



Abstract P99 Figure 1 Drug discrepancy breakdown by class

P100 PRE-TRANSPLANT C-REACTIVE PROTEIN (CRP) AS A MARKER OF POST-TRANSPLANT OUTCOMES IN PATIENTS WITH CYSTIC FIBROSIS (CF)

A Fazleen, J Parmar. *Papworth Hospital NHS Foundation Trust, Cambridge, UK*

10.1136/thoraxjnl-2016-209333.243

Introduction Although novel therapies for CF have been introduced, the condition still has a high rate of complications and early death. Transplantation remains the only hope for extended survival and quality of life. Our study aimed to determine whether pre-transplantation CRP could predict outcomes post-transplantation.

Methods In a retrospective analysis of all lung transplantations performed at our centre between 2001 and 2016, only patients who had complete data were analysed. CRP levels within 72 hours pre-transplantation were compared with length of intubation, ITU and hospital stay, Primary Graft Dysfunction (PGD), pulmonary infection within 3 months post-transplantation and rates of acute cellular rejection.

Results Among 100 patients who underwent lung or heart/lung transplantation, 72 patients had a complete dataset. Average age at transplantation was 28.1 in both groups.

48 patients had CRP < 40 mg/L (24 males, 24 females, median CRP 14), and 24 patients had CRP > 40 mg/L (14 males, 10 females, median CRP 60). Average age of donor was 41.6 in the low CRP group, and 41.8 in the high CRP group.

Average duration of intubation was 66.7 hours in the low CRP group, versus 48.0 hours in the high CRP group, while average length of ITU stay was 6.9 days in the low CRP group, versus 9.3 days in the high CRP group (p 0.76). Average duration of hospital stay was 26.3 days in the low CRP group, and 25.7 days in the high CRP group. Mean number of infections in the low CRP group was 2.4, and 3.3 in the high CRP group (p 0.52). Mean number of episodes of rejection was 0.4 in the low CRP group, and 0.6 in the high CRP group (p 0.36).

Kaplan-Meier plots showed no evidence of impact on survival to 5 years.

Conclusion CRP within 72 hours pre-transplantation in patients with CF was not a predictor of short- or long-term outcomes in our study. It is important to note that the sample size for this

study was quite small, possibly contributing to this finding. Extension of this study to include patients from multiple transplant centres would be beneficial.

Abstract P100 Table 1

Postoperative data	Average	Average	p.value
	< 40 (n = 48)	≥40 (n = 24)	
PGD	4	0	0.29
Intubation time (hours)	66.7	48.0	0.52
Blood loss in first 24 hours (mls)	1255.0	1550.8	0.19
Length of ITU stay (days)	6.9	9.3	0.76
Length of hospital stay (days)	26.3	25.7	0.50
Renal failure	2	1	1.00
Airway complications	4	1	0.77
Rejection episodes	0.4	0.6	0.36
Infection episodes	2.4	3.3	0.52
1 year survival			0.18

Improving Lung Cancer Care and Outcomes

P101 STRUCTURED HOLISTIC NURSING ASSESSMENT (HNA) IN BUCKINGHAMSHIRE HEALTHCARE TRUST (BHT) FOR LUNG CANCER & MESOTHELIOMA PATIENTS: PROCESS AND FINDINGS

J Mowforth, H Steiner, A Prasad. *Buckinghamshire Healthcare NHS Trust, Aylesbury, UK*

10.1136/thoraxjnl-2016-209333.244

Aim Lung cancer and mesothelioma patients have complex needs. Without a structured process of screening and assessment these can go undetected. Structured screening and assessment needs considered planning. Our experience of screening and assessment of the holistic needs for lung cancer and mesothelioma patients in BHT is described.

Method All BHT lung cancer and mesothelioma patients are invited to be screened post diagnosis using the Distress Thermometer and Needs checklist (Brennan *et al* 2012).¹ Participation