Abstract P195 Figure 1

2009 in the Trust demonstrated that patients with lung cancer had both the highest rate of unscheduled admissions and the greatest number of inpatient bed days compared with other cancer sites. In 2010, there were 220 new cases of lung cancer diagnosed across the Trust. We reviewed the records of all patients admitted to the Trust with a coded diagnosis of lung cancer retrospectively. This did not include those patients seen in A&E and discharged. Cases were recorded as known (diagnosed prior to that admission and known to the service), or new (diagnosed on or as a result of that admission).

Results In 2010 there were 110 admissions overall with lung cancer. 34 patients (16.4%) had their lung cancer diagnosed as a consequence of that admission. 26/34 (76%) presented on the general medical take; the remainder to Care of the Elderly team as they were ≥ 80 . At diagnosis, the majority were ECOG performance status 3/4, thereby precluding any active cancer treatment. 29 patients (85%) were diagnosed with metastatic disease at presentation. One quarter of those diagnosed on that admission died, with a median survival of 8 days. The mortality at 30 days was 50%; 23/34 (68%) had died within 6 months of the admission. Only two patients (6%) survived 1 year. Access to specialist palliative care and palliative treatments such as radiotherapy/chemotherapy/stent insertion was good.

Conclusions Patients diagnosed on an acute admission with lung cancer generally present with advanced disease and poor performance status. Treatment options are limited and the overall survival is very poor. This leaves little time for patients and their families to come to terms with their condition and affects where patients may die. This data has been used to inform local awareness projects in both the primary and secondary care community. As a result, a novel rapid access clinic has been established for newly presenting patients to enable swift diagnosis and where possible an alternative to admission.

REFERENCE

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P196 THE COST EFFECTIVENESS OF PET SCANS IN THE RADICAL TREATMENT OF LUNG CANCER PATIENTS IN A DISTRICT GENERAL HOSPITAL

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Introduction and Objectives This retrospective study compares the cost of PET scans with the cost of surgical intervention; for patients with lung cancer suitable for radical therapy.

Methods The number of patients referred for PET scans by our lung Multidisciplinary Team (MDT) in 2010 was identified from our lung cancer database. All patients' management plans were reviewed via our electronic lung cancer database (Somerset Cancer Registry), and copies of MDT and clinic letters. The cost of PET scans, lobectomy and mediastinoscopy were provided by our thoracic surgery tertiary centre, the Bristol Royal Infirmary, as follows; PET scan £850, uncomplicated lobectomy £6000, uncomplicated mediastinoscopy £2000.

Results In 2010 the lung MDT referred 84 patients for PET scans (see Abstract P196 table 1). 52 scans were requested with the intention of referring patients for radical treatment. Of these 52 scans, 22 patients had their lung cancer upstaged following PET scan (three increased tumour staging, nine increased nodal staging, and 10 identified distal metastases). 26 patients had unchanged staging on PET scan compared with CT scan. Four patients required further imaging. The total cost of PET scans was $52 \times £850 = £44\,200$. As a result of upstaging on PET scan, 22 patients were not referred for radical surgery (lobectomy) with the potential cost saving of $22 \times £6000 = £132\,000$. Furthermore, in view of PET scan activity identified in mediastinal nodes, nine patients were not referred for mediastinoscopy with the potential cost saving of $9 \times £2000 = £18\,000$. Therefore the total potential cost saving after accounting for PET scan expenditure was £105 800.

Abstract P196 Table 1 Reason for PET scan request

Reason for PET scan request	Number of patients (total n = 84)
Suitable for radical therapy	52
Pulmonary nodule assessment	26
Restaging after oncological therapy	4
Metastasis from extrathoracic malignancy	2

Conclusions The study demonstrates the cost effectiveness of PET scanning in the radical treatment of lung cancer patients in a district general hospital. Limitations of the study include an under-estimation of the cost of surgery as some patients will develop post-operative complications. Furthermore, the study has not included the cost of palliative treatments provided to patients who were not referred for radical treatment after PET scan. The study did not assess the concurrent advantages of reduction in morbidity and mortality for patients avoiding unnecessary surgical intervention.

P197 PET-FDG STAGING FOR LUNG CANCER: OUTCOME OF HIGH UPTAKE FDG AT EXTRATHORACIC SITES

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Background Positron Emission Tomography (PET) scanning with F-18 2-fluoro-2-deoxy-D-Glucose (FDG) is pivotal in staging lung carcinoma where curative intent is proposed and increasingly is being evaluated in measuring response to therapy as well as in detecting recurrent disease. Staging nodal disease in the mediastinum apart, PET has also been reported to improve the non-invasive detection of unsuspected extra thoracic disease in upto 10% and may alter management in up to 40% of cases [McLoud TC, Cancer Imaging 2003]. The limited resolution of PET, however,