P103 PROVISION OF PLEURAL DISEASE CARE IN THE PANDEMIC ERA: A SINGLE CENTRE EXPERIENCE

K Ur Rehman, J Liang, P Sivakumar. *Guys and St Thomas' NHS Foundation Trust, London, UK*

10.1136/thorax-2021-BTSAbstracts.212

Introduction and Objectives The emergence of COVID-19 disease has had a substantial impact on healthcare services worldwide. We aimed to study its impact on our outpatient pleural service.

Methods We conducted a retrospective review of all new patients who underwent day case procedures by the pleural team from March 2019 to March 2021 and divided them into two groups, pre pandemic group (22 March 2019 to 21 March 2020) & pandemic group (22 March 2020 to 21 March 2021).

Data was collected on demographics and treatment outcomes.

Results 82 patients were identified in pre pandemic group undergoing 157 procedures in 152 procedural episodes, whereas in pandemic group 83 patients underwent 132 procedures in 122 procedural episodes. Results are summarised in table 1.

Conclusion Despite the pressures of the pandemic on health care system, pleural activity remained relatively stable. Number of procedural episodes were lower in the pandemic group due to combining the procedures where appropriate and streamlining IPC reviews and drainages by finding alternative ways of managing these patients in the community.

Abstract P103 Table 1 Results

	Pre pandemic group	Pandemic group	p value
Number of patients	82	83	
Number of procedures	157	132	
Number of procedural episodes	152	122	
Sex – Female (%)	35 (42.7)	40 (48.2)	0.477
Age, mean (SD), yrs	65.3 (14.4)	66.5 (14.9)	0.60
Interval between referral and date of procedure, median (IQR), days	4 (6) n= 75	3 (6) n= 75	0.134
Interval between sampling & histocytological diagnosis, median (IQR), days	5 (3) n= 66	4 (4) n= 76	0.003
Types of procedures (%)			
Diagnostic and/or therapeutic pleural aspirate	60/157 (38.2)	63/132 (47.7)	
Indwelling pleural catheter review & or drainage	62/157 (39.5)	15/132 (11.4)	
Indwelling pleural catheter insertion	20/157 (12.7)	28/132 (21.2)	
Percutaneous pleural biopsy	7/157 (4.4)	7/132 (5.3)	
Medical thoracoscopy	3/157 (1.9)	4/132 (3)	
Other procedure	5/157 (3.2)	15/132 (11.4)	
Diagnoses%			
Malignancy	46/82 (56.1)	45/83 (54.2)	
Benign disease	36/82 (43.9)	35/83 (42.2)	
Infection	0/82 (0)	3/83 (3.6)	

P104 COVID-19 MORTALITY IN CANCER PATIENTS ON SYSTEMIC ANTI-CANCER TREATMENTS DURING THE SECOND UK SARS-COV-2 WAVE

S Waring, G Gamtikulashvili, S Kumar, A D'Souza, S Jiواني, O Taylor, G Collins, Y Narayan, K Patrick, A Sethuraman, S Naik, S Kuckreja, R Ragatha, M Anwar, U Ekeowa, P Russell. *The Princess Alexandra Hospital, Harlow, Essex, UK*

10.1136/thorax-2021-BTSAbstracts.213

Background Recent multicentre registries have shown cancer patients infected with SARS-CoV-2 have significantly higher mortality compared to patients without cancer¹. Cancer-specific features associated with worse outcomes include advanced tumour stage, disease progression and lung cancer.¹ Systemic anti-cancer treatments (SACT – chemotherapy, immunotherapy, targeted and hormone therapy) have been postulated to increase mortality from COVID-19 in cancer patients. Here, we aim to determine if cancer patients on SACT have a higher risk of mortality than those not on active treatment.

Methods We retrospectively analysed cancer patients admitted to a Greater London District General Hospital between 1st November 2020 and 28th February 2021 with RT-PCR positive COVID-19. SACT was considered present if administered within 3 months of admission. Mortality encompassed hospitalised patients and those up to 28 days post-discharge. Association of cancer-specific demographics and mortality was assessed using logistic regression analyses adjusting for age, sex and comorbidities.

Abstract P104 Table 1 Mortality rate after presentation of COVID-19 by: tumour type, time from cancer diagnosis, cancer stage, progression of disease, and systemic anti-cancer treatment (SACT).

		Number	mortality number	mortality %	odds ratio
Cancer type	Solid organ	75	28	37.3	1.32
	Lung	18	11	61.1	4.66**
	Haematological	29	11	37.9	1.47
Time from diagnosis	<12 months	55	25	45.5	2.32**
	>12 months	67	25	37.3	1.25
STAGE AT DIAGNOSIS	4	46	23	50.0	2.82***
	3	26	13	50.0	2.17
	2	14	5	35.7	1.22
	1	31	8	25.8	0.77
	0	5	1	20.0	0.46
disease progression (<3 months BEFORE COVID-19)	Yes	38	22	57.9	4.60***
	No	84	28	33.3	1.07
SACT (<3 months BEFORE COVID-19)	Yes	53	69	34.0	1.49
	No	69	32	46.4	1.80**

*p<0.05 **p<0.01 ***p<0.001