in 2002–2005 to 2.9 in 2008–2013. This partly reflects an increase in the population of the area covered over the time period (from 750,000 as described in the previous study to 806,683 in the current period).

Comparing earlier and later cohorts, there was a significant increase in the proportion of patients with a specific histological subtype (36% vs 86% respectively, $p < 0.001$) with a large rise in the proportion of epithelioid cases (32% vs 71% respectively). Similarly, comparing management of pleural effusion, the use of talc insufflation remained similar (38% vs 44% respectively) with increased use of indwelling pleural catheters (12% vs 22% respectively) and a reduction in talc slurry pleurodesis (15% vs 1% respectively). Overall treatment rates with palliative chemotherapy rose from 18% to 38% ($p = 0.0002$). Median survival rose from 267 days (95% CI 178–356) to 380 days (95% CI 252–397) between the two cohorts.

Conclusions The current study shows an unexpected reduction in measured incidence in Leeds, raising the possibility of incomplete case ascertainment in this study period. Specific histological subtyping, rates of palliative chemotherapy, and median survival increased between the cohorts.

P72 INCIDENTAL DETECTION OF EARLY STAGE NON-SMALL CELL LUNG CANCER – TIME TO IMPLEMENT SCREENING?

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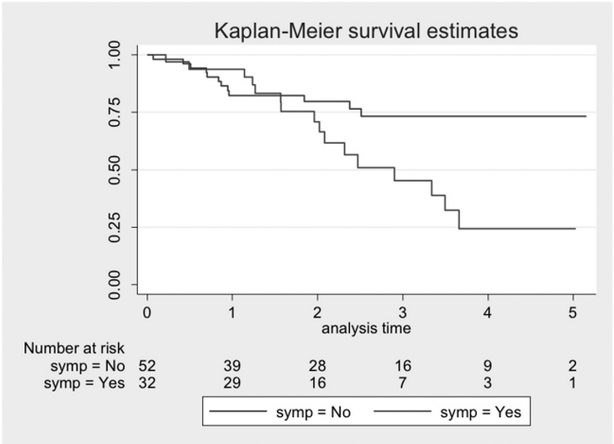
Introduction Early detection is the key to survival in non-small cell lung cancer (NSCLC) where surgical resection can be undertaken. However, stage I and II disease combined account for only 25–30% of patients presenting with lung cancer. Although, clinical pathways from primary care exist to facilitate expeditious management of patients, the role of other referral pathways to diagnosis of surgically treatable lung cancers is not known.

Methods Patients suitable for surgical resection for curative intent for primary lung cancer were identified between 2007 and 2011 at this institution. Patients diagnosed 'incidentally' on radiology were compared to those detected through the standard 'two week' wait target referral system. Specific data on demographics, diagnostics utilised, pathological stage, and lung cancer mortality were recorded.

Results Eighty-four patients were treated with surgical resection for non-small cell cancer. The 'two-week' wait referrals accounted for one quarter (n = 21; 95% CI 17–35%) of the all the referrals, whilst 61% (n = 51; 95% CI 50–70%) of patients were found to have lung cancer detected incidentally through investigations performed by other specialties in the hospital. The presentation of patients to hospital with cancer related symptoms whether they had operable disease or not, had significantly higher lung cancer specific mortality ($p = 0.02$; see figure).

Conclusion We demonstrate that patients who have cancer-related symptoms have a worse outlook. Whilst asymptomatic patients diagnosed by chance have better prospects for cure by surgical resection, thus highlighting the promise of CT screening for lung cancer in patients with high risk factors.



Abstract P72 Figure 1 Kaplan-Meier survival estimates

P73 THE RATE OF INCIDENTAL SYNCHRONOUS PATHOLOGY ON PET-CT SCANS PERFORMED FOR THORACIC MALIGNANCY AND SUBSEQUENT IMPACT ON LUNG CANCER PATHWAYS

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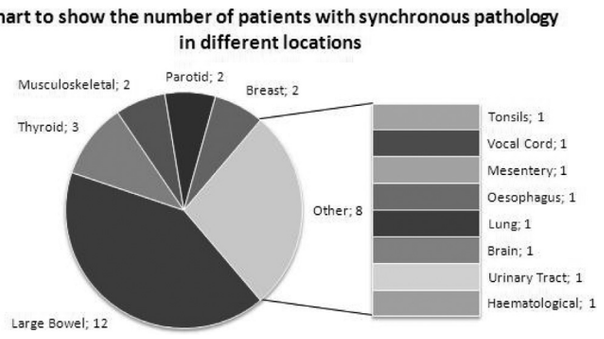
Introduction NICE (CG121) recommends that all patients potentially suitable for curative intent treatments are offered PET-CT, and that they are treated within 62 days of their urgent referral and within 31 days of the decision to treat.

There are case reports and three large studies regarding incidental findings on PET-CT performed for thoracic malignancy. These studies were based in Sheffield, Australia and Switzerland, with a rate of significant incidental findings of 21%, 12% and 9% respectively. There are no studies regarding the impact on referral pathways.

We aimed to identify the rate of incidental synchronous pathology on PET-CT for thoracic malignancy in our local population of 190,000 and the impact of these on referral pathways. We serve a local authority district ranked 43/326 in the English Index Multiple Deprivation in 2010 (rank of 1 being most deprived).

Methods Identifying patients from our thoracic MDT database, we retrospectively analysed electronic patient records for those with synchronous pathology on PET-CT between November 2012 and October 2013. Data collected included primary



Abstract P73 Figure 1 Chart to show the number of patients with synchronous pathology in different locations