

were noted for 1 year prior to and 1 year post rehabilitation. Our data showed that there was a 74% reduction in hospital admissions and a 51% reduction in out patient follow-up appointments in the 1-year after pulmonary rehabilitation. Our calculations showed that pulmonary rehabilitation was a cost effective intervention. In an attempt to identify patients who would respond well/poorly to pulmonary rehabilitation we looked at the baseline characteristics of “responders” vs “non responders”.

Responders Mean age 67.4 (range 50–82), mean FEV1 –0.84 (range 0.38–1.6), (FEV1%–37.2), mean FVC –1.93 (range 0.8–2.96), (FVC % 64), mean VC –2.08 (range 1.03–3.17), 54% were male, 46% female, 36% lived alone, mean pack years smoked 36.9 (range 0–80).

Non responders Mean age 68 (range 44–80), mean FEV1 –1.29 (range 0.65–3.11), (FEV1%–45.9), mean FVC –2.51 (range 0.86–3.65), (FVC% 79.1), mean VC –2.71 (range 0.98–4.67), 50% were male, 50% female, 31% lived alone, mean pack years smoked 27.46 (range 1–80). This study raises questions with regard to the importance of current CRDQ assessment in rehabilitation. It also shows that the cost of pulmonary rehabilitation is at least offset by reduction in healthcare utilisation.

Lung cancer: advances in diagnosis and delivery of care

P152 THE NATIONAL LUNG CANCER AUDIT: YEAR 6 COMPLETENESS AND OUTCOMES

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Introduction The National Lung Cancer Audit is run jointly by the Royal College of Physicians and The Information Centre for health and social care, and is commissioned by the Healthcare Quality Improvement Partnership (HQIP). Its development was driven by the realisation that lung cancer outcomes vary widely across the UK and are poor compared to other western countries. The aim of the audit is to facilitate service improvement by recording elements of process and outcomes in lung cancer on a large scale and, using case-mix adjustment, to explain the wide variations noted and improve standards of care. Although several other countries also submit data to the audit, this abstract presents provisional results for England only.

Results In Year 6, participation has again increased and all trusts have now contributed data at some time. Completeness of data on individual cases remains high although it is noteworthy that 18% of cases are submitted without a disease stage and 16% without performance status. This year the results show that the histological confirmation rate has risen substantially to nearly 77%, and 96% of patients have been discussed in an MDT, although the surgical resection and anti-cancer treatment rates have not increased further.

Conclusions Participation remains high and the audit continues to collect data on close to 100% of cases of lung cancer and mesothelioma that present to secondary care. Overall treatment rates seem to have stopped improving, although it is acknowledged that some of the earlier annual improvements reflected improvements in data quality. The rise in HCR is likely to reflect a real change in practice, possibly due to the new found importance of tissue (choice of chemotherapy, use of EGFR antagonists) and possibly due to the focus given to HCR by the audit itself. It is of concern that a significant minority of patients appear to be managed without information on disease stage and PS—key variables needed for appropriate management of patients.

Abstract P152 Table 1

	2005	2006	2007	2008	2009	2010
Data completeness						
Number of cases	10 920	16 922	20 639	25 757	30 158	30 329
PS	66%	77%	80%	87%	88%	84%
Staging	51%	55%	70%	77%	80%	82%
Treatment	66%	72%	79%	82%	89%	89%
Process and outcomes						
Confirmed histological diagnosis	68%	66%	65%	66.7%	69.5%	76.5%
Histology						
NSCLC	44.8%	43.9%	45.5%	52.2%	56%	57%
SCLC	10.3%	10%	9.6%	10.3%	10.5%	10.9%
Mesothelioma	3.7%	3.5%	4.2%	4.4%	5.0%	5.5%
NSCLC NOS rate	—	36%	32%	33.6%	30%	24%
Discussed at MDT?	79%	84.3%	86.8%	88.6%	93.2%	96.1%
Any anti-cancer treatment?	45%	50%	52%	54%	58.9%	58.5%
Overall surgical resection rate	9%	9.4%	10.3%	11.2%	13.9%	13.9%
NSCLC resection rate	13.8%	14.3%	15.2%	16%	19%	18.3%
SCLC chemotherapy rate	57.7%	61.7%	64.5%	63%	66%	65%
1 year survival	35.5%	35.0%	34.6%	34.7%	35.2%	35.8%

P153 MEASURING VARIATION IN DECISION MAKING WITHIN LUNG CANCER MULTIDISCIPLINARY TEAM (MDT) MEETINGS—A PILOT STUDY

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Introduction MDT meetings are now an essential and integral part of lung cancer services but no formal measurement of the variability of decisions made by these teams has been studied. Variation in decision making may be an important factor influencing the UK-wide differences in lung cancer outcomes and survival.¹

Aim The aim of this pilot study was to develop and trial a tool for measuring variation in decision making within MDTs.

Method Seven anonymised clinical cases were provided for discussion with accompanying radiology and histology to 12 MDTs in two regional lung cancer networks. MDTs were asked to provide a comprehensive plan for further investigation (if necessary) and treatment for each case. They were encouraged to specify modality of treatment. Treatment decisions were compared across the participating MDTs and a simple scoring system devised to rate concordance. 10 MDTs provided enough data for analysis. Straight-forward cases were considered by the investigators to have only one clear preferred treatment. Complex cases were less clear cut and

Abstract P153 Table 1 Decisions made by MDTs

Case	Preferred treatment	MDT 1	MDT 2	MDT 3	MDT 4	MDT 5	MDT 6	MDT 7	MDT 8	MDT 9	MDT 10
Straight-forward cases											
1	Surgery	S	S	S	S	S	U	S	U	S	U
2	Palliative	P	P	P	P	P	P	XR	P	P	P
3	Palliative	P	XR	P	P	P	P	P	P	P	P
Complex cases											
4	Radical radiotherapy	P	XR	XR	XR	XR	P	XR	P	P	P
6	Surgery	S	S	S	U	XR	S	S	S	P	P
7	Palliative	P	XR	P	P	P	P	P	P	P	P

S, surgery; XR, radical radiotherapy; P, palliative; U, unspecified.