Projections suggest 34,000 patients will be eligible for phase 2: in the first 12 weeks, in Picton Ward (eligible population 2471) 896 (36%) individuals booked to attend the lung health check, where 230 (31%) triggered the offer of a CT. To date 138 scans have been reported: 24 (17%), had significant findings, of which 9 (6%) require a 3 month and 3 (2%) 12 month repeat scan for nodules. Two individuals had confirmed cancer (both resected), with 2 further cases currently being worked up.

Of 406 patients (45%) without previously diagnosed COPD, 180 (44%) had abnormal spirometry, and have gone on to further diagnostics.

The complete Picton Ward data will be presented at the conference.

This innovative project is already improving access to respiratory healthcare in a deprived area of Liverpool, and should improve outcomes for lung cancer in this disadvantaged population. The project has been adopted by the national ACE program.

P103 APPLES AND PEARS? A COMPARISON OF TWO SOURCES OF LUNG CANCER DATA IN ENGLAND

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Introduction In 2014, the contract to deliver the National Lung Cancer Audit (NLCA) was awarded to the Royal College of Physicians. Data were previously submitted using a bespoke dataset (LUCADA), but will now be submitted via the nationally mandated Cancer Outcome and Services Dataset (COSD) and linked to additional cancer registry datasets. For patients diagnosed in 2014, NLCA data were submitted using LUCADA for 132 of 151 English trusts. Trusts also submitted data via COSD and registry data were produced by the National Cancer Registration Analysis Service (NCRAS), providing the opportunity to compare both datasets for data completeness and reliability.

Methods We have linked the LUCADA and cancer registration datasets at patient level and assessed completeness of key patient variables including age, sex, stage, performance status and pathological confirmation, as well as recording/dates of treatment received. We assessed the inter-rater/data agreement of these variables using Cohen's kappa statistics (k). Finally, we carried out a qualitative assessment on a subset of cases to explore reasons why patients were represented in one dataset but not the other.

Results There were 26,001 patients in both datasets (94% of LUCADA data) with more in the registry dataset and not LUCADA than vice versa. Recorded sex and age were highly congruent, as was trust first seen which was the same in 96%. 56% of the patients had the same date of diagnosis, 74% were ± 7 days and 86% were ± 14 days of each other. The cancer registry data had a larger proportion of patients with missing PS (27% vs 11%) with agreement on PS (where available) being 97% (k = 0.91). Agreement on stage was 94% (k = 0.81). Agreement for surgery, chemotherapy and radiotherapy was 0.86, 0.88 and 0.77 respectively. Details of the qualitative work and trust first seen algorithms will be provided in the presentation.

Conclusion Results suggest that cancer registry data accurately describe key patient features. Compared with LUCADA, the national cancer registry:

- identified more patients

Abstract P103 Table 1

Key Variables	Cancer registry database n (%)	LUCADA database n (%)	Agreement %	Kappa (κ)
Sex				
Female	11990 (46)	11987 (46)		
Male	14011 (54)	14014 (54)	99%	0.99
Age				
<65	6032 (23)	6025 (23)		
65–80	14249 (55)	14242 (55)		
>80	5720 (22)	5734 (22)	99%	0.99
Pathology				
Confirmed				
No	6341 (24)	7664 (29)		
Yes	19660 (76)	18337 (71)	89%	0.73
Lung Cancer				
Type				
Small Cell	2975 (11)	2958 (11)		
Carcinoid	189 (1)	234 (1)		
Non-small cell	22837 (88)	22809 (88)	97%	0.87
Performance				
Status				
0	3816 (15)	4278 (16)		
1	6550 (25)	7869 (30)		
2	4025 (15)	5109 (20)		
3	3553 (14)	4527 (17)		
4	1152 (4)	1424 (5)	97%	0.91†‡
Missing	6905 (27)	2794 (11)	83%	0.57†
Stage				
IA	2976 (8)	2226 (9)		
IB	2296 (6)	1714 (7)		
IIA	1405 (4)	1087 (4)		
IIB	1236 (4)	1025 (4)		
IIIA	3981 (11)	3330 (13)		
IIIB	2844 (8)	2470 (9)		
IV	16758 (47)	12258 (47)	96%	0.90†‡
Missing	4022 (11)	1891 (7)	94%	0.81†

† Weighted Kappa κ
‡ Excluding missing data

- has a higher proportion pathological confirmation
- identified more patients with surgery, chemotherapy and radiotherapy
- has a higher proportion of missing data for PS which could be due to data entry transition

P104 RESULTS OF THE FIRST ANALYSIS OF NATIONAL LUNG CANCER AUDIT DATA BASED ON CANCER REGISTRATION DATA

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Introduction The National Lung Cancer Audit (NLCA) has collected data for over 10 years, but in early 2015 a transition to using the Cancer Outcomes and Services Dataset (COSD) and cancer registration was begun and has now entirely superseded the legacy LUCADA dataset. An online portal (CancerStats) has