(QMVC). Handgrip strength and six minute walk distance (SMWD) were also recorded.

Results As expected there were differences in BMI between the groups. There were also significant differences in muscle strength and RF_{CSA} when corrected for body weight between HC and OSA groups and between SO and OSA groups, but no differences between HC and SO groups (Table 1). The SO group demonstrated higher measurements of strength and RF_{CSA} than the HC group, however, the OSA group had lower measurements than both the HC and SO group. This translated to a functional difference as measured by the SMWD, again demonstrating the longest distance in the SO group and shortest in the OSA group.

Discussion This study has demonstrated that in those with a BMI ≥ 25 kg/m² there appears to be a beneficial effect of excess weight on peripheral muscle size, strength and function; this may be due to the extra load carried by these individuals exerting a training effect on the muscles. However, in those who are obese with SDB, the SDB seems to exert a negative effect on muscle size, strength and function which may be a result of the inflammation and hypoxia SDB can cause.

P214 UTILISATION OF CARDIO-PULMONARY EXERCISE TESTING (CPET) AT AN ENGLISH ACUTE HOSPITAL

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Background CPET has been extensively used in the pre-operative (general anaesthesia) risk stratification. More recently, the utility of CPET has become more defined in the evaluation of unexplained dyspnoea and in prognosticating pulmonary hypertension in a rational manner which is also less invasive for patients. We set out to evaluate the utilisation pattern of CPET within a 709-bedded central England acute hospital Trust spread across 3 sites in the second year of the establishment of the service.

Methods The source of referral (and reason) for CPET were retrospectively recorded and analysed between 01 July 2013 and 31 May 2014 (ten months).

Results The total number of CPET referrals received was 178 out of which 150 (84%) were from surgical disciplines and 28

Abstract P214 Figure 1 CPET Service Utilisation

(16%) from medical disciplines. Vascular surgery submitted made the majority of referrals (108, 61%) followed by colorectal surgery [see Figure]. Respiratory Medicine was the source of 11% of all referrals and Cardiology the source of 4%.

Conclusions The dominant utilisation of CPET by vascular surgery is expected, given the NHS evidence adoption centre and National Institute for Health and Care Excellence (NICE) 2009 recommendations on risk-stratification for Abdominal Aortic Aneurysm surgery mortality. However, CPET offers a unique assessment tool for the investigation of patients with unexplained dyspnoea and has a potential to pre-empt invasive, unnecessary and expensive assessment without definitive diagnosis [Thing JER, Mukherjee B, Murphy K *et al.* Thorax 2011; 66 (4): A144]. It appears that a lot of work needs to be done among the UK general respiratory and cardiology/heart failure communities to promote the awareness, understanding and utilisation of CPET.

Diagnostic and therapeutic interventional procedures

P215 REFERRAL PATTERNS FOR MEDIASTINAL STAGING WITH EBUS ACROSS A LUNG CANCER NETWORK A REPORT FROM THE MANCHESTER CANCER EBUS SUB-GROUP

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Introduction Manchester Cancer is a large Cancer Network in the North West of England, consisting of ten NHS Trusts. There is known variability in lung cancer outcomes across the ten trusts, including resection rates. We have examined the referral patterns of each individual trust for EBUS mediastinal staging and compared this with the trust's lung cancer resection rates.

Methods The Manchester Cancer EBUS sub-group has data for all EBUS referrals from each of the ten NHS trusts in our Network in 2012. The National Lung Cancer Audit Report 2013 provides the number of lung cancer patients diagnosed at each

Abstract P215 Figure 1