Lung cancer screening has arrived

S11 IDENTIFICATION AND ATTENDANCE OF A HIGH-RISK COHORT IN A LUNG CANCER SCREENING DEMONSTRATION PILOT

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Introduction Lung Cancer screening by Low-Dose CT (LDCT) has been shown to reduce mortality, though exactly how best to implement this is unclear. Uptake to screening trials has generally been low, particularly in those at highest risk of lung cancer. The Lung Screen Uptake Trial is a UK based dual centre LDCT randomised controlled screening trial of a modified invitation strategy versus a standard approach in a population with high levels of socioeconomic deprivation.

Methods Patients were identified as 'high-risk' primarily by age and smoking history on a pre-designed EMIS-Web search and subsequently invited on behalf of their general practitioner (GP) to a 'lung health check' appointment. Those attending were offered enrolment into the study and a LDCT if they met the required threshold of lung cancer risk. This abstract focuses on the mode of recruitment via general practice.

Results Potentially eligible participants were recruited from 16 GP surgeries serving a population of 1 55 034. Of these, 8.7% were in the required age range of 60–75% and 98.9% of those had smoking status recorded. A mean of 32.2% (SD 3.8) of those aged 60–75 had been recorded as a current smoker in the preceding 15 years. A total of 1997 patients, who had been recorded as current smokers within the past 5 years were invited. Uptake to the study was 50.3% (n=1005) of all those invited. 765 underwent a LDCT examination

(figure 1). In 10.3% of patients the smoking history was confirmed to be too light for CT screening, despite GP records suggesting otherwise.

Conclusions Smoking status was found to be very well recorded in primary care records, providing a feasible method for initial selection of those eligible for screening. However we also showed the importance of confirmation of smoking history, something that might be done prior to invitation in screening programmes. This study observed a high rate of attendance when compared to previous LDCT screening trials. The explanation for this observed difference is likely to be multifactorial, though one key factor, unique to this study, is that the invitation to participate came from patients' own GP.

S12 THE LIVERPOOL HEALTHY LUNG PROJECT (LHLP) – SEEKING OUT LUNG DISEASE

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Introduction Liverpool has high respiratory morbidity with double the national lung cancer incidence, particularly in lower socioeconomic groups. To tackle this health inequality Liverpool CCG with the primary and secondary care sectors, Public Health and Liverpool University commenced a 3 year LHLP. The project cost £600 k in the first year. It was adopted by the national ACE program, and we report the first year results.

Methods Firstly, a series of coordinated focused public engagement events are arranged in areas with a high lung cancer incidence, aiming to promote positive messages around lung health, and address the fear and fatalism surrounding lung cancer, called 'Healthy Lung Events' Secondly, from GP records all aged 58–70 with COPD, who smoke, or have asbestos exposure are invited to a face to face lung health check by a respiratory nurse who promotes positive lifestyle messages and calculates a 5 year personal lung cancer risk

Abstract S11 Figure 1 Flow chart illustrating the numbers of individuals invited, recruited to the study and undergoing LDCT screening.