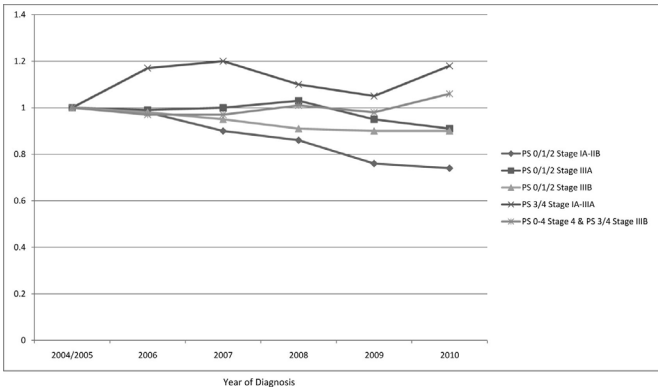
groups 4 and 5 (i.e. patients with poor PS and stage) has remained essentially stable (see figure 1).

Conclusion Our results demonstrate that survival has improved for limited groups of patients with lung cancer over the last 6 years. Stratification by clinical stage and PS has shown that survival is improving for patients with early stage cancer and good PS. Further research is required to investigate why this improvement has occurred, and to ensure all patients have equal access to advances in lung cancer care. Increasing the proportion of patients in this subgroup, with good PS and early stage disease, will also improve our survival figures.



Abstract P164 Figure 1 Adjusted hazard ratios of overall survival by year

P165 SURVIVAL OF PATIENTS WITH LUNG CANCER DIAGNOSED AT A TEACHING HOSPITAL IN LONDON, UK BETWEEN 2000 AND 2010

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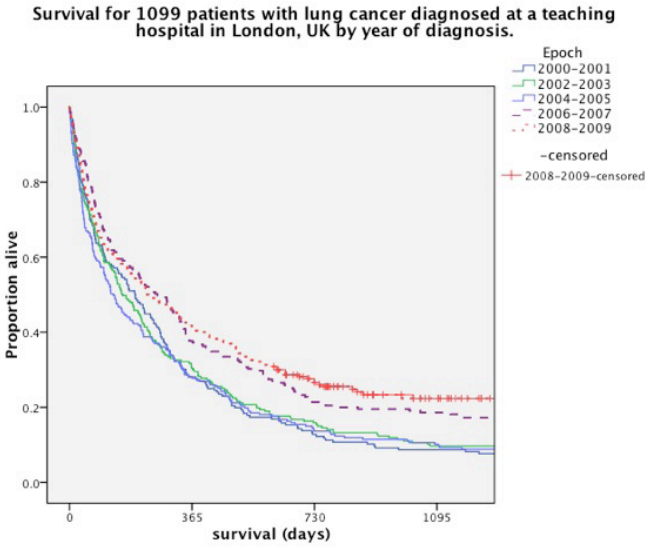
Background Significant resources have been applied to improving outcomes for patients with lung cancer. Here we analyse trends in survival for patients diagnosed at our institution between 2000 and 2011.

Methods All patients with suspected intra-thoracic malignancy were discussed at a weekly multi-disciplinary meeting and logged in a bespoke database. Relevant diagnostic and staging parameters were recorded. Data items were defined according to the specifications of the Lucada dataset. Patients were grouped into sequential 2 year epochs according to the date they were first seen. Analysis was restricted to the major cell types; squamous cell, adenocarcinoma, small cell and probable lung cancer unknown histology, first seen between January 1st 2000 and January 1st 2010. Survival time was censored on the 1st September 2011. Univariate analyses with survival as the dependent variable included age group, sex, histological cell type, stage, performance status and epoch used the Kaplan-Meier technique. Multivariate analyses used Cox's proportional hazards model.

Results 1105 patients met the entry criteria and vital status was firmly ascertained for 1099 (99.5%). The median age was 71 years (range 32 – 96). 698 63.5% were men. Median survival increased from 195 (95% CI 148,242) days to 231 days (95% CI 151,311) $p<0.001$. In the 2000–1 cohort it took 412 days for 75% of the patients to die, in 2009–10 it took 839 days. In univariate analyses there were significant differences in survival in relation to all the variables. Patients with adenocarcinoma lived longer than other cell types. In multivariate analyses age group, epoch, stage and performance status but not histology and gender remained independent predictors of survival. Histology was confounded by epoch.

Discussion These data suggest that survival for patients with lung cancer has improved over the last few years. Patients with adenocarcinoma live longer than patients with other cell types. Elsewhere we have shown that the proportion of patients with adenocarcinoma has increased in our cohort with time. Taken together these data suggest that increased longevity of lung cancer patients may be in part due to a shift towards adenocarcinoma cell type but also another factor that has occurred more recently.



Abstract P165 Figure 1

P166 ROLE OF BRONCHOSCOPY IN PATIENTS WITH HAEMOPTYSIS AND A NORMAL CT SCAN

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Aims and Objectives To investigate the merits of conducting bronchoscopies in patients with haemoptysis and normal or non-diagnostic CT scan.

Methods Using the in-hospital bronchoscopy reporting tool, a retrospective analysis was carried out of the bronchoscopies performed on patients with haemoptysis but non-diagnostic CT scan.

Results Between September 2008 and December 2011, a total of 450 bronchoscopies were performed. After excluding the patients with CT scan abnormalities which could explain the haemoptysis, medical notes of the remaining 99 patients were analysed. Out of these, 74 patients had a significant smoking history. 79 bronchoscopes were normal with the remaining 20 examinations revealing benign pathologies. These included generalised erythema, inflammation, purulent secretions and cartilagenous nodules. No new diagnosis of malignancy was made.

Conclusions Results of our study suggest that a normal CT scan examination has a high negative predictive value for lung cancer.