THE INCIDENCE OF LUNG CANCER IN PEOPLE WITH
EXTRA-CORPOREAL MEMBRANE OXYGENATION AND
Thorax
2014;
Methods
with that of the general population. The aim of this study was to compare
in individuals with connective tissue disease associated pulmonary fibrosis (CTD-PF). However, there is limited information on the risk of lung cancer
common in people with idiopathic pulmonary fibrosis (IPF).
Studies have suggested that lung cancer is more
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Poster sessions
P277
THE INCIDENCE OF LUNG CANCER IN PEOPLE WITH
IDIOPATHIC PULMONARY FIBROSIS AND CONNECTIVE
TISSUE DISEASE ASSOCIATED PULMONARY FIBROSIS IN
THE UK: A POPULATION BASED STUDY

Abstract P277 Figure 1 Cumulative incidence of lung cancer in people with IPF, CTD-PF and matched controls

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age (years)</th>
<th>Diagnosis</th>
<th>Lung Injury Score</th>
<th>Duration MV before referral (days)</th>
<th>Duration ECMO (duration in days)</th>
<th>ECMO complications</th>
<th>Respiratory support mortality (APACHE II)</th>
<th>Predicted ICU mortality (APACHE II)</th>
<th>ICU survival (LOS in days)</th>
<th>6 month survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>73</td>
<td>GPA</td>
<td>1</td>
<td>VV-ECMO (8)</td>
<td>Nil</td>
<td>PEx, MEP, HD, CYC</td>
<td>53.3%</td>
<td>Yes (17)</td>
<td>Yes</td>
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<td>Yes</td>
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<tr>
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<td>MPA</td>
<td>TBC</td>
<td>VV-ECMO (6)</td>
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<td>PEx, MEP, Rtx</td>
<td>15%</td>
<td>Yes (15)</td>
<td>TBC</td>
<td></td>
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<td>Male</td>
<td>46</td>
<td>GPA</td>
<td>3.25</td>
<td>VV-ECMO (5)</td>
<td>Nil</td>
<td>PEx, MEP, HD, CYC</td>
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MV, mechanical ventilation; LOS, length of stay; GPA, Granulomatosis and Polyangiitis (Wegener’s Granulomatosis); MPA, Microscopic Polyangiitis; PEx, Plasma exchange; MEP, methylprednisolone; HD, Continuous veno-venous haemodialysis; CYC, Cyclophosphamide; Rtx, Rituximab; TBC, to be confirmed.

P278 EXTRA-CORPOREAL MEMBRANE OXYGENATION AND
DIFFUSE ALVEOLAR HAEMORRHAGE – A SINGLE
CENTRE CASE SERIES AND ANALYSIS OF THE ELSO
DATABASE

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Background Diffuse alveolar haemorrhage (DAH) is a potentially fatal complication of the systemic vasculitides and may present directly to the intensivist as a severe acute respiratory distress syndrome (ARDS) with reported mortality of 12-60%. Whilst a severe respiratory failure (SRF) therapy strategy incorporating extracorporeal membrane oxygenation (ECMO) improves outcomes in ARDS, use of ECMO in DAH is often considered to be relatively contraindicated due to the requirement for systemic anticoagulation.

Methods We present a case series of 4 patients with DAH due to underlying ANCA-associated vasculitides managed by a standardised diagnostic pathway and ARDS treatment algorithm in a single, UK SRF centre, since 2012. We analysed the Extracorporeal Life Support Organisation (ELSO) database and report on the current international experience of DAH and ECMO.

Results The case series is described in Table 1. Median Lung Injury Score was 3.5. All patients received ECMO (median duration 8 days) and all received immunosuppression. One patient received normal heparin protocol to target aPTT 1.5–2 whilst two patients had 48 h of ECMO with no heparin followed by targeted sub-therapeutic low dose heparin. ICU survival was 100% and 6 month survival was also 100%. There were no exacerbations of pulmonary haemorrhage, no new events of extra-pulmonary haemorrhage and no clotting complications.

Abstract P278 Table 1

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