appropriate information leaflet. A CXR to confirm resolution of the pneumothorax could be done when the patient returns to clinic for their biopsy results.

References


P30 FEASIBILITY OF A NEW OUT-PATIENT BREATHLESSNESS SUPPORT SERVICE
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Background Breathlessness is a common and devastating symptom affecting many patients with advanced malignant and non-malignant disease. Management comprises non-pharmacological and pharmacological interventions best delivered by a multidisciplinary group.

Aim To describe the feasibility of a study testing a newly established Breathlessness Support Service (BSS) at King’s College Hospital, London.

Methods An innovative BSS with palliative care and respiratory medicine (consultant, nurse, physiotherapy, occupational therapy, and social work) input is offered since October 2010 to patients with refractory breathlessness due to advanced malignant and non-malignant disease. Patients are seen twice in the clinic and offered a home visit by physiotherapy and occupational therapy. The new service is evaluated in a phase 3 fast track randomised controlled trial (RCT) comparing immediate or delayed (after 6 weeks) access to BSS.

Results Between October 2010 and June 2012, 191 patients have been referred to our study, of which 88 patients have consented to partake in the study (48/88 male; median age 68 y (range 40–84 y); 62/88 carer present; COPD 45, Cancer 17, ILD 18, heart failure 6, Asthma 1, other 1). Of these 88 patients, 60 patients have completed the study (primary endpoint at 6 weeks), with 11 patients awaiting their 6 week assessment. The current attrition rate for the primary endpoint of the study (6 weeks) is approximately 19%, much less than 40% we originally anticipated. 40 have completed the 12 week follow up home visit (secondary endpoint), with 12 patients awaiting their 12 week assessment. The current attrition rate for the secondary end point is 54%, reflective of the complexity of retaining palliative care patients in a RCT. The BSS is well received by patients. Main organisational problems relate to transport to the BSS and patients being unwell to attend the second clinic visit.

Conclusion Referral to the study is similar to what we expected with the number of patients consenting (46%) to partake similar to that reported in the pulmonary rehabilitation literature. Once in the trial, attrition is low. Overall, the BSS seems to be feasible.

P31 DO LUNG CANCER PATIENTS GET A BETTER DEAL IF THEY PRESENT BY TWO WEEK WAIT PATHWAY?
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Introduction Introduction of one stop lung cancer[LC] clinics have shortened the patient journey of 2 week wait [2WW] referral