**Poster sessions**

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**PLEURAL ABNORMALITIES PRECEDING THE DEVELOPMENT OF MESOTHELIOMA**

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**Background**

Mesothelioma is an aggressive tumour of the pleura that is closely related to asbestos exposure. Asbestos is known to cause benign pleural thickening, effusion and plaques and the majority of patients with these abnormalities do not develop mesothelioma. It has been noted, however, that asbestos-exposed patients who have pleural plaques are at increased risk of mesothelioma.[1] This study aimed to describe the range of pleural abnormalities seen on CT done at some time before the diagnosis of mesothelioma was made.

**Methods**

Electronic radiological records of all patients who were diagnosed with mesothelioma in the trust from 2009 till June 2017 were screened for any chest CT (or abdomen CT with at least half of the thorax imaged) obtained at least 6 months prior to the CT that triggered the diagnosis of mesothelioma. CTs were examined for the presence of pleural plaques, thickening, nodules and/or effusion. CT studies were divided into 3 time periods: within one year (A), 1–3 years before (B), and more than 3 years before (C) the diagnostic CT.

**Results**

Of 56 abstracts, 16 were included in the review, all of which reported HRQOL outcomes as a secondary endpoint. Six of these studies were randomised controlled trials (RCTs) with two considered very good quality. One eligible study on therapeutic thoracocentesis outcomes was identified. 880 patients in eight studies received TTP; 475 patients in six studies received TS; 750 patients in eight studies underwent IPC insertion. TTP, TS and IPCs were all associated with modest but inconsistent improvements in HRQOL up to 12 weeks. In eight comparative studies (both randomised and non-randomised data), no intervention was significantly different to each other in HRQOL outcomes at any time point. The attrition to follow up was 47.3% (582/1228) at three months.

**Conclusion**

To our knowledge, this is the first study to systematically review the evidence for HRQOL outcomes following invasive pleural interventions for malignant pleural effusion. TTP, TS and IPCs seem to improve HRQOL in MPE over 4 to 12 weeks, but there is insufficient longer term data due to high attrition rates. Evidence for the most effective treatment strategy is limited by the small number of randomised or comparative studies.

**REFERENCE**


**P238**

**TRAINING OPPORTUNITIES IN THORACIC ULTRASOUND FOR RESPIRATORY REGISTRARS – ARE CURRENT GUIDELINES USER FRIENDLY?**

1. AE Stanton, 2 M Evison, 3 M Roberts, 1 J Latham, 5 A Clive, 6 E Battala-Duran, 7 R Bhattachar, 8 R Asciak, 9 B Diggins, 10 O Bintcliffe, 11 D Lees, 12 M Parsonage, 13 P Denny, 14 K Gow, 15 C Avram, 16 M Gautam, 17 NMR Rahman. Great Western Hospitals NHS Foundation Trust, Swindon, UK; 2 University Hospital of South Manchester, Manchester, UK; 3 Kings’ Mill Hospital, Sutton-In-Ashfield, UK; 4 Raigmore Hospital, Inverness, UK; 5 Bristol Royal Infirmary, Bristol, UK; 6 Royal Devon and Exeter Hospital, Exeter, UK; 7 Southmead Hospital, Bristol, UK; 8 Churchill Hospital, Oxford, UK; 9 Royal Cornwall Hospital, Truro, UK; 10 Royal United Hospitals, Bath, UK; 11 Mid Cheshire Hospitals NHS Foundation Trust, Crewe, UK; 12 Wirral University Teaching Hospitals NHS Foundation Trust, Wirral, UK; 13 East Lancashire Hospitals NHS Trust, Blackburn, UK; 14 Fairfield General Hospital, Bury, UK; 15 North Manchester General Hospital, Manchester, UK; 16 Royal Liverpool and Broadgreen University Hospital, Liverpool, UK.

**Introduction**

Acquiring competency in thoracic ultrasound (US) is mandatory for all respiratory trainees by the end of ST5, but it is often challenging for trainees to meet the requirements in current RCR guidelines for level 1 competency (>1 session/week over>3 months, with 5 scans per session performed by trainee). We aimed to clarify where thoracic ultrasound training opportunities currently exist for respiratory registrars to inform further debate around the competency framework.

**Methods**

Trainees in the South west, North West and Oxford deaneries were invited to submit data on numbers of thoracic US scans performed by both radiology departments (specifying numbers of scans per morning/afternoon session) and respiratory teams (specifying pleural clinic/procedure list/respiratory ward/other ward or clinic) over a randomly selected 4 week period between January and May 2017. Data was to represent total number of scans performed within each department, not number of scans done by one individual.

**Results**

Data was provided from 14 hospitals (6 South West, 7 North West, 1 Oxford) including 3 tertiary pleural centres. Results are shown in Table 1. Full Results from 2 centres represent estimated numbers and one site (North Manchester) submitted 3 weeks data. There was no radiology session in...