P70   **IMPROVED LUNG CANCER REFERRAL RATES AND EARLY DIAGNOSIS IN A DISTRICT GENERAL HOSPITAL**

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Background Survival rates from lung cancer are poor in England with 5 year survival of 8% of men and 9% of women.[1] We hypothesised that greater awareness of lung cancer symptoms resulting from local (2011) and national (2012) campaigns had increased our 2 week wait (2 WW) referrals and may have led to earlier diagnosis and better survival rates.

Methods We carried out a retrospective analysis of data between 2008 and 2013 of all patients referred with a new diagnosis of lung cancer. For all new referrals; the number of 2 week GP referrals, patient demographics, treatment modality, survival, and time to first outpatient appointment were examined.

Results 2 WW referrals increased by 26% from 108 in 2008 to 421 in 2013, (peak 447 in 2012) and the number of confirmed lung cancer cases was 236 and 272 respectively, with 253 in 2012. 29.8% of patients presented as an emergency in 2013 compared to 39.4% in 2008. During 2008 and 2010 4.2(mean) [0.75](SD)% patients presented with stage IA disease compared to 6.3[0.7]% during 2011 and 2013 (p = 0.05). The rate of presentation with stage IV disease did not change significantly (50% vs56.6%, 2008 and 2013 respectively). 15.1% cases underwent curative treatment (surgical) in 2013 compared with 10.1% in 2008. Survival at 6 and 12 months was unchanged. The time to first outpatient appointment was not significantly different (mean of 8 days).

Conclusion The peak of 2 WW referrals coincided with local and national awareness campaigns. Although there was an increase in 2 WW referrals this was not reflected in the number of confirmed lung cancer cases. However, there has been an increase in the percentage of Stage IA diagnoses and resection rates which may have been a result of the campaigns increasing awareness amongst physicians and leading to earlier referrals.

REFERENCE
1   Office for National Statistics. Patients diagnosed 2005-2009 and followed up to 2010: Date accessed 12-07-2014. www.cancersearchuk.org/cancer-info/cancer-stats/types/lung/mortality/uk-lung-cancer-mortality-statistics

P71   **POPULATION BASED EPIDEMIOLOGY, TREATMENT AND PROGNOSIS OF MALIGNANT MESOTHELIOMA IN LEEDS, UK - A MATCHED HISTORICAL COMPARISON**

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Introduction and objectives Since 2006 the National Lung Cancer Audit has provided increasingly comprehensive data on diagnosis, management and survival in patients with malignant mesothelioma on the UK. However, comparisons over a longer time period are hindered by a lack of comparable data. A previous population-based study of mesothelioma in Leeds, UK provided information on patients diagnosed between 2002 and 2005 (Thorax 2008;63:435). This current study describes the results of a matched analysis covering the years 2008–2013, allowing comparison with a historical cohort.

Methods 140 patients diagnosed with malignant pleural mesothelioma within the geographical boundaries of Leeds (CCG) were identified from 2008 to 2013 using Cancer Registry and National Lung Cancer Audit data. Clinical records from Leeds Teaching Hospitals (n = 136) or surrounding district hospitals (n = 4) were reviewed for information relating to disease characteristics at presentation, management and survival.

Results Clinical information for the current cohort is shown in Table 1 alongside data from the matched historical cohort from 2002–2005. The incidence per 100,000 population fell from 4.9

Stage at diagnosis over a 6 year period presenting to the MDT

* p = 0.05
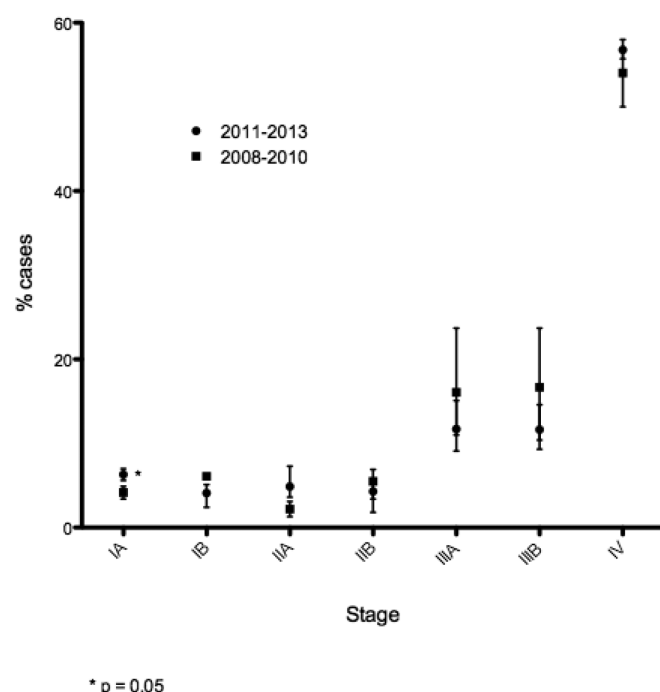
Abstract P70 Figure 1   Stage at diagnosis over a 6 period presenting to the MDT

Abstract P71 Table 1   Comparison of data between previous study (2002-2005) and current study (2008-2013)

Parameter	2002–2005	2008–2013
Number of cases	146	140
Incidence per 100,000	4.9	2.9
Age - Median (Range)	74 (36–93)	74 (46–98)
Histological subtype		
Epithelioid	34 (23.2%)	99 (70.7%)
Sarcomatoid	10 (6.8%)	6 (4.3%)
Biphasic	9 (6.1%)	15 (10.7%)
NOS	93 (63.7%)	20 (14.3%)
Pleural effusion management		
Pleural effusion present	110/146 (75.3%)	117/140 (83.6%)
VATS/Thoracoscopic talc	42/110 (38.1%)	51/117 (43.6%)
IPC	13/110 (11.8%)	26 /117 (22.2%)
Talc Slurry	17/110 (15.4%)	1/117 (0.9%)
Oncological treatment		
Port site radiotherapy	73/122 (59.8%)	48/76 (63.2%)
Chemotherapy (including trial) in all cases	26/146 (17.8%)	53/140 (37.9%)
Chemotherapy in patients with PS 0–2	26/92 (28.2%)	52/119 (43.7%)
Median survival (days)	267 (95% CI 178–356)	380 (95% CI 252–397)