

REFERENCES

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P55 SHOULD INITIAL LUNG CANCER STAGING INCLUDE THE PELVIS?

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Introduction Current NICE guidance indicates that lung cancer should be staged by a contrast enhanced chest CT scan which includes the liver and adrenals, and to look for distant metastases those with potentially curable disease should be offered PET-CT scanning. However, the latter is expensive and limited in availability, and it has been suggested that including the pelvic area in the staging CT scan might obviate the need (Botchua *et al* 2012). We looked at 284 PET-CT scans performed for the staging of lung cancer in our unit to test this further.

Method We selected all PET-CT scans that showed distant metastases (and therefore upstaged the disease) for further scrutiny. In those where pelvic deposits were visible on the PET component, the CT element was reviewed to establish whether the diagnosis of pelvic metastases could have been made by CT scan alone.

Results 23 PET-CT scans (8.1%) identified distant metastatic disease, in 3 (1.1%) cases in the pelvic area. Of these, 2 had bony metastases that were visible on the CT element of the scan: in the remaining case the PET element demonstrated increased uptake around a joint replacement and CT component demonstrated a pathological fracture.

Conclusion This study has shown that if the pelvic area was included in the CT staging scan for lung cancer, in our cohort of 284 patients, only 3 (1.1%) would not have required a subsequent PET scan. In the remaining patients, the additional burden of pelvic CT in terms of radiation exposure and financial expense cannot be justified and therefore we do not recommend that the protocol for a staging CT scan in lung cancer is altered to include the pelvis.

P56 MALIGNANT PLEURAL MESOTHELIOMA IN NORTH EAST SCOTLAND

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Introduction We wished to highlight demographics and evaluate prognostic factors and outcomes in all patients regionally with confirmed malignant pleural mesothelioma (MPM).

Methods Data relating to all consecutive patients between 2002 and 2012 (inclusive) with biopsy proven MPM were identified from a local pathology database. Demographics, diagnostic method, histological sub-type, survival and laboratory parameters at diagnosis were extracted from computer archives. Comparisons were made between patients surviving greater than 1 year and less than one year.

Results 138 patients had confirmed MPM between 2002 and 2012 (118 (86%) male, 57% right sided, and median age 70

years (range 48–88)). Of these, 55% were classed as epithelioid, 16% biphasic, 16% sarcomatoid and 13% had no definitive typing. Overall median survival from diagnosis was 292 days (IQR 72, 497); 406, 297, 61 and 314 days for epithelioid, biphasic, sarcomatoid and “not defined” respectively. Factors associated with a higher risk of dying in less than one year after diagnosis were advanced age (median 73 vs 66 years, $p = 0.0002$), low haemoglobin (12.8 vs 14.0 g/L, $p = 0.001$), high platelets (366 vs $317 \times 10^9/L$, $p = 0.0269$), low sodium (138 vs 139 mmol/L, $p = 0.02$), low albumin (38 vs 41 g/L, $p = 0.0003$), high alkaline phosphatase (101 vs 85 U/L, $p = 0.013$) and high C reactive protein (64 vs 26 mg/L, $p = 0.0051$). Between 2006–2012, 37 of 76 patients received chemotherapy; those who did had a greater median survival (median survival 423 days (IQR 326–624) vs 95 days (IQR 60–321), $p = < 0.0001$).

Conclusion Overall median survival in consecutive patients with MPM was 292 days, with adverse prognostic factors being low haemoglobin, sodium and albumin, high platelets, alkaline phosphatase and CRP and advanced age. Patients receiving chemotherapy had a better prognosis overall.

P57 FAST TRACK REFERRAL OF PATIENTS WITH MALIGNANT MESOTHELIOMA IS NOT ASSOCIATED WITH BETTER SURVIVAL

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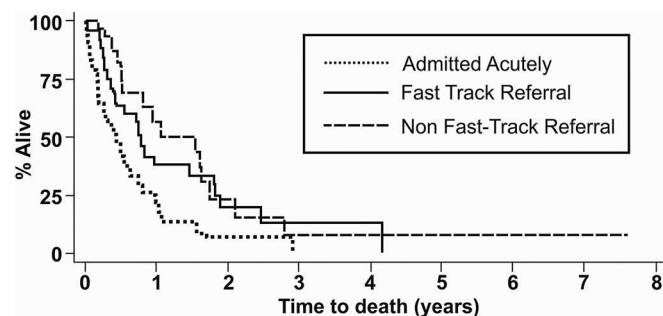
Background Few studies have examined the effect on survival in lung cancer of fast-track referral, while those that do have questioned the utility of the two-week fast track referral rule¹. Paradoxically, delayed referral was associated with longer survival². No studies which examined this factor in mesothelioma survival have been published. We therefore examined the effect of mode of referral on survival in malignant mesothelioma.

Methods All 88 patients with malignant mesothelioma in York and North Yorkshire between 2002–2011, where referral data was known, were examined for age at presentation, performance status (PS) and survival using Cancer Registry data with SPSS v19.

Results Three categories of referral were identified: 33 Fast Track (FT), 20 non Fast Track (NFT) and 35 Acute Admission (AA).

There was no difference in median [interquartile range] for age between FT (71.7 [68.3–74.6] years), NFT (69.4 [65.0–73.8] years) and AA (74.1 [70.7–77.5] years).

AA patients had a worse PS (2 [1.4–2.2]) than FT (1 [0.7–1.3]) and NFT (1 [0.5–1.5]), $p = 0.03$, analysis of variance (ANOVA). No difference was seen between FT and NFT.



Abstract P57 Figure 1.