REFERENCE

1. Menni, et al. Vaccine Side-Effects and SARS-CoV-2 Infection after Vaccination in Users of the COVID Symptom Study App in the UK: A Prospective Observational Study. *The Lancet Infectious Diseases* 2021Apr 27. [https://doi.org/10.1016/S1473-3099\(21\)00224-3](https://doi.org/10.1016/S1473-3099(21)00224-3)

P111 THE IMPACT OF COVID-19 ON A TERTIARY INTERVENTIONAL BRONCHOSCOPY SERVICE

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Introduction Malignant central airway obstruction (MCAO) is a life-threatening complication of lung cancer requiring urgent therapeutic bronchoscopy to alleviate symptoms. Delayed diagnosis contributes to increased mortality in this patient group. The COVID-19 pandemic has resulted in lack of access to timely diagnostic investigations and patient reluctance to seek help. Furthermore, the overlapping symptoms of COVID-19 make recognition of MCAO difficult. We aimed to evaluate the impact of the pandemic on urgent referrals to our tertiary interventional bronchoscopy service.

Methods We collected data on patients with MCAO who underwent urgent interventional bronchoscopy between April 2019 and April 2021. All individuals requiring emergency inpatient transfer or emergent bronchoscopy were included. Treatment modalities included laser ablation, non-thermal techniques, mechanical debulking, and airway stent placement.

Results Forty-two interventional bronchoscopy procedures were carried out between April 2019 and March 2020. There was an 85% increase in patients needing urgent bronchoscopy in the year that followed the first national lockdown, with 78 procedures undertaken between April 2020 and March 2021. There were more emergency inpatient transfers (n=48, 61.5%) compared to the year before (n=22, 52%) and more patients required airway stenting (n=31, 39.7% compared to n=10, 23.8%). The busiest periods were

June – August 2020 and February – April 2021, with the peak number of therapeutic bronchoscopies undertaken following the first and second wave of the pandemic, respectively (figure 1).

Conclusions The data shows the impact of the pandemic on our tertiary service with an increase in referrals over the year following the first lockdown. More patients required emergency inpatient transfers and a higher proportion required airway stents reflecting more advanced and symptomatic disease. Unsurprisingly, the busiest months followed the national peaks of COVID-19 cases. The public health messaging required to control the pandemic, although necessary, coupled with an overlap of symptoms has resulted in an increase in presentations of life-threatening MCAO. This highlights the importance of early detection of lung cancer and recognition of symptoms of central airway obstruction.

P112 THE IMPACT OF COVID-19 PANDEMIC ON LUNG CANCER DIAGNOSIS AND TREATMENT AT ST GEORGE'S HOSPITAL

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Introduction The Covid-19 pandemic resulted in a reduction in provision of cancer services. A comparison of frequency, staging and treatment of lung cancers was undertaken for two consecutive years at our institution.

Methods Electronic records and databases were interrogated; patients from our local MDT who were treated for lung cancer were identified. Two yearly groups were created from April 2019 pre-pandemic (2019) and April 2020 during the pandemic (2020). Diagnoses, staging, therapies, and treatment times were examined. Data was assimilated and analysed using STATA 17. Categorical variables were compared using Chi-squared test and numerical variables by Mann-Whitney test. P values of <0.05 were considered significant.

Abstract P111 Figure 1 Monthly percentage change in referrals during pandemic from pre-pandemic year. National trend in COVID-19 cases in background for comparison