Abstract P190 Table 1 Reasons for NOT referring to Stop Smoking Service

Reason	Agree (%)	Disagree (%)
It comes down to individual motivation	60	21
Insufficient information and training	37	37
Lack of time of HCP	19	62
Patients will restart later after referred	15	53
Not part of my job	12	66
Previous patients have failed to attend appointments	12	49

REFERENCE

1. NICE Guidance: Brief interventions and referral for smoking cessationin primary care and other settings, March 2006.

Clinical studies in lung cancer

P191 DEVELOPMENT OF A NEW PATIENT REPORTED EXPERIENCE MEASURE FOR THE IMPROVING LUNG CANCER OUTCOMES PROJECT

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[1]S Christie, [2]N Bell, [3]T Malinowski, [4]A Roberts, [4]I Woolhouse. *[1]Roy Castle Lung Cancer Foundation, Glasgow, UK; [2]National Lung Cancer Forum for Nurses, UK; [3]MacMillan Cancer Support, London, UK; [4]Royal College of Physicians, London, UK*

Background Lung cancer survival rates are poor and the vast majority of patients receive palliative treatment only. Assessment of the patient experience is extremely important in this group, however relatively little is currently known in this area. For the first time at a national level the Improving Lung Cancer Outcomes Project (ILCOP) will collect patient reported experience data using a tool designed specifically for lung cancer patients. We describe the development of this measure, in particular the key areas of the patient experience as identified by lung cancer patients and carers.
Methods The views of a wide range of lung cancer patients and carers on their healthcare experience from diagnosis through to treatment were obtained by the Roy Castle Lung Cancer Foundation and the National Lung Cancer Forum for Nurses via telephone interviews, email and postal questionnaires, and a targeted focus group. Key themes were identified and mapped to previously validated questions from the national cancer survey (with permission of Picker Institute). Macmillan Cancer Support advised on questionnaire design and the final version was tested by a further group of patients.
Results The key areas of the patient experience were reported as communication, privacy, respect and dignity, support for emotional and physical symptoms, and information. These domains were mapped to 12 multiple choice type questions from the national cancer survey. Two free text questions relating to areas of good practice and areas for improvement were added. Testing demonstrated that the questionnaire was straightforward, easy to understand and covered the areas that were most important to patients and carers. The six questionnaires sent out in the pilot phase were completed appropriately and returned the correct address.
Conclusions We have identified the key areas of the patient experience for a wide range of lung cancer patients and carers which we have successfully incorporated into a new lung cancer patient reported experience measure. In addition to guiding quality improvement work in the national ILCOP, this questionnaire could be used by local lung cancer teams to assess the patient experience at trust level.

P192 FIBREOPTIC BRONCHOSCOPIC INSERTION OF THE GIANTURCO STENT FOR TRACHEOBRONCHIAL OBSTRUCTION IN PATIENTS WITH CANCER AT A LUNG CANCER TERTIARY REFERRAL CENTRE: 20 YEAR EXPERIENCE

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A Collins, T Jordan, M Ledson, M Walshaw. *Liverpool Heart and Chest Hospital, Liverpool, UK*

Background Lung cancer is the commonest form of malignant disease in the Western World, and 95% of patients die within 5 years of presentation. Palliation of symptoms is therefore an important aspect of the treatment: up to 30% will develop large airway obstruction due to tumour with ensuing distressing breathlessness and this may be life threatening. Protection of the airway by stenting may be difficult and is traditionally carried out under general anaesthesia and fluoroscopy. In our regional unit we have developed a service for the insertion of self-expanding Gianturco stents under local anaesthesia using the fibreoptic bronchoscope (FOB) and direct vision for the treatment of malignant airway tumours, and we now report our 20-year experience.
Methods A review of all stenting procedures carried out in our unit between 1990 and 2009, looking for tumour type, number and site of stents, procedure complications, and survival.
Results 236 patients (mean age 64 years (range 21–89)) had 414 stents inserted during 242 procedures (mean 1.7 stents/procedure (1–4)); 184 patients for primary lung tumours (49% squamous cell, 25% small cell, 15% adenocarcinoma, 11% unknown), 33 for secondary malignancy, and four for benign conditions (following fully informed consent). There were no operative deaths, but four patients developed a pneumothorax, three haemoptysis, and two procedure-related chest infections. Mean survival of patients with primary lung cancer improved from 103 days (range 1–488) between 1990 and 1999 to 150 days (5–910) between 2000 and 2009.
Conclusion We conclude that Gianturco stents are safe in relieving malignant airway obstruction, with a low complication rate: higher complication rates reported in others studies may be due to poor patient selection or stent placement. Survival improved in our patients over time, suggesting better patient selection or improvement in coexisting treatment modalities (eg, oral chemotherapy and palliative care). Our technique of endobronchial stent insertion using FOB is simple and effective without the need for thoracic surgical facilities, and we therefore recommend its use to other clinicians who are charged with treating patients with this common and distressing disease.

Abstract P192 Table 1 Site of airway narrowing, stent insertion and size

Site	No. of pts	Stent size 20–25	Stent size 20–50	Stent size 30–25	Stent size 30–50
T	65	4	14	20	75
RMB or LMB	109	27	108	3	17
T and LMB	16	3	17	2	17
T and RMB	11	4	6	3	7
RMB and LMB	14	11	22	3	3
T and both B	10	2	18	3	10

T, Trachea; RMB, Right main bronchus; LMB, left main bronchus; B, Bronchi.