Abstract P58 Table 1 Outcomes for 1242 patients with tuberculosis diagnosed at a London teaching hospital 2000 to 2010

	Outcomew		Grouped Outcome	
	n	%	n	%
Completed - Non-Pulmonary	564	45		
Completed - Pulmonary	462	37		
Completed - Pulmonary with culture conversion	59	5	Complete	1085
Died - TB cause	10	1		87
Died - TB contributed	18	1		
Died - TB incidental	15	1		
Died - TB influence unknown	13	1	Died	56
Lost to follow-up	44	4		5
On treatment - initially planned	1	0	Lost to follow-up	44
On treatment - interrupted	1	0		4
Transferred Out - LTBR*Clinic	40	3	On treatment	2
Transferred Out - Non LTBR Clinic	10	1		0
Transferred Out - Overseas	5	0	Transferred out	55
Total	1242	100		4
				100

*London TB Register.

An enhanced level of case management (ECM) is recommended by NICE for those deemed 'hard to reach' and should be provided where risk/needs assessment demonstrates that the patient has clinically and/or socially complex needs. NICE recommends one TB nurse for every 20 such cases so knowledge of their numbers is integral to workforce planning.

The Aim of this project was to identify and quantify those qualifying for ECM in an inner city TB cohort.

Methodology All 170 cases notified with TB in Central Manchester were retrospectively identified from department records for 01/2010 to 12/2010. Data were collected using a standard proforma from clinic letters and TB specialist nurses documentations. Standard case management was defined as per the RCN document 'Tuberculosis case management and cohort review'.

Only 60/170 (35%) were identified as standard management cases in which 7/60 (11%) had other co-morbidities and 4/60 (6%) had a language barrier. 14/60 (23%) were excluded for diverse reasons (e.g. death before diagnosis).

Results 96/170 (56%) were identified as ECM cases which subdivided according to their requirements into either:

1. Medical needs, which comprised 12.5% (12/96) of cases including patients with dual pathology and recurrent hospital admissions.
2. Nursing needs which comprised 12.5% (12/96) of cases in which majority (8/12) of these did not attend clinics as required and the rest (4/12) had anti-TB treatment side effects demanding more home visits.
3. Both medical as well as nursing needs were present in 75% (72/96). In which 52% were paediatric, 11% had resistant organism, 6% were HIV +ve, 4% of patients declined treatment, 3% were on DOT, 3% had complications due to TB infection and 21% of cases had prolonged treatment due to CNS/bone involvement, interaction with other non TB treatment, immune compromised patients and overlap with others (HIV patients, Drug resistant organism, patients on DOT had prolonged treatment).

Conclusions The reasons for ECM are many and diverse and often multiple. In our practise more than half of patients could be classified as requiring such management. This has implications for TB nurse manpower planning.

P61 BTS MDRTB CLINICAL ADVICE SERVICE

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Developing an initiative begun by Professor Peter Davies and colleagues in Liverpool in 2008, the BTS has now significantly increased the functionality of this Service to offer an opportunity for genuine on line dialogue between experts and service users on all aspects of the management of patients with MDRTB.

Fully operational since July 2011–64 discrete case queries were received in the first year of operation, of which 41 were confirmed as MDRTB; 4 XDRTB; 7 Isoniazid mono-resistant and 1 related to a mycobacterium infection. The remaining 11 cases discussed were never confirmed as MDRTB or were general requests for advice.

This represents a 45% increase in case discussion since the BTS unveiled the new Service and the initial post is now regularly being followed by further requests for help as new difficulties in case management emerge.

The BTS MDRTB Clinical Advice Forum is accessible via a link on the home page of the BTS website OR directly at the url below: <http://forums.brit-thoracic.org.uk/>

After an on line registration is approved by the forum administrator, users are prompted to provide anonymised case details according to a pre-set questionnaire template. There is also a free text box and an opportunity to post X-ray and CT images.

Lung cancer awareness, early diagnosis and staging

P62 EARLY RESULTS OF A NATIONAL LUNG CANCER AWARENESS CAMPAIGN

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In May 2012 a centrally funded National Lung Cancer Awareness Campaign was initiated. This campaign was influenced by encouraging results from local pilot studies, and featured news items and public health awareness adverts in national and local media, including nationwide television and radio exposure, accompanied by celebrity involvement and endorsements. The cost of this initiative has not been disclosed.

Liverpool has the highest lung cancer incidence and mortality in England, and our Lung Cancer Unit, providing a service for patients in South Liverpool, is the largest in the Cancer Network and amongst the largest in the country.

To assess the impact of the national campaign we have reviewed referrals to our Rapid Access Lung Cancer Service from General Practise via the 14 day suspected cancer pathway, during the months of April, May and June 2012; we have also reviewed referrals during the same months in 2011 and 2010.

The total number of referrals from General Practise was 20 in April 2012, 30 in May 2012 and 27 in June 2012. The proportion of patients who had lung cancer was 8/20, 15/30 and 11/27 respectively. The percentage of patients with a diagnosis of lung cancer who underwent potentially curative surgical resection was 25% in April, 30% in May and 27% in June. Comparison with corresponding figures from 2011 and 2010 shows no significant difference in lung cancer referral or diagnosis rates, with a small but not statistically significant increase in surgical resection rates year on year.

Our conclusion is that the national awareness campaign initiated in May 2012 has had no significant early effect on lung cancer referral, diagnostic and treatment patterns in our area.

P63 VARIABILITY IN GP REFERRAL RATES FOR CHEST X-RAY DOES NOT APPEAR TO AFFECT STAGE OR PERFORMANCE STATUS OF PATIENTS DIAGNOSED WITH LUNG CANCER

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Background Delays in referral of symptomatic patients for chest X-ray (CXR) has been proposed as one explanation for poorer survival from lung cancer in UK compared to other developed nations. Such delays may reflect patients not seeking medical advice for persistent respiratory symptoms, or not being referred for CXR following presentation to primary care. We sought to determine the relationship between GP CXR referral rates and patient characteristics at the time of lung cancer diagnosis.

Methods Data was collected for the number of CXRs ordered by GP practises in Leeds between 2008 and 2010 (corrected for list size). Patient characteristics at presentation with lung cancer (stage and performance status), treatment and outcome (one year survival) were compared over the same three year period. GP practises were grouped into quintiles by CXR referral rate (according to population served), and lung cancer outcomes compared between quintiles.

Results CXR referral rates varied from 6.7 to 62.3 CXRs per 1,000 population per year. Data was collected for 1,394 patients diagnosed with lung cancer. The number of lung cancer diagnoses per CXR quintile were 230, 276, 258, 322, 308 from lowest to highest CXR quintile respectively. The proportion of patients with early stage disease at presentation (stage I and II) did not vary by CXR quintile (29.6%, 26.1%, 28.7%, 26.7%, 25.6% from lowest to highest CXR rates). Similarly there were no differences in the distribution of performance status, the proportion of patients undergoing any anti-cancer treatment and one year survival between the quintile groups. When the cohort was split into 2 groups by CXR rates, no differences in lung cancer outcomes were seen between GP practises

(number of lung cancers 660 for low CXR group vs. 734 for high CXR group).

Conclusion Despite demonstrating large variability in CXR rates, our small single-centre study does not show a link between referral rates and lung cancer outcomes. This study is underpowered to detect small changes in survival or stage shift, but suggests large differences in outcome are unlikely to result from this variability in practise at primary care level.

P64 REVIEW OF CXRS REQUESTED IN THE COMMUNITY: CAN WE IMPROVE CANCER DETECTION?

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Introduction In our trust all patients with a CXR suggestive of cancer have their CXR reviewed in the lung MDT. Following a serious incident investigation in our trust the question was raised as to whether this practise should be extended to all patients with "red flag symptoms" but not necessarily an abnormal CXR, in an attempt to improve early detection of lung cancer.

Aims

1. To determine frequency of red flag symptoms (i.e. hoarseness/haemoptysis) in patients undergoing community chest radiography
2. To determine frequency of subsequent lung cancer diagnosis in such patients
3. To determine if routine MDT review of such patients would improve time to lung cancer diagnosis.

Method Review of community CXR request forms and images over a 1 month period (January 2010) was performed. Any CXR requested for a red flag symptom and reported as "normal", was re-reviewed by a radiologist. Review of medical records over the succeeding 27 months to determine if there was any subsequent detection of lung cancer.

Results 549 community CXR's were requested in the review period. A random sample of 229 requests were reviewed. 8 requests included haemoptysis in clinical details and none included hoarseness. 5/8 CXR's were reported as normal. 3/8 were reported as abnormal, with one suggestive of cancer (subsequently diagnosed) and discussed at MDT anyway. The remaining 2 patients with abnormal CXR's had subsequent unremarkable imaging. None of the remaining 5 patients with haemoptysis and a normal CXR had any subsequent presentation with lung cancer.

Conclusion The prevalence of red flag symptoms in patients being referred for community CXR's is low. In those with red flag symptoms and a CXR that does not suggest cancer, subsequent presentation with cancer is at worst highly unlikely. The practise of routinely reviewing images of such patients in a lung cancer MDT is unlikely to improve detection rate or time to diagnosis of lung cancer.

P65 INCREASE IN LUNG CANCER SURGICAL RESECTION RATES FOLLOWING A REGIONAL MEDIA BASED PUBLIC AWARENESS CAMPAIGN

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Introduction Lung cancer prognosis depends on staging at time of diagnosis and delayed presentation contributes significantly to poor survival rates. The Doncaster public awareness cough campaign resulted in a significant increase in lung cancer diagnoses but not stage at presentation. The effect of early awareness campaigns on