bring England close to parity with other westernised countries, though there is still more work to do.

Abstract S72 Table 1 Resections, actual/predicted survival and incremental survival improvements over study period

Year	Number of resections	1 yr survival %	5 yr survival (%) (actual or predicted*)	Improvement in 1 yr survival	Improvement in 5 yr survival
1995		23.2	6.5		
1996		23.3	6.7		
1997		25.1	7.4	+0.73%/yr	+0.22%/yr
1998		25.0	7.2		
1999		26.1	7.4		
2000	3220	27.4	8.0		
2001	(mean)	27.7	8.2		
2002		28.0	8.0	+0.48%/yr	+0.12%/yr
2003		29.2	9.1		
2004		29.2	8.5		
2005		30.3	9.1		
2006	3740	30.1	9.1		
2007	4100	32.2	10.3	+0.79%/yr	+0.65%/yr
2008	4350	32.5	10.8		
2009	4500	33.5	11.8*		
2010	5250	34.8	12.7*		
2011	6360	36.3	13.8*		
2012	6474	39.0	14.9*	+2.15%/yr	+1.05%/yr
2013	6713	n/a	16.0*		

S73 HEALTHCARE COSTS ASSOCIATED WITH LUNG CANCER DIAGNOSED AT EMERGENCY HOSPITALISATION

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Introduction The diagnosis of lung cancer at emergency presentation with hospital admission is a poor patient experience and is likely to incur significant cost. Reducing the proportion of patients diagnosed by this route has been identified as a priority by policy makers. The full health-economic impact of this route to diagnosis is not known.

Aim To measure the excess healthcare costs attributable to emergency hospital admission in patients diagnosed with lung cancer.

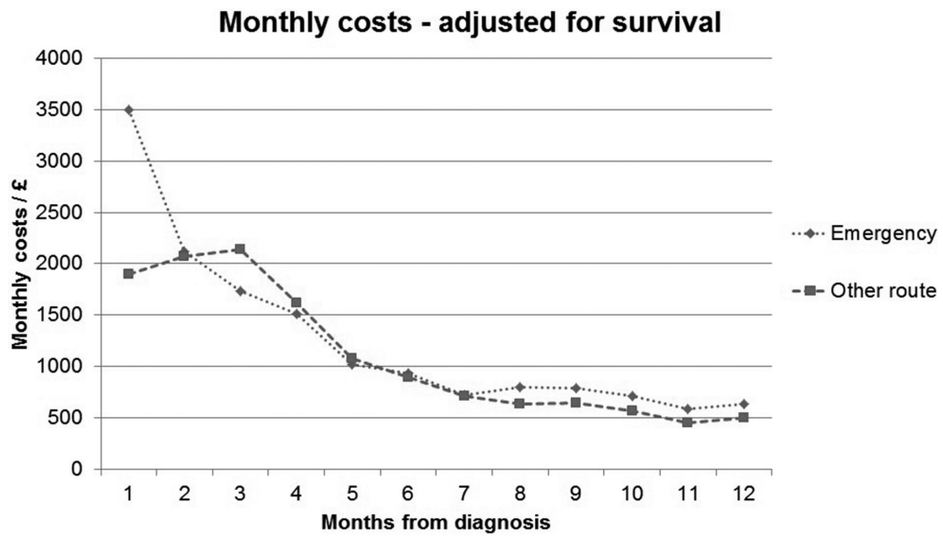
Methods Retrospective review of an electronic database of lung cancer patients from 2008–2013. Secondary care costs were acquired from the local NHS Patient Level Information and Costing System (PLICS) with adjustment for inflation. To adjust for survival differences, secondary analyses looked at average costs incurred only while patients remained alive.

Results 3,274 consecutively diagnosed patients were included. Mean one and twelve-month costs were £2,400 (95% CI £2,313-£2,493) and £10,009 (95% CI £9,725-£10,285). One month mean costs for patients with emergency admission were higher than for those diagnosed by other routes (£3,499 (95% CI £3,332-£3,667) vs £1,899 (95% CI £1,810-£1,999)). Twelve month mean costs for emergency admissions were lower than for other routes (£8,123 (95% CI £7,704-£8,552) vs £10,870 (95% CI £10,511-£11,211)), but this analysis is heavily influenced by excess mortality within the emergency admission group (1 year survival 14% vs 50% respectively).

Mean costs for survival, only considering costs per patient alive in that month, are shown in Figure 1. Emergency admission was associated with increased mean alive costs compared to other routes at both one month (£3,499 vs £1,899) and 12 months (£15,063 vs £13,233). Adjusted costs accrued between one and twelve months following diagnosis were similar between the two groups (£11,565 vs £11,334).

Conclusion Patients diagnosed with lung cancer during an emergency admission incur greater healthcare costs during the first month following diagnosis. Lower longer term costs in these patients seem to be entirely due to the lower survival rates in this poor prognosis group.

In addition to improving patient experience and outcome, strategies to increase earlier diagnosis of lung cancer may reduce the additional healthcare costs associated with this route to diagnosis.



Abstract S73 Figure 1