistical analyses were performed using SPSS.

Result are shown in Table 1. Following the campaign, GP chest X-ray referrals increased by 27%, whereas outpatient chest X-ray referrals remained unchanged. The number of lung cancers diagnosed increased by 24%. The proportion of patients with good performance status significantly improved, as did measured lung function. There was a 9% increase in early stage cancer although this did not reach statistical significance. However, the proportion of patients undergoing surgical resection significantly increased from 14% to 31%, $p < 0.05$.

Conclusions The results suggest that the regional lung cancer public awareness campaign was successful in increasing GP and public awareness with a consequent increase in lung cancer diagnoses at our institution. Furthermore, patients appeared to present with better performance status and preserved lung function which may, together with the trend to earlier stage at diagnosis, explain the significant improvement in surgical resection rates. These results are very promising and wider evaluation of the regional campaign is awaited with interest.

References

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Abstract P65 Table 1 Results before and after public awareness campaign

	2010	2011			p value
GP Chest x-ray	2458	3126			
Lung cancers diagnosed	49	61			
Good performance status (0–1)	19	39%	35	57%	0.05
Stage I-II	14	29%	23	38%	0.31
FEV1 (L)	1.46	1.89			0.03
FEV1%	65	80			0.02
Surgical resection	7	14%	19	31%	0.04

P66 IS EARLIER CT SCANNING FOR LUNG CANCER EXPOSING PATIENTS TO AN INCREASED RISK OF HARM FROM CONTRAST NEPHROPATHY?

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Introduction Contrast induced nephropathy (CIN) is the third most common cause of hospital-acquired acute kidney injury¹ and is associated with increased incidence of requiring dialysis, and with increased mortality. This is particularly the case in those with pre-existing renal impairment or other co-morbidities, such as diabetes or heart failure. Computed tomography of the chest with IV contrast is now an integral part in the diagnosis and staging of patients with lung cancer. In an effort to reduce time to diagnosis, contrast

studies are routinely performed early, often prior to first review in secondary care. As a result, this population may have inadequate assessment of CIN risk. To investigate this further we carried out a retrospective analysis of the monitoring of the renal function of patients with lung cancer who underwent a CT chest with contrast at a London teaching hospital.

Methods A consecutive series of 100 patients diagnosed between November 2011 and January 2012 was identified using the local lung cancer registry. We examined how frequently renal function was monitored in relation to the patients' CT chest scans. Whether this was clinically adequate was decided with reference to recommendations from the Royal College of Radiologists.

Results Of 30 CKD patients, 14 (47%) had appropriate pre-contrast bloods. Of patients identified as having diabetes ($n=10$), 50% had appropriate pre-contrast bloods.

Of 29 patients admitted acutely, 28 (97%) had appropriate pre-contrast bloods.

Of the 37 remaining patients, outpatients with normal renal function, 26 (70%) had appropriate pre-contrast bloods.

Conclusions This study demonstrated that almost all inpatients undergoing CT chest with IV contrast had appropriate monitoring of their renal function. However, this was true of a significantly lower proportion of outpatients. Perhaps of most concern was that approximately half of those patients at the highest risk of developing contrast-induced nephropathy were monitored appropriately. We suggest that earlier CT scanning, in the interests of expediting diagnosis and treatment, could be exposing more patients to increased risk of harm associated with administration of IV contrast.

References

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P67 LUNG NODULE FOLLOW-UP SURVEY OF LONDON AND EAST OF ENGLAND HOSPITALS: WHAT ARE WE ACTUALLY DOING?

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Background The widespread use of computed tomography (CT), to investigate both lung and non-lung pathology has led to the finding of increasing numbers of incidental pulmonary nodules. The BTS is currently in the process of developing guidelines on the investigation and management of pulmonary nodules, due 2013. We aim to establish current practise with pulmonary nodule follow up, including the use of low dose thin-section techniques and lung nodule volumes, both of which have been recommended to enhance patient safety and diagnostic accuracy respectively.

Methods We developed a structured questionnaire in order to survey 60 hospital trusts in the London and East of England region between May-July 2012. The named lung cancer lead was emailed/faxed with a 40% response rate.

Results All hospitals followed a local trust guideline, based partly on Fleischner Society recommendations. On discovery of an incidental lung nodule 80% of radiology departments alerted a respiratory physician and 20% the referring doctor only. 67% of hospitals reviewed patients in specialist lung cancer clinic initially, the remainder being seen in general respiratory. Follow up methods varied between hospitals, with 29% being followed up in clinic, 29% by telephone and 42% by letter. For follow up scans 52% of departments used conventional "staging" CT chest, 29% used dedicated low dose CT protocols and 19% used unenhanced