secondary care. 4 patients following repeat imaging were diagnosed with cancer. 3 of these had nodules initially, 1 had inflammatory shadowing.

Conclusion The 'straight to CT' pathway dictates that all patients with a CT scan not suggestive of lung cancer remain under the care of the referring clinician. Only 35% of patients subsequently needed referral for secondary care advice. The 'straight to CT' service not only provides prompt action for patients with cancer but empowers primary care to manage non-malignant diseases. Patients are now managed in the most appropriate setting and inappropriate hospital visits minimised.

P83 INTRODUCTION OF "STRAIGHT TO CT" IN A LUNG CANCER UNIT – TWO YEARS ON

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10.1136/thoraxjnl-2016-209333.226

Introduction In 2014 we introduced in conjunction with our primary care colleagues a "straight to CT" protocol for patients with suspected lung cancer, to not only to speed up the diagnostic pathway but also to reassure at an early stage patients without the disease. However, some clinicians suggested that this approach may increase the burden of CT scans performed without improving cancer care.

Method "Straight to CT" is available for patients with a CXR coded as concerning for malignancy, or via a general practitioner with concerns based on symptoms and risk factors. Following radiologist review, if appropriate scans are offered within 72 hours: scan positive cases are reviewed by the lung cancer team for onward next investigation, and where the scan is negative the result is faxed by radiology back to the GP. We compared 2015 data with that for 2014, looking for route of referral, investigations performed, and outcome.

Results In 2015 [2014] 464 [468] were eligible for the "straight to CT" pathway. Of these 258 (56%) [246, 53%] coded chest X-rays and 206 (44%) [222, 47%] 'worried clinician' referrals.

Of the coded CXRs, 24 [22] patients (9%)[9%] declined further investigation. Of the 234 [224] who accepted a 72hr hour CT scan, 149 (64%) [119, 53%] had confirmed cancer.

Of the 206 [222] 'worried clinician' referrals, 21 (10%) [16, 7%] patients declined further imaging or assessment, and 32 (16%) [29, 13%] were deemed inappropriate. Of the 153 [177] remaining who went on to have 72 hour CT scans only 29 (19%) [42, 24%] had cancer confirmed.

Overall, 387 [401] CT scans were carried out. 178 [187] patients were accepted by the cancer services, and 209 [214] patients remained under primary care.

Cancer conversion rates for accepted patients was 70% [79%]

Conclusions This study has shown that the burden placed on radiological services has remained constant during the two years of our innovative service, and we had previously shown that introducing this protocol did not increase the overall number of scans. We recommend this pathway to other lung cancers units as a way of improving their diagnostic pathway.

P84 THE RELATIONSHIP BETWEEN UNADJUSTED REFERRAL TO TREATMENT TIMES, DISEASE STAGE AND SURVIVAL IN LUNG CANCER

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10.1136/thoraxjnl-2016-209333.227

Introduction and objectives Cancer waiting times (CWT) targets have helped hospital services evolve to meet the needs of Lung Cancer patients. However, these outcomes are adjusted to allow for perceived clinical complexity or deviation from a 'standard' diagnostic journey. Few patients breach CWT targets in our unit. We performed a retrospective audit to determine the actual time our patients spent on diagnostic pathways and how this related to disease stage and survival.

Methods 377 consecutive patients who presented with Lung Cancer during 2013 were identified from our MDT database. 243/377 (64%) presented as an inpatient and were excluded. 22/134 GP referrals were excluded (insufficient records, aborted investigation (clinical deterioration, patient preference), incomplete staging) leaving 112 cases. Demographics, histology, referral-to-treatment (RTT), referral-to-diagnosis (RTD) and diagnosis-to-treatment (DTT) times were recorded. Overall Survival (OS) based on RTT times and Stage was assessed using Kaplan-Meier methodology.

Results 82/112 (73.2%) patients had non-small cell lung cancer, 18 (16.1%) had small cell lung cancer and 12 (10.7%) were radiologically-diagnosed. 48/112 patients (42.9%) had stage I to IIIA disease. Mean RTD, RTT and DTT times were 43 (SD 55), 69 (SD 45) and 26 (SD 51) days, respectively.

Abstract P84 Figure 1 a) Univariate Survival analysis based on Referral to Treatment time < or > 62 days in 112 patients with Lung Cancer (all stages) b) Univariate Survival analysis based on Referral to Treatment time < or > 62 days in 48 patients with potentially radically treatable Stage I-IIIa Lung Cancer