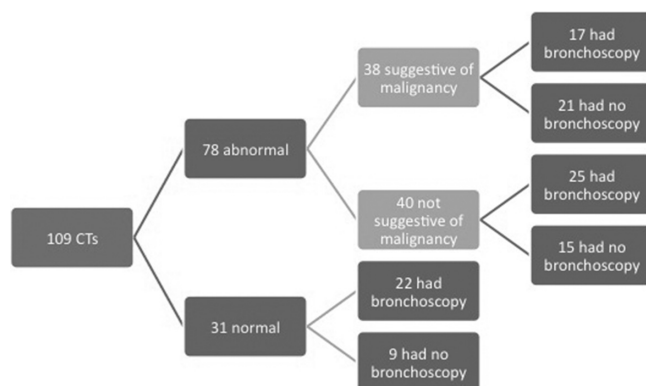


Background Southmead Hospital is a large teaching Hospital in the South West of England. GP two week wait (TWW) referrals to the respiratory department are sent via a standardised pro-forma with one of a number of reasons for referral selected. We conducted this project both to evaluate how we are currently investigating patients referred with haemoptysis and to identify whether our diagnostic pathway for patients for these patients could be optimised. We were particularly interested as to whether bronchoscopy is diagnostically helpful in this cohort of patients.

Methods We looked at all TWW referrals between 13/6/13 and 2/4/15 (825 referrals) and selected those who were referred for haemoptysis (110 patients). The clinical course of these patients was tracked retrospectively by looking at our electronic record system and clinical letters.

Results Overall 109 of the 110 patients identified had a CT scan – this was normal in 31 patients. In the remainder of cases the CT was suggestive of malignancy in 38 of the 78 abnormal scans. The remainder of CT scans had positive findings that were not suggestive of malignancy. Of the 31 patients who had a normal scan, 22 patients underwent bronchoscopy. 40 patients had abnormal CT scan that were not suggestive of malignancy. 25 of these patients went on to have bronchoscopy. All bronchoscopies were either normal or showed non specific findings. 16 patients who had an eventual diagnosis of lung malignancy had an initial CT scan suggestive of malignancy.



Abstract P173 Figure 1

Conclusion Our project demonstrates that currently 58% of patients referred with haemoptysis via the TWW system go on to have a bronchoscopy. In our cohort of patients all bronchoscopies were either normal or showed non-specific changes. All patients with lung malignancy had a prior CT that was suggestive of malignancy and did not require a bronchoscopy other than as a potential means of obtaining tissue. We suggest that bronchoscopy may not be necessary in patients referred with haemoptysis who have a normal CT scan. We feel this will change our local practice and may enable us to better target this investigation to patients who will benefit from it.

P174 CATCH - A YEAR IN PROFILE AND FURTHER REDUCTIONS IN 2WW REFERRALS

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Introduction In Salford, annual 2WW referrals rose from 235 in 2010/11 to 248 (2011/12) and 281 (2012/13) but fell to 249 in 2013/14 as the result of a 5 month pilot¹ of our CATCH protocol (Community Access To CT Chest) allowing abnormal “low risk” CXR reports to trigger a GP request for a fast track CT scan. This audit reviews the performance of CATCH for a whole year of activity from 1st May 2014 to 30th April 2015.

Methods The CATCH d-base and electronic patient record were used to identify the patients and dates of CXR and CT examinations in addition to CXR/CT scan reports and final diagnoses. The number of 2WW referrals was determined for the same time period using the cancer waiting times d-base.

Results A total of 117 patients entered the CATCH protocol of which the majority of CXRs demonstrated the presence of a well-defined (47%) or ill-defined opacity (14%) and a further 18% revealed abnormality at the hilum. The remaining CXRs (21%) raised concerns about fat pads, atelectasis or pleural abnormality. For the 115 patients having a CT scan, the findings confirmed cancer in 9%, solitary pulmonary nodule (25%), infection/inflammation (15%), atelectasis (10%), pleural plaque (10%), fat pad (5%) and in 11% the CT scan was normal.

Following CATCH CT scan, 53 (46%) patients required no follow up, 33 (29%) generated urgent referral, 16 (14%) non-urgent referral to the chest clinic, 11 (10%) required follow up surveillance imaging. Timelines for CATCH management are detailed in Table 1. Mean time from CT report to cancer diagnosis was 61.1 days (range 23 to 187) and total number of 2WW referrals for 2014/15 was 234.

Abstract P174 Table 1 Mean time for main CATCH outcomes

CXR performed to CXR report	4.0 days
CXR report to CT appointment	14.6 days
CT appointment to CT report	0.8 days

Conclusions Following the introduction of CATCH to the Salford Lung Cancer Service, 2WW referrals have fallen further to manageable numbers. The pick-up rate for cancer is only small and reflects the low risk abnormality detected on CXR. The relatively long diagnostic times for cancer reflect the processing of small nodules detected within this select group of patients.

REFERENCE

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P175 USE OF A VIRTUAL CLINIC TO IMPROVE THE LUNG CANCER PATIENT JOURNEY

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In 2014 with our primary care colleagues we introduced a ‘Straight to CT’ system for out-patients with a radiological or clinical suspicion of lung cancer. The CT was done on behalf of primary care, and only patients who had a CT suspicious of lung cancer, were automatically taken by the lung cancer team. Such scans are reviewed by a cancer clinician, who makes a provisional next best test plan, and this empowers a telephone clerk-ing by a highly specialised lung cancer nurse. The assessment