diagnosis, synchronous pathology, referral timelines and reasons for delays.

Results

- 108 patients had a PET-CT for investigation of thoracic malignancy.
- 29 incidental findings were found in 28 patients (28/108;26%); see chart-1.
- 20 patients (20/108;19%) required further investigation/referral for their synchronous pathology.
- 22 of these 28 patients were ultimately diagnosed and treated for thoracic malignancy.
- Referral to treatment was delayed in 8 patients (8/108;7%), but only in 1 (1/108;1%) as a direct result of management for their synchronous pathology.

Conclusions A high number of patients undergoing PET-CT have synchronous pathology. Compared with previous UK data we found a higher rate of synchronous pathology. This may reflect a higher burden of disease in the North East of England.

Synchronous findings have a limited impact on referral to treatment pathways. However they can result in more investigations and trips to hospital, which may have a psychological impact on patients already going through a stressful life event. Perhaps this should be highlighted at time of decision to perform PET-CT.

P74 FOLLOW-UP OF LUNG CANCER PATIENTS POST SURGERY

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Rationale Over 50% of patients undergoing surgery for lung cancer die from recurrence or a second episode of lung cancer within 5 yrs.[1] There is little evidence based guidelines regarding the follow up of post surgical resection. Most follow up with physical examination and plain radiographs. Few recommend follow up with CTs. Within Mid Yorkshire NHS trust, patients are followed up post-operatively for 5 years. In the initial 2 years CTs are performed at 3, 12 and 24 months and chest radiographs at 3 to 6 monthly intervals for 5 years. The aim of this study was to assess the benefits of cross sectional imaging.

Methods A retrospective analysis was conducted of 109 patients undergoing surgery for lung cancer within Mid Yorkshire NHS hospital trust between 2009 and 2012.

Results 109 patients were included in total (42% female). Types of surgery were lobectomy (80%), wedge resection (10%) and pneumonectomy (10%) Recurrence occurred in 37% of patients (85% pulmonary).

60% of recurrences were adenocarcinomas and 33% squamous cell carcinomas. The majority of patients were asymptomatic (78%). Dyspnoea was the most frequent symptom (19%). The most commonly staged tumour was 1B (pT2A 53%, pN0 50%).

53% of recurrences were identified at the 3 month post-operative CT, 8% at 6 months, 28% at 12 months and 3% at 24 months. Chest radiographs identified recurrence at 6 (3%), 9 (3%) 18 (3%) and 21 months (3%). Total mortality within the recurrence group was 25%.

54% of patients had treatment with curative intent (surgery; 23% radiotherapy; 18% chemotherapy 8%; chemoradiotherapy 5%). 23% received palliative treatment, chemotherapy/radiotherapy.

Conclusions There are substantial benefits of imaging in identifying recurrences in cancer patients. The post-operative CT imaging at 3 and 12 months is advantageous as they identified 53% and 28% of the recurrences respectively. However, the benefit of regular chest radiographs and surveillance CT at 24 months is questionable as they were less effective.

REFERENCE

1 Egerman U, Jaeggi K, Habicht JM, Perruchoud AP, Dalugen P, Soler M. Regular follow-up after curative resection of nonsmall cell lung cancer: a real benefit for patients? *Eur Respir J* 2002 Mar;19(3):464–8

P75 PROGNOSTIC IMPLICATIONS OF THE MODIFIED GLASGOW PROGNOSTIC SCORE IN EARLY STAGE NON-SMALL CELL LUNG CANCER

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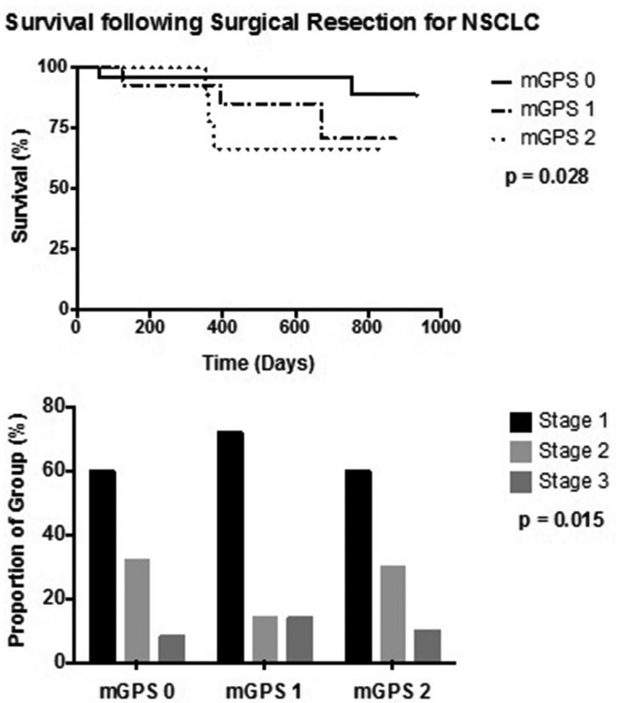
Introduction and objectives Up to 50% of patients treated radically for non-small cell lung cancer (NSCLC) subsequently present with metastatic disease. This is despite rigorous case-selection and the use of adjuvant therapies based on clinical and/or surgical staging. A simple, objective biomarker that identified patients at higher risk of recurrence might facilitate more effective multi-modality radical treatment.

Since inflammation-based biomarkers offer robust prognostication in metastatic NSCLC, we hypothesised that the modified Glasgow Prognostic Score (mGPS), Neutrophil:Lymphocyte Ratio (NLR) and/or Platelet:Lymphocyte Ratio (PLR), measured prior to radical treatment would have utility in this regard.

Methods Utilising a radiology database, we retrospectively identified all patients with Stage I-IIIa NSCLC who underwent



Abstract P75 Figure 1 Survival following surgical resection for NSCLC