

# P23 DO PATIENTS COMMENCING MULTI-MODALITY TREATMENT FOR STAGE III-N2 LUNG CANCER COMPLETE THEIR TREATMENT?

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**Introduction** Multimodality treatment, with surgery in addition to chemo-radiotherapy, may be considered for patients with stage IIIA-N2 non-small cell lung cancer (NSCLC) that are medically operable, have single station N2 disease and a primary tumour that is resectable with a lobectomy. This strategy has been demonstrated to improve survival compared to chemo-radiotherapy without surgery.

In comparison to definitive treatment with concurrent chemo-radiotherapy, neoadjuvant treatment uses lower radiotherapy doses and fewer chemotherapy cycles. Patients that receive neoadjuvant treatment but do not proceed to surgery are at risk of receiving suboptimal oncological treatment. Careful patient selection is key to optimising outcomes in this cohort.

We have audited the treatment outcomes for patients with stage IIIA-N2 NSCLC.

**Methods** Patients diagnosed with lung cancer in 2016–2017 were identified from local electronic health records. Those with pathologically confirmed NSCLC, radiological stage IIIA-N2, and performance status 0–2 were included.

**Results** 47 patients met the inclusion criteria. 26 patients (55%) commenced curative treatment, none of whom had a Pancoast tumour. Patient demographics and the proportion of patients completing their planned treatment are shown in figure 1.

13 of 15 patients (87%) planned for curative treatment that included surgery completed their planned treatment. Those that did not had performance status  $\leq 1$  and were of comparable age to those that completed surgical treatment ( $\pm 0.5$  SD of mean age).

9 of 11 patients (82%) that were planned for curative non-surgical treatment completed their planned treatment. Those that did not complete treatment were performance status 2 and one patient was elderly ( $>80$  years).

**Conclusion** The demographics of the treatment groups were as expected, with a younger age and more favourable performance status found in those planning to undergo surgical

treatment. The majority of patients completed their planned curative treatment, including those planned for surgery. Assessing the proportion of patients that complete planned treatment at a local level is important to inform decision making within the MDT.

# P24 EFFICACY OF AGE ADJUSTED D DIMERS IN EXCLUDING PULMONARY EMBOLISM IN PATIENTS WITH CANCER

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**Introduction** Cancer is a strong provoking factor for pulmonary embolism (PE). D-dimer levels are frequently elevated in cancer patients and its specificity decrease with age, hence resulting in frequent unwarranted CT pulmonary angiogram (CTPA). There is growing evidence on the utility of age adjusted d-dimer (AADD) in patients  $>50$  years of age. The objective of this study is to test the efficacy of AADD in ruling out PE in cancer patients when compared to conventional d-dimer cut-off.

**Methods** Retrospective analysis of consecutive patients undergoing CTPA within 48 hours of admission at our institution from 01/04/18 – 30/09/18. Patients  $<50$  years of age, non-cancer patients and patients who had no d-dimer done, were excluded. AADD values were calculated from electronic patient records.

**Results** 807 CTPAs were performed over the 6-month period. 247 patients with cancer were included in further analysis of which 69 (28%) had PE. 60/178 patients (33%) with negative CTPAs had d-dimers positive and AADD negative, whilst only 3/63 CTPAs had positive d-dimers with negative AADD.

In essence, 60 patients could have avoided an unnecessary CTPA by using AADD in place of conventional d-dimer, at the expense of missing 3 sub-segmental PE.

**Conclusion** AADD has comparable performance in cancer patients and improves the specificity while retaining sensitivity of d-dimer. It can prevent significant number of inappropriate CTPAs but can potentially miss a few sub-segmental PEs. Further studies are needed to validate its utility before its universal application.

## REFERENCE

1. Wilts, et al. *Thrombosis Research* 2017 Apr;152:49–51

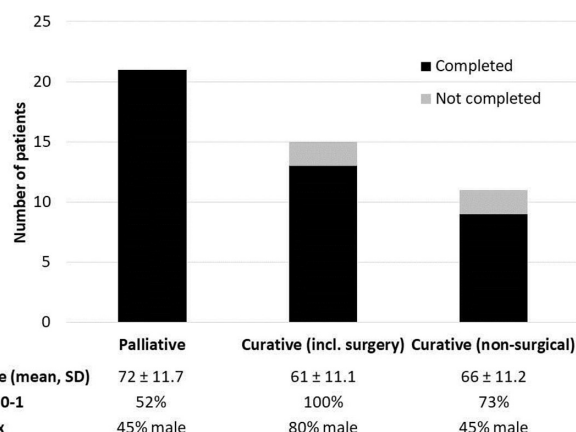
## Service innovation for lung health during COVID-19

# P25 POSTAL SET UP OF CPAP: A POSITIVE INNOVATION DURING THE COVID 19 PANDEMIC

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**Introduction and Objectives** Traditionally at this unit, patients diagnosed with OSA have been initiated on CPAP at a face to face (F2F) appointment. Patients are followed up via telephone consultation at 4 weeks with a virtual review of CPAP usage.



Abstract P23 Figure 1