non-PE related mortality was malignancy and accounted for all deaths after 120 days.

**Conclusion** We have evaluated the implementation of a PERT, providing a standardized team-based approach for PE management and reflection on outcomes. The mortality rates determined are comparable to observational data, both prospective and retrospective.1

**REFERENCE**


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**P151 NEUTROPHIL LYMPHOCYTE RATIO TO PREDICT INPATIENT MORTALITY OF PULMONARY EMBOLISM DURING THE SARS-COV-2 PANDEMIC**

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**Background and Aims** A high incidence of pulmonary embolism (PE) has been described during the SARS-CoV-2 pandemic. Inflammation has a key role in venous thromboembolism. Neutrophil Lymphocyte ratio (NLR) is a novel parameter for systematic inflammation. Risk stratification of PE is essential in determining appropriate management. We aim to investigate the prognostic role of NLR in patients with CT confirmed PE in the inpatient setting.

**Methods** We recorded the incidence of inpatient PE confirmed by CTPA from 2012 to 2022. Focusing on August 2021 through to September 2022 we collected baseline demography, relevant past medical history including cancer diagnosis; CTPA evaluation stratified by descriptors of burden of disease (Single, Bilateral, Multiples, Small, Moderate, Extensive and Right Heart Strain); admission investigations including Troponin, D-Dimer, BNP and NLR; and outcome including treatment, length of stay, further admission and survival. We interrogated the relationship of admission NLR to clinical characteristics, CTPA descriptors and outcomes.

**Results** During the study period 474 patients were identified, representing an 18% (80/year) increase in projected incidence. Baseline characteristics of the study population age 68.8 (SD 15.4), 253 (53%) male, median length of stay 7 days (IQR 4–13), mortality rate 32.4%. There were