

**Introduction** A significant proportion of lung cancer patients present as an emergency. This is associated with poor one year survival. Many of these patients have had contact with health services before presenting as an emergency. It is estimated that one in five lung cancer patients have an unplanned admission before their urgent clinic appointment.<sup>1</sup>

**Objective** To reduce the number of emergency lung cancer admissions by providing an effective alternative ambulatory pathway for high risk patients.

**Methods** Patients referred on the two week wait pathway are vetted by the respiratory physicians. Those identified as having a high risk of admission are prioritised and reviewed urgently on the ambulatory care unit usually by the next working day. Patients with the following features were expedited:

1. Superior vena caval obstruction
2. Liver function abnormalities
3. Large tumour burden on chest radiograph
4. Severe symptoms such as pain and breathlessness
5. Large pleural effusion.

**Abstract P78 Table 1**

	Year	Incidence of lung cancer	Total no. of admissions (% of lung cancer incidence)	Length of stay	Total bed-days
Kettering	2012–13	195	108 (55%)	11.6	1253
General Hospital	2014–15	195	67 (34%)	8.1	543
England & Wales	2012–13	33,231	18,878 (56%)	8.9	168,014
	2014–15	30,765	17,281 (56%)	8.9	153,800

Patients with suspected lung cancer presenting to the emergency department were also re-directed to the ambulatory care unit whenever feasible. We evaluated the service for a period of 12 months from October 2014 and compared it with the 12 month period prior to the commissioning of the ambulatory care unit in June 2013. As part of the service, the team developed an innovative lung cancer diagnostic service utilising ultrasound guidance to facilitate early diagnosis.

**Results** Table 1 demonstrates the resulting drop in unplanned lung cancer admissions and length of stay. We estimate a cost saving of £170,000 based on a 710 bed-day reduction (£300/bed day) after taking into consideration physician time. If rolled out nationally, reducing the admission rate to 34% of the lung cancer incidence will avoid 6800 admissions (>55,000 bed-days) with significant cost savings and benefits to patients.

**Conclusion** Flexible pathways are cost effective and prevent emergency admission of lung cancer patients which is associated with high mortality. This novel approach is easily adoptable widely and would have a significant impact across NHS.

#### REFERENCE

- 1 Tackling emergency presentation of lung cancer: an expert working group report and recommendations. *British Lung Foundation*, 2015.

#### P79 SINGLE POINT OF ACCESS CLINIC (SPOAC): A NEW REGIONAL LUNG CANCER PATHWAY IN NEW ZEALAND

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**Aim** A new pathway to enable quicker lung cancer diagnosis for the 4 district health boards within one of the cancer networks in New Zealand was developed incorporating rapid access clinics (RACs), with upfront PET-CT scans for those considered potentially curable at initial assessment.

**Methods** In this 12-week pilot, patients graded as high suspicion of lung cancer were seen in RACs with spirometry, performance status assessment and available radiology (chest X-ray or CT scan). Those considered potentially curable by surgery or radiotherapy (FEV1 ≥1 litre, ECOG score <2, no evidence of mediastinal lymphadenopathy or metastasis on imaging, no comorbidities precluding radical treatment) received an upfront PET-CT scan; those who were not received a standard CT scan if not already done. These protocols were based on the virtual model proposed by the Gleeson group, Oxford, UK.<sup>1</sup> Time through the pathway was measured and compared with historical data from the regional lung cancer database in a 6 month period the year before the pilot.

**Results** One hundred and sixty five patients completed the pathway, of which 105 were found to have lung cancer. Forty one patients had upfront PET-CT scans; 30 were confirmed as lung cancer, 7 of which subsequently had palliative treatment. Eleven had non-lung cancer diagnoses (9 not cancer or nodule follow up; 1 metastasis; 1 other cancer). Seventeen patients had PET-CT scans later in the pathway, 4 of which subsequently had curative treatment. Median time from referral to first treatment was reduced by 16.7 days (patients with curative treatment intent 17.2 days and palliative treatment intent 12.7 days), significantly reducing both the time from referral to multidisciplinary meeting (MDM) and MDM to first treatment. Achievement of 62-day target referral to treatment targets was 85.7% compared with 56.6% in the historical data.

**Conclusion** A regional lung cancer pathway incorporating RACs and upfront PET-CT scans for curative track patients resulted in improvements in diagnostic delays and 62-day treatment targets. These findings subsequently led to implementation of this pathway regionally.

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#### REFERENCE

- 1 Macpherson R, et al. A proposed new imaging pathway for patients with suspected lung cancer. *Clin Radiol* 2012;**67**(6):564–73.

#### P80 SYMPTOMS, DELAY TO PRESENTATION AND SURVIVAL IN LUNG CANCER

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