

smooth muscle tumour of uterine origin, occurring within the lung. Just over a hundred individual cases have been described in the literature; with two series of ten patients each, from continental Europe and North America.

Objectives We sought to present the first comprehensive descriptive series from a contemporary U.K. population.

Methodology Patients at a single U.K. thoracic surgical centre, between 2003 and 2017, were identified from prospective histology databases. Retrospective data was collected from physical and electronic data sources, and cross-referenced for accuracy.

Results 6 patients – all postmenopausal females – were identified over a 15 year period. Average age was 44±8 years (mean ±SD). Half of the patients were asymptomatic with an incidental finding of pulmonary nodules, whilst the remaining 50% complained of nonspecific respiratory symptomatology. Plain imaging of the chest failed to reveal any abnormality in 2 (33.3%) patients. 5 (88.3%) patients had multiple lesions – median of 9 (range 2 to 12) – with bilateral distribution; measuring a median 11 mm (range 7 to 27) in size on cross-sectional imaging. All patients underwent diagnostic surgical wedge biopsy, with 5 (88.3%) procedures completed thoroscopically; and no perioperative morbidity. 4 (66.7%) patients had a history of previous hysterectomy, and a further patient underwent a hysterectomy following the diagnosis of BML – all for uterine leiomyomata. 4 (66.7%) patients underwent oophorectomy, whilst one patient required hormonal suppression therapy. Survival was 100% at a median follow up of 37 months (range 4 to 150).

Conclusion BML is a rare clinical entity accounting for a small proportion of patients presenting with pulmonary nodules. Following successful tissue diagnosis, outcomes with conservative or medical management are excellent.

Cancer investigation targets are set nationally with current 14 day referral to review and 62 days to treatment. Nationally and locally there has been difficulty meeting these current standards and timescales are being revised with published NHS strategy 2015–20 (28 days referral-treatment plan). Wirral University Hospital is a large non-tertiary trust who diagnosed a total of 341 lung cancers in 2015, 147 following GP urgent referrals (total 547 referrals) Previously we ran a traditional “one stop” weekly clinic with CT scan, review and same day endoscopy. Study of delayed pathways highlighted problems- lack of same day “best test”, delay of arranging PET/physiology testing and anticoagulation/sedation issues were preventing same day investigations. In September 2015 we changed to a daily virtual review clinic post CT (day 5–7). First patient contact is via telephone call from CNS to explain further investigations and give contact details. We audited 3 months diagnoses following primary care referrals Sept-Nov 2015 vs 2014 and completed patient satisfaction questionnaire post diagnosis on communication and perceived management. Results- Diagnoses – 38 (2014)/36 (2015). 2015 showed reduction in average investigations (1.4 vs 1.18); outpatient attendances (2.4 vs 1.75); time to PET-CT (19.8 vs 15.7 days) and total radiological diagnoses (7 vs 3). There was no reduction in median time to diagnosis (20 vs 21 days) but less variance in pathways with shorter range. On survey 16/18 of patients rated the care/communication as excellent. For the 36 new diagnoses post implementation we saved equivalent of 23 follow-up appointments and 9 invasive investigations (equating £30,000/year savings) within the group diagnosed with cancer. We feel the change from traditional one-stop outpatient clinics to a more individual case based management with virtual review and non-OPD based communication is essential to develop lung cancer pathways and would advise other units to adopt similar

P263 DAILY “VIRTUAL” CANCER CLINIC- THE END OF THE ONE STOP CLINIC?

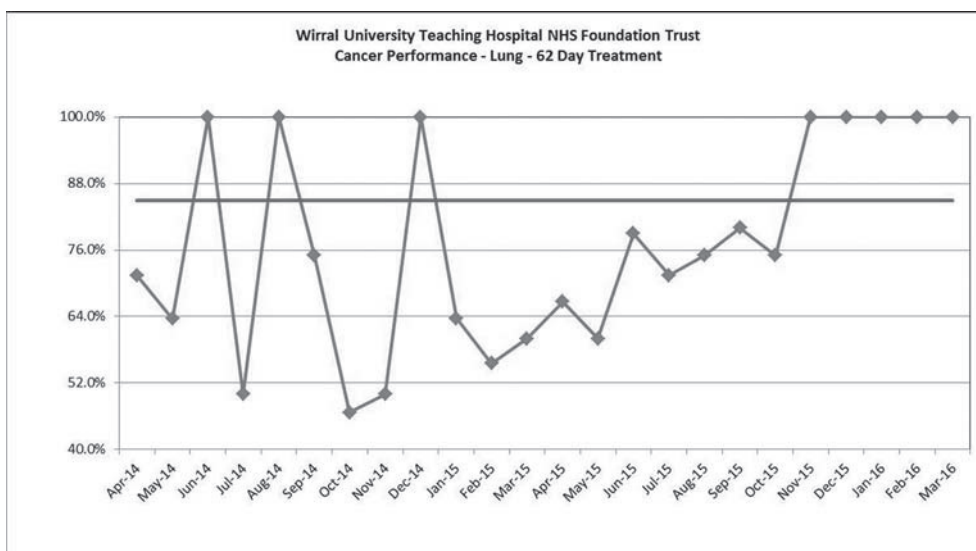
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P264 TELEPHONE CONSULTATIONS FOR PATIENTS WITH NEWLY DIAGNOSED LOW RISK LUNG NODULES

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Abstract P263 Figure 1

Withdrawn: P263 Daily “virtual” cancer clinic- the end of the one stop clinic?

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This abstract has been withdrawn. It was not presented at the meeting.

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