Other relevant checklists e.g. WHO surgical safety checklist were also reviewed. After an iterative design process involving chest physicians, general physicians, trainees and nurses, a checklist was devised, piloted and introduced into practice.

Conclusion The Chest drain safety checklist was introduced in August 2011, and has since been adopted by the A&E Department and also neighbouring hospitals. Since its introduction, there have not been any adverse incidents in the Medical Department involving intercostal chest drain insertions. There is more confidence amongst nursing staff as they feel more involved and engaged. Trainees find the structured approach particularly helpful in ensuring key steps are not missed and patient safety ensured, and seek supervision and assistance more readily.

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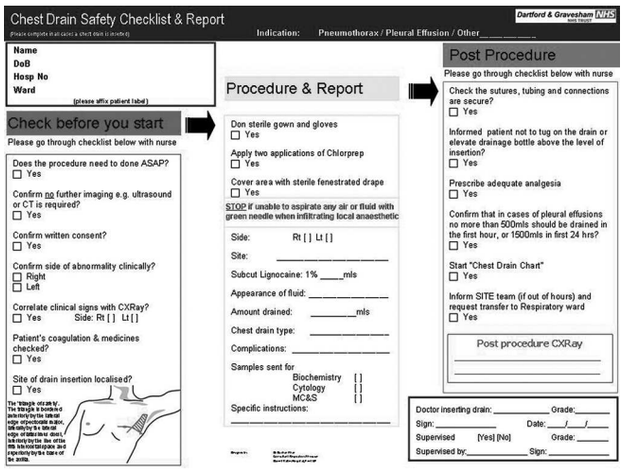

Abstract P213 Figure 1.

P214 IMPROVING OUTCOMES–THE WORK OF A SPECIALIST MESOTHELIOMA MDT

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Introduction Mesothelioma is an uncommon malignancy with a poor prognosis, and in order to improve its management all cases within each cancer network should be discussed at a specialist MDT, which advises individual cancer units on the best treatment approach for their patients. We have reviewed the work of the specialist mesothelioma MDT for the Mersey and Cheshire Network (MCCN) since its inception in 2009.

Aim and Methods We assessed all patients referred from the 6 contributing lung cancer units (A to F) over 4 years, looking at histology, performance status (PS), investigations undertaken, treatments offered, and mortality rate.

Results Of 182 patients (mean age 76 years [SD 8], median PS 1, 157 male), 11 (6%) had a clinical diagnosis only. One hundred and seventy one patients had a tissue diagnosis (45% epitheliod, 7% sarcomatoid, 13% mixed, 29% unspecified). This was obtained by VATS in 79/171 (46%) and CT-guided biopsy in 43/171 (25%). 21 (12%) had a cytological diagnosis only.

MDT advice on treatment options was offered in all cases; 88 (48%) received radiotherapy and 51 (28%) chemotherapy. 142 (78%) patients have died (median survival of 378 days). 1-year and 2-year survival rates were 51.3% and 16.9% respectively. However, in those who received chemotherapy, survival improved significantly (1-year 91.7% and 2-year 63.5% respectively; both $p < 0.0001$).

Data for individual cancer units is given in the table (table 1).

Conclusions We have shown that those patients offered active treatment have a distinct survival advantage compared to the remainder. The cooperation of 6 cancer units in the MCCN to form a specialist mesothelioma network with a regular MDT has shown that this approach can improve the outcome for this unfortunate group of patients.

Abstract P214 Table 1.

PARAMETER	Unit A	Unit B	Unit C	Unit D	Unit E	Unit F
Number	34	27	50	23	20	28
ALIVE	18%	19%	30%	13%	15%	29%
RADIOTHERAPY	53%	59%	38%	52%	35%	57%
CHEMOTHERAPY	29%	33%	30%	22%	30%	21%
VATS	35%	30%	46%	30%	55%	64%
MEDIAN SURVIVAL (DAYS)	193	404	388	500	128	374

P215 ALTERING PRACTICE IN MESOTHELIOMA–THE VALUE OF SPECIALIST MDT INPUT

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10.1136/thoraxjnl-2013-204457.367

Introduction Mesothelioma is an uncommon malignancy with a poor prognosis, and in order to improve its management all cases within each cancer network should be discussed at a specialist MDT, which advises individual cancer units on the best treatment approach for their patients. The regional specialist mesothelioma MDT for the Mersey and Cheshire Cancer Network (MCCN) was incorporated in 2009, and we were interested to assess the effect this had on the outcome of mesothelioma patients attending our large cancer unit.

Method We compared clinical parameters for all our mesothelioma patients before and after the inception of the specialist MDT, looking at symptoms, investigations carried out, the histological rate and type, and treatments offered.

Results Fifty five patients were diagnosed between 2007 and 2011(mean age 75 years [SD 7.35], median WHO performance status 1, 46 male). Most (85%) were symptomatic at presentation–18 (32%) had chronic cough, 27 (49%) pain and 38 (69%) dyspnoea. 23 (42%) had documented asbestos exposure. Diagnosis was made clinically in 1 patient and by cytology alone in 4 patients.

Abstract P215 Table 1.

Parameter		2007–8	2010–11	p -value
Number		19	24	
Diagnostic Test	CT-biopsy	4	5	NS
	VATS	11	17	NS
Treatment	Radiotherapy	7	16	<0.05
	Chemotherapy	7	6	NS
	Decortication	6	1	<0.05
	Other Surgery	6	2	<0.05