Abstract P165 Figure 1 Flowchart of outcomes of all CTPA's collected during 2014 and 2012

Abstract P166 Figure 1 Survival of patients with and without PE on CTPA

Conclusion The number of ambulatory patients investigated for PE has reduced from 2012 to 2014 which probably reflects an increased acute physician presence at our DGH but some bed savings (7 nights over our 2 month period) were still made. Over 2 years approximately 180 ambulatory patients have been investigated and managed for PE at our DGH with no adverse incidents to date.

REFERENCES
1   Hogg K et al. Emerg Med J 2006;23:123–127
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P166   **PATIENTS WITH CONFIRMED AND SUSPECTED PULMONARY EMBOLI HAVE THE SAME TWO-YEAR MORTALITY**

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Introduction There is limited information regarding long-term survival following Pulmonary Embolism (PE), and no data on survival of patients that have undergone CT Pulmonary Angiography (CTPA) but found to be thrombus negative. The positive rate of PE detection in patients undergoing CTPA is variable, ranging from 4.7–25.8% and there is a high reported incidence of incidental pathology discovered during this investigation. We sought to determine the comparative survival of patient undergoing CTPA that were thrombus positive compared with those without a PE. We also sought to determine the rate of PE detection and characterise the nature of incidental findings found in patients undergoing CTPA.

Methods We retrospectively reviewed data on all CTPA investigations conducted between April 2010 and April 2012. All abnormalities reported on CTPA were reviewed and compared with previous imaging from the last 6 months to determine if they were new findings. Follow-up investigations and out-patient attendances were obtained for all new findings reported on the index CTPA, and 2 year mortality rates were established from regional registry data.

Results Of the 1043 patients suitable for analysis, 241 (22.4%) were thrombus positive. The thrombus positive cohort consisted of 47.7% males compared with 40.7% in the thrombus negative group (difference 7.1% [-0.0 to 14.2, p = 0.52]). Survival at 2 years following CTPA was 67.6% in thrombus positive patients and 65.9% in thrombus negative patients with a hazard ratio of 0.96 (95% CI, 0.74 to 1.23, p = 0.721) (Figure). Incidental findings were detected in 51.1% of CTPA examinations
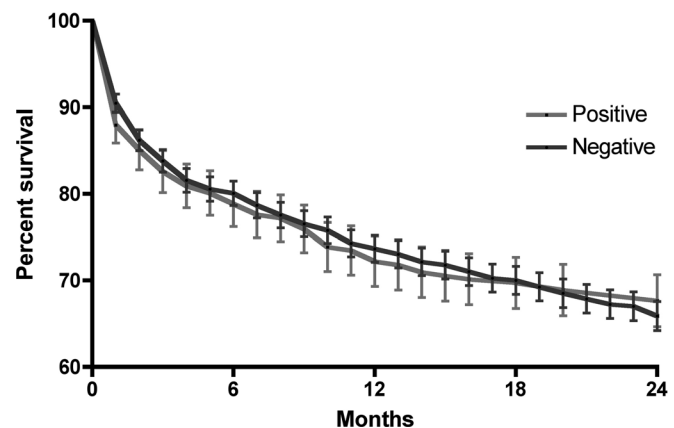
including: consolidation/collapse (19.5%), effusion (16.7%), neoplasia (13.5%), lymphadenopathy (9.8%), heart failure (7.6%) and pulmonary nodules (6.6%). 47.7% of incidental findings were deemed significant as determined by the need for further follow-up of clinical intervention.

Conclusion There is no difference in the 2 year mortality between thrombus positive and thrombus negative patients undergoing CTPA. Many incidental findings found on CTPA are clinically significant.

P167   **OUTCOMESAND PREDICTORS OF MORTALITY IN CANCER PATIENTS WITH INCIDENTAL PULMONARY EMBOLISM**

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Objectives Incidental pulmonary emboli (iPE) are detected in a significant minority of contrast CT scans performed during the management of patients with cancer. These patients are reported to have an increased mortality compared to matched controls. This study investigates outcomes and predictors of mortality following iPE.

Methods Reports of all contrast-enhanced CT scans including the chest, excluding dedicated CT pulmonary angiography, performed between 1st May 2012 and 30th September 2013, were searched for prospectively identified iPE. Clinical data was collected from multiple sources, including clinic letters, discharge summaries, and the hospital patient database. Patients presenting with acute symptoms consistent with PE or those already receiving therapeutic anticoagulation were excluded. Potential clinical and radiological predictors of mortality were defined pre-hoc and tested using Student's t-test and Cox proportional-hazard regression.

Results There were 160 cancer patients with iPE. Anticoagulation treatment was given in 97% of cases. Overall 30-day and 6-month mortality following iPE was 20.6% (95% confidence interval 15.0–27.6%) and 52.5% (44.8–60.1%), respectively. Increased 30-day and 6-month mortality was observed in scans performed on inpatients compared to outpatients (38.2% vs 11.4%, p = 0.0004 and 78.2% vs 40.0%, p < 0.0001). 6-month mortality was also increased if this was a new diagnosis of