days (for further breakdown see Table1). The remaining (64%) were benign till to date.

Conclusion The data demonstrates that a dedicated pleural service has the ability to rapidly review and diagnose patients with suspected MPE (especially the cytology positive). There is a need for improvement in patient's timeline for those referred for VATS. Perhaps a dedicated pleural multidisciplinary meeting may help to reduce the delay and improve patient care.

Abstract P241 Table 1

Mean time from referral to Pleural clinic	5 days
Mean time from referral to pleural clinic to diagnosis (pleural fluid cytology positive)	17 days
Mean time from diagnosis (pleural fluid cytology positive) to treatment	26 days
Mean time from pleural clinic to VATS referral	10.2 days
Mean time from VATS referral to VATS procedure	22.6 days
Mean time from VATS to diagnosis	11.6 days

P242 THE PROGNOSIS OF PATIENTS DIAGNOSED WITH PULMONARY ADENOCARCINOMA AT LOCAL ANAESTHETIC THORACOSCOPY (LAT): THE ROLE OF PRIMARY T STAGE

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Background Adenocarcinoma is the commonest type of lung cancer and may present with metastatic malignant pleural effusion (MPE)¹ We observed that some patients with pulmonary adenocarcinoma diagnosed at LAT did not have radiological evidence of primary lung parenchymal lesion. We hypothesised that these patients may have a better prognosis than those with lung nodules or masses due to reduced tumour burden.

Methods We retrospectively reviewed all patients who underwent LAT from 2006–2016 and screened those diagnosed with pulmonary adenocarcinoma. We reviewed these patients' radiology, age, gender, TNM staging and prognosis.

Results 491 patients underwent LAT from 2006–2016. 69/491 (14.05%) were diagnosed with pulmonary adenocarcinoma on histology of parietal pleura. 8 patients out of 69 (3 females, 5 males; mean age 68.25 years) did not have any radiologically

detectable lung parenchymal lesion. The TNM staging (7th edition) of these eight patients without lung parenchymal lesion was T0N0M1a, T0N2M1a, T0N2M1a, T0N3M1a, T0N3M1a, T0N0M1b, T0N1M1b, T0N2M1b. Overall prognosis of MPE with lung parenchymal lesion was 331.7+/-63.14 days and without lung parenchymal lesion was 143.5+/-32.8 days, p=0.31 (figure 1)

Conclusion We have demonstrated no significant difference in the prognosis of patients with MPE secondary to pulmonary adenocarcinoma in the absence or presence of a radiologically determined primary lung parenchymal lesion. Although not statistically different (p=0.31) those patients without a primary lung parenchymal lesion may have a worse prognosis and this requires further investigation in larger cohorts as this may prove to be an important prognostic factor for MPE.

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P243 SURVIVAL PREDICTION IN MALIGNANT PLEURAL MESOTHELIOMA: FUNDAMENTAL LIMITATIONS OF ROUTINELY AVAILABLE CLINIC PREDICTORS

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Introduction Accurate prognostication is difficult in Malignant Pleural Mesothelioma (MPM). Published prognostic models antedate optimal staging, a range of emerging predictors and use methods that cannot be up-scaled to incorporate these. Most existing models allocate patients to risk groups rather than precisely predicting survival. We developed robust computational models that can be up-scaled and provide quantitative statistics regarding the predictions offered. Here we report their performance using routinely available clinical data, on which previous models are based.

Materials and Methods Baseline information regarding 20 candidate predictors was collected for 269 MPM patients diagnosed in the West of Scotland (January 2008 – April 2014). Patients were allocated to balanced training (n=169) and validation sets (n=100). Prognostic signatures (minimal length best-performing multivariate trained models) were generated

Abstract P242 Figure 1