

of increasing public awareness and education on earlier presentation of suspicious symptoms.

P156 NAEDI LUNG CANCER AWARENESS CAMPAIGN IN LONDON

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Background Lung cancer is the leading cause of cancer mortality in the UK. Survival rates over the last 30 years have not significantly improved. The NAEDI initiative is working to promote early diagnosis to improve stage at presentation and increase survival rates.

Objectives The project in Hammersmith & Fulham focused on the three most deprived wards, population 32 000. The aims were to increase public awareness and intention to act on symptoms by 10%, GP chest x-ray referrals by 15%, and Two Week Rule (TWR) referrals and, ultimately, earlier stage at diagnosis by 10%.

Methods Nine general practices in the target area received educational seminars on NICE guidelines, project details and aims. 40 pharmacies, 25 smoking cessation advisors and 30 district nurses received education on symptoms, communication and management skills, and were provided with campaign materials. The public campaign involved training 42 health champions in key messages regarding alarm symptoms. Face-to-face contact was made with 1300 people. Local advertising had an estimated reach of three million people. The campaign ran from February to July 2011.

Results Data on public perceptions were collected with a validated form of the Cancer Awareness Measure. On average there was a 12% increase in unprompted recall of the commonest lung cancer symptoms, and a 26% increase in intention to make urgent GP contact for such symptoms. Data from the 9 practices during the campaign period in 2011 compared to the same period in 2010 showed a rise in chest x-ray referrals from 350 to 463 (32% increase). In 2010 there were no TWR referrals and seven lung cancer diagnoses. For 2011, there was 1 TWR referral (lung cancer) and 10 new lung cancers diagnosed.

Conclusions Community engagement has been a success locally with active involvement of trained champions into future public health work streams. Data collection again next year is required to evaluate whether the increase in chest x-ray referral rates is maintained and translated into earlier stage at diagnoses. The success of primary care engagement needs roll out across the borough and embedding into future service provision to ensure sustainability.

P157 FOLLOW-UP OF PULMONARY NODULES: FOLLOWING THE FLEISCHNER RADIOLOGY GUIDELINES

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Background 0.1% of chest films and 1% of chest CT show incidental pulmonary nodule(s). While some of these are acted on immediately, others are followed up where the nodules are small and there are no risk factors (never smokers, age <35 years, other malignancies). Fleischner Society recommends interval CT follow-up of pulmonary nodules [MacMahon H *et al*, Radiology 2005], but whether we adhere to this is uncertain and presently we report our practices based on this.

Methods Over a 4-year period to July 2009, 145 of all cases discussed at our lung multidisciplinary (MDT) meeting had a pulmonary nodule(s). They are either considered for immediate action or

subsequent follow-up. Mean (SD, range) year age for this cohort was 65 (11.04, 37 to 86) of which 82 were male and 63 female. Nodules were classified as single or multiple, and by initial size of the largest nodule where multiple.

Results Of the 145 cases, 97 had single nodule and 48 multiple. Of these, respectively (n=absolute number) these were =4 mm (13), >4–6 mm (20), >6–8 mm (22), >8 mm (87) with no data in three. There were no follow-up data for 14, of whom 7 had refused subsequent follow-up, 4 had been discussed at MDT but no more proposed, and three died. Where there were data for follow up, 69 (53%) followed Fleischner's guidelines on case selection and recommended interval scanning and 62 (47%) did not usually but not exclusively due to delayed imaging intervals. Classification by initial nodule size and whether appropriate follow-up or not and sub-divided by whether malignant or not is shown in the enclosed Abstract P157 table 1 (n=119, six still on active follow-up). Figures include those managed with PET scans whether under taken immediately (11) or later during follow-up (34). Of the entire cohort 28 had malignant disease of which 16 underwent surgery and 12 had an input through oncology. Of these, five had been identified as malignant because of increased size (2) or number (2) or because the nodule was persistent (1) but none had change in attenuation. Other cases where concerns were raised were benign (n=10) but were similarly being considered due to multiplicity of nodules (3), uncertainty (1) and a persistent opacity (1) but exact reasoning was not available in the five others.

Abstract P157 Table 1

Appropriate timing	Outcome	≤4 mm	>4–6 mm	>6–8 mm	>8 mm	Totals
Yes	Benign	4	4	4	30	42
	Malignant	1	3	1	16	21
No	Benign	6	10	14	19	49
	Malignant	–	–	–	7	7

Conclusion Data show that we conform to the Fleischner guidelines in approximately half the cases and these identified 15 who required further specific investigation and of which five had malignant disease. Although this is a small number of those followed up it supports the practice of follow-up but which still needs to be better protocol driven.

P158 END OF LIFE CARE FOR LUNG CANCER; CAN WE IDENTIFY THOSE IN NEED OF SUPPORT

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Introduction and Objectives The End of Life Care Strategy advocates the identification and support of patients approaching the end of their lives, and to aid this, social care benefits can be awarded to those with a life expectancy <6 months by completion of a DS1500 form. Many lung cancer patients fall into this category: we wished to look at the use of this enhanced support mechanism in our busy lung cancer unit.

Method We looked at the use of DS1500 in the initial period for 100 consecutive outpatients with lung cancer diagnosed through our rapid access clinic in 2007 (mean age 73 years [SD 8], mean PS=2 [IQR 2], 47 females), comparing its use with survival and histological tumour type. Mortality data were obtained from the national registry.

Results Twenty two had a DS1500 completed (median 26 days [20] from presentation): there was no difference in age, sex or PS between these and the remainder. Of the 75 with a tissue diagnosis,