outcome. This correlates with our existing knowledge of the heterogeneity of MPM and the difficulty of subtyping from small biopsies. A wide distribution of biopsy sites within the hemithorax is likely to be more significant in obtaining an accurate histological diagnosis than the mode of biopsy itself.

**Abstract P180 Table 1**

<table>
<thead>
<tr>
<th>Pre-op Histology</th>
<th>Epithelioid</th>
<th>Biphasic</th>
<th>Sarcomatoid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>243</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>Biphasic</td>
<td>4</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>Sarcomatoid</td>
<td>1</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>histology</td>
<td>Benign</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

There was a significant difference in survival between the low risk group and the high and medium risk groups combined (24.2 vs 14.5 months, p = 0.031).

Survival was similar between those with known asbestos exposure and those who reported no asbestos exposure; 14.7 vs 15.2 months (p = 0.573).

**Conclusion**

This is the first study to demonstrate that those patients who worked in occupations at highest risk of developing mesothelioma also have the worst comparative survival from radical surgery. The causation remains a topic for further research. It is also of note that patients with no reported asbestos exposure had an unexpectedly poor survival. The importance of a careful occupational history of asbestos exposure is emphasised.

**REFERENCE**


**Abstract P182**

**APPRAISAL OF AN INDWELLING PLEURAL CATHETER (IPC) SERVICE AT A LARGE ACUTE TRUST**

RM Mercer, S Gunatilake, LJ Bishop, KS Babu, A Chauhan. Queen Alexandra Hospital, Portsmouth, UK

10.1136/thoraxjnl-2014-206260.311

**Introduction**

Data on indications, outcomes and complications of IPCs from clinical trials has been published. This audit examined differences in practice and outcomes between clinical trials and day-to-day working which may influence the pleural service and provide information to other hospitals considering introducing this service.

**Method**

We retrospectively reviewed patient-related data and outcomes for IPCs inserted at our hospital from February 2011 until December 2013. We compared the findings to secondary outcomes of the IPC arm of the TIME2 trial.

**Results**

102 IPCs were placed into 93 patients: 43 as inpatients; 59 as outpatients. 20 inpatients and 23 outpatients had previous talc pleurodesis. 10 patients had microbiological isolation of pleural fluid throughout a total of 27.3 IPC years; not all were associated with clinical signs of a pleural infection. Only 12 (50%) patients with a C-reactive protein of >200 mg/l had a sample of their pleural fluid sent for culture.

Drain removal occurred in 23% of the inpatient IPCs and 29% of the outpatient compared to 57% in the TIME2 trial.

The median inpatient stay after elective pleurodesis in an outpatient was 1.5 nights in 2011 (range 0–11), 1 night in 2012 (range 0–5) and 0 nights in 2013 (range 0–5).