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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

Abstract P112 Figure 1 Lung cancer by clinical stage pre and during COVID-19 pandemic

Results The total number of lung cancer patients was 286 (2019) and 207 (2020). Median age (2019) was 72 (21–93) and (2020) 71 (22–93). The median times from referral to treatment were 35 days (1–209) (2019) and 38 days (1–532) (2020) $p=0.0333$. Figure 1 shows the absolute frequency of lung cancers by clinical stage for each period. A 44% drop in surgery was seen during the pandemic (150 to 84) with a 73% increase in radiotherapy treatments (15 to 26). Combined and systemic therapies were reduced 25% (76 to 57). Best supportive care reduced by 11% (45 to 40).

Conclusion The Covid pandemic had a major impact on our lung cancer service. A noticeable reduction in early stage (IA1–IIB) lung cancers were seen from 126 (44%) to 81 (39%). It can be postulated that during the Covid-19 pandemic, there was a reduction in routine CT scanning for other organs, which often picks up incidental early stage lung cancers. So far there has not been an increase in the numbers of later stage cases, but it can be hypothesised that these patients may present in the coming months as they are unlikely to become symptomatic within a year with early lung cancers. There is an important cohort of patients with early stage disease suitable for radical treatment that may have been missed since Covid-19 started and measures should be put in place to try to identify them as soon as possible.

Thinking outside the lung: monitoring and management of patients with CF, PCD and bronchiectasis

P113 SEGREGATION IN CYSTIC FIBROSIS: THE PERCEPTIONS OF PATIENTS AND CAREGIVERS

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Introduction In attempt to limit the cross-infection morbidity and mortality, segregation amongst those with CF is encouraged. Despite the long-standing nature of segregation, the perceptions of patients remain relatively unexplored in the literature. The aim of this study is to identify the perceptions of patients as well as the possible negative effects of segregation on mental health.

Methods A semi-structured questionnaire was distributed to paediatric ($n=25$) and adult CF patients ($n=72$) within NHS

Grampian. Inductive coding analysis was used to analyse responses and key themes produced

Results A total of 12 paediatric (48%) and 12 adult (17%) questionnaires were returned. Paediatric participants and caregivers' perception of segregation were mostly negative in nature, whereas adult perception were more mixed with participants reporting it is positive and negative for them. The perceived impact of segregation on mental health was mixed and only slightly more participants ($n=x$) reported that it had a negative impact of their mental health. Half of paediatric and adult participants wished for increased contact with others with CF in future. Areas for suggested local service improvement focused on creation and promotion of local support and CF community groups via social media platforms and an allocated 'CF buddy'.

Conclusion The perceptions of segregation and its impact on the mental health differs largely between participants in both paediatric caregiver and adult patient groups. These perceptions are likely formed from previous/witnessed CF segregation experience, as well as illness severity and environmental factors. Further research is needed to assess the possible influences of these factors on mental health in CF populations.

Please refer to page A193 for declarations of interest related to this abstract.

P114 ASYMMETRICAL DISTRIBUTION OF DEMAND FOR CYSTIC FIBROSIS INPATIENT SERVICES AND IMPLICATIONS FOR FUTURE CARE NEEDS

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Introduction and Objectives Clinical expression of cystic fibrosis (CF) is highly variable, even amongst patients with the same CFTR genotype. The aim of this study was to identify those with a high demand for inpatient care, in order to aid understanding of the potential impact of new CFTR modulator therapies. We have looked at pre-Kaftrio patterns of admission, risk factors and outcomes.

Methods The study was conducted at the Adult Cystic Fibrosis Centre, total clinic size 413 patients. Inpatient records were reviewed for 36 months from 2017–19. Inpatient care was measured as bed-days. Patients leaving the service in the calendar year 2017 or entering after this were not included. Outcomes were recorded at end of 2019. Outpatient care episodes were not included. Demographic factors relevant to CF were assessed for statistical significance as predictors of high bed usage using a binomial logistic regression model.

Results There was a significant skew in the demand for inpatient care. 97 patients (23%) required no inpatient care. On the other hand, 15% of the clinic cohort (63 patients) accounted for 58% of the total bed-days. CF-related diabetes and low FEV1% predicted were statistically significant predictors of falling within this high bed use group ($P=0.007$ and $P<0.001$ respectively). Those in the high bed use group had a mean of 67 days of admission/year. By the end of 2019, 14 (22%) patients from this group had died and 8 (13%) were transplanted (compared with 0.6% and 1.7% in the remainder of the CF clinic). Annual mortality rate was 10x greater than the rest of the clinic. Of the high bed use survivors at the end of 2019, 31 (76%) were eligible for Kaftrio.