P3 THE NATIONAL LUNG CANCER AWARENESS CAMPAIGN: EVIDENCE OF A MEASURABLE IMPACT IN STAGE SHIFT AND ELIGIBILITY FOR RADICAL THERAPY

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Rationale Lung cancer survival in North East London is consistently lower than expected. The incidence of late presentation with advanced, inoperable disease is significantly higher; our patients are also more likely to present via the emergency room than any other route.

In the absence of an evidence based national screening programme for lung cancer in the UK, a National Lung Cancer Awareness Campaign was launched in 2012 for eight weeks with TV, radio and poster advertising. The campaign urged anyone who had been suffering with a cough for three weeks or more to see their general practitioner and ask for a chest X Ray.

This study was designed to look at the impact of the national campaign on the local population in North East London.

Method Every patient diagnosed with lung cancer in the 124 days leading up to the start of the campaign was compared with every patient diagnosed for 124 days from the start of the campaign.

Results There was an 8% increase in the number of lung cancers diagnosed after the awareness campaign. The biggest increase was in squamous cell carcinoma.

Overall, there was no stage shift seen. However the Trust serves two sites each with a specific catchment area. Patients on one site showed a significant stage shift. Stage 1a to 2b, 10.8% pre-campaign, 25% post-campaign ($p < 0.006$)

On the site where the significant stage shift was seen the rate of eligibility for radical therapy rose threefold from 10.5% to 33.3% ($P < 0.001$). On both sites the rate of treatment with curative intent rose by 3.8% (NS).

Conclusion The national awareness campaign has had a measurable effect on our lung cancer service. Overall we have seen an 8% increase in cancers diagnosed, but the key finding is that the patients from one site had a significant increase in early stage diagnosis and a threefold increase in eligibility for radical therapy. This is the first real evidence that a national campaign might have a measurable effect on lung cancer mortality.

P4 IMPACT OF THE NATIONAL LUNG CANCER CAMPAIGN OF 2012 ON THE DIAGNOSIS, MANAGEMENT AND SURVIVAL RATE OF LUNG CANCER IN EAST KENT

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Introduction Lung cancer is the second most common cancer in the United Kingdom¹. A national campaign to increase public awareness of lung cancer was launched in May 2012 by the Department of Health. It aimed to increase early diagnosis of lung cancer, thus survival rate. This study assessed the effectiveness of the campaign in increasing early diagnosis, curative treatment rate and survival rate of lung cancer in East Kent Hospital Trust.

Method This was a retrospective cohort study, which compared data from patients who were diagnosed with lung cancer over a 3-month period at 2 weeks following the launch of the campaign to those over the same period in 2011. The data was obtained from the data which were submitted to the National Lung Cancer Audit and the trust wide electronic patient record system.

Results There was a 30% increase in the number of lung cancer diagnosed in the 2012 cohort with the proportion of female patients increased by 4% in 2012 (Figure 1). There was a 9% increase in the number of cases which were curative by staging at the time of diagnosis following the campaign, though this was statistically insignificant (Figure 1). This said increase however did not yield an increase in the curative treatment rate and survival rate (Figure 1). This was due to a lack of a corresponding improvement in performance status at the time of diagnosis.

	2011	2012
n	114	148
Female	49 (43%)	70 (47%)
Male	65 (57%)	78 (53%)
Stage of Cancer		
Curative	26 (23%)	47 (32%)
Non-Curative	88 (77%)	99 (67%)
$\chi^2 = 2.79$ ($p > 0.05$)		
Intended Treatment		
Curative	22 (19%)	30 (19%)
Non-Curative	92 (81%)	116 (80%)
$\chi^2 = 0.04$ ($p > 0.5$)		
6-month Survival		
Survival	65 (57%)	75 (51%)
Non-Survival	49 (43%)	73 (49%)
$\chi^2 = 1.04$ ($p > 0.1$)		

Abstract P4 Figure 1. Lung cancer rate, staging, intended treatment and survival rate in a 3-month period 2011 and 2012 in East Kent Hospital Trust

Conclusion The results showed that the campaign successfully increased the number of lung cancer diagnosed. There was also a non-statistically significant increase in the number of cases which were curative by staging at the time of diagnosis. This however did not yield any significant change in the curative treatment rate or survival rate due to smoking-induced patient co-morbidities. The cough campaign is successful but further work on smoking cessation programmes is necessary.

REFERENCE

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P5 IMPACT OF NATIONAL LUNG CANCER AWARENESS CAMPAIGN ON LOCAL REFERRALS AND OUTCOMES IN NON-SMALL CELL LUNG CANCER (NSCLC)

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Introduction Increased awareness of lung cancer symptoms, largely due to the national 'Be Clear on Cancer' campaign in 2012 targeting smokers with cough more than 3 weeks, contributed to 14% increased lung cancer detection rates in the UK. In NSCLC, early stage and performance status at presentation are crucial to prognosis, and the impact of these initiatives on radical treatment rates needs to be reviewed. We have therefore assessed possible impact of the campaign on local detection of radically-treatable NSCLC by reviewing presenting symptoms.

Methods Patients diagnosed with NSCLC through our local thoracic oncology service in 2011 and 2012 (ie before and during the campaign) were reviewed. No other changes had been

made to our diagnostic/treatment pathway between these 2 years.

Results Between 2011 and 2012, number of patient diagnosed with NSCLC increased from 140 to 162. Patients presenting with stage 1–3a and good PS 0–2 increased from 33(23.5%) to 43(26.5%), largely due to increased stage 1 disease (table 1). In these patients, cough was a predominant symptom in 44% (2011) and 68% (2012). In 2011, 8(24%) patients presented to GP with unexplained cough as only symptom, with average symptom length 7.5months. In 2012, 18(42%) presented with unexplained cough, 14 through GP with average symptom length 3.3months, in 7 cases under 1month.

Abstract P5. Table 1. Comparison of patients diagnosed with lung cancer through our thoracic oncology service in 2011 and 2012

Year	2011	2012
No. diagnosed with lung cancer	173	200
No. diagnosed non-small cell lung cancer (NSCLC)	140	162
No. NSCLC with Stage 1–3a (%)	38 (27%)	51 (31.5%)
No. Stage 1a&b	12	21
No. Stage 2a&b	10	12
No. Stage 3a	16	18
No. NSCLC Stage 1–3a & good ECOG performance status (PS) 0–2	33 (23.5%)	43 (26.5%)
No. NSCLC Stage 1–2b & PS 0–2	20 (14%)	31 (19%)
% NSCLC radically treated	27 (19%)	40 (25%)
No. Surgical resection	16	26
No. Radicalchemoradiotherapy/ radiotherapy	11	14

Conclusions Our results mirror national increase in lung cancer diagnosed. We have seen an increased proportion of early stage disease, especially stage 1. Radical treatment rates increased by 6%, with curative surgery the main modality. Cough was a predominant symptom in patients presenting with radically-treatable NSCLC to their GP, and was the major focus of the national public awareness campaign in 2012. Locally, not only has the number of patients presenting with unexplained cough as a primary symptom increased between 2011 and 2012, but they are presenting sooner. It is possible therefore that the national campaign has contributed to detection of earlier stage disease in 2012 and translation to higher radical treatment rates. It will be interesting to see whether these initiatives have had similar effects on a national level and we await the LUCADA results for 2012.

P6 TEMPORAL RELATIONSHIPS BETWEEN LUNG CANCER MDT RECOMMENDATIONS AND FINAL OUTCOMES

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Introduction and Objective A previous study [1] has identified a discordancy rate of 33% between MDT treatment decision and actual treatment given to patients not suitable for best supportive care. The Northwest Sector Lung Cancer MDT (SMDT) provides recommendations for treatment for approximately 700 new diagnoses/year attending the Salford, Wigan and Bolton catchment area. The Salford Service is centralised around the

Lead Clinician who assesses and refers >90% of patients to SMDT (c.f. <50% Wigan & Bolton). A detailed proforma is completed for each patient detailing performance score, co-morbidity and all diagnostic data. This study sets out to determine the temporal rates of discordance between SMDT recommendations and actual treatment pursued for Salford and Wigan.

Method Using a 1:2 random selection of all patients from Salford & Wigan diagnosed in 2011 and 2012, the hospital notes were examined to identify the SMDT recommendation and subsequent treatment received by the patient. Patients referred for Best Supportive Care were excluded. Any discordance was further explored by review of the notes.

Results The study identified a total of 441 patients; 213 (Salford) and 228 (Wigan). The discordance rates for Salford were 8% (2011), 12.8% (2012) & 10.4% (combined) c.f. 26.9% (2011), 36.9% (2012) and 32.4% for Wigan. The overall SMDT discordance rate was 17.7% (2011), 27.0% (2012) & 19.9% (combined). Discordance occurred most commonly due to co-morbidity health concerns (44.6%), patient wishes (15.7%) and as a result of new clinical information becoming available (27.7%).

Conclusions

1. SMDT recommendations are dependent on a detailed knowledge of patient wishes, co-morbidity and stage of disease.
2. Discordance reflects weaknesses in patient assessment prior to referral to SMDT.
3. Centralisation of assessment before referral to SMDT is associated with improved and acceptable discordance rates.
4. We recommend assessment by a dedicated Lung Cancer Clinician ahead of referral to SMDT.

REFERENCE

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P7 RADICAL TREATMENT FOR LUNG CANCER: IMPACT OF RECENT SERVICE IMPROVEMENTS

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Introduction The Salford Lung Cancer Service (SLCS) has introduced a number of improvements in care including PET-CT scanning (2005), EBUS (2008), a Northwest Sector MDT for treatment decisions (2009), CPEX testing (2009), IMRT/stereotactic radiotherapy (2011) and development of a surgical high risk MDT (2011).

The SLCS holds a data-base of all patients having surgery or radical radiotherapy (DXT) each year since 2000. This study sets out to review our performance for patients receiving either surgery or radical DXT from 2005 to 2012.

Methods The data-base was used in parallel to reviewing each patient record to determine surgical procedure, presence or absence of pre-operative or pre-DXT histology and final tumour stage. For comparative analysis of the effect of these new developments on service delivery, each year was pooled into 2 main groups; Group A (2005–2008) and Group B (2009–2012). Tests for significance were performed using Chi-Squared tables at 5% level.

Results Overall, a total of 178 patients underwent surgery and 138 DXT (See Table). Patients receiving surgery or DXT