multi-disciplinary approach. Through ILCOP the Royal College of physicians, The Roy Castle Lung Cancer Foundation, McMillan Cancer Support and National Lung Cancer Forum for Nurses developed a patient experience survey. This study reviewed the care provided to lung cancer patients by distributing the survey in the outpatient department over a 6 weeks in the West of Scotland Cancer Centre. 69 participants. 71% of patients completely understood the purpose of investigations for diagnosis. 73% felt the explanation of their diagnosis was clear. 85% of participants felt all their questions were answered adequately. 100% and 94% agreed they had enough privacy during examination and consultation, respectively. 93% were given details of specialist nurse for support. 80% felt their emotional support was met but highlighted delays in introduction of specialist nurses. 82% of those suffering from pain felt they were managed satisfactorily. 94% felt they were given just enough information with 90% rating it as excellent or very good. The questionnaire highlights the excellent quality and quantity of communication whilst maintaining privacy and meeting both the emotional and physical needs of the majority of patients. This emphasizes the need for a holistic approach to lung cancer care to improve patient care and satisfaction.

Lung cancer from symptoms to referral across the Lancashire and South Cumbria Network
S. Leyakath Ali Khan1*, N. Anwar 2, E. Nuttal 3, S. Clarke 4, F. Zaman 2, 1Royal Preston Hospital, UK, 2Royal Blackburn Hospital, UK, 3Royal Lancaster Infirmary, UK, 4Blackpool Victoria Hospital, England, UK

Introduction: Lung cancer has one of the lowest survival with 8.5% over five years. Two-thirds of patients are diagnosed at a late stage [1,2]. Studies have shown patients delay, referral delay and diagnosis delay in lung cancer. We were interested in knowing whether there was delay in presentation and referral across the Lancashire and South Cumbria Network Hospitals (Blackpool, Blackburn, Lancaster and Preston).

Methods used: A prospective analysis of patients referred to two week rule from January 2012 to June 2012 with the radiological diagnosis of lung cancer were analysed across the four hospitals. The data was collected using proforma focusing mainly on time taken to see GP (General Practitioner), from seeing GP to ordering chest Xray and from abnormal chest X ray report to two week referral. The results were analysed using Microsoft Excel.

Results: The number of patients analysed were 18 (Blackpool), 20 (Blackburn), 22 (Lancaster) and 25 (Preston). The average age was 65, 71, 69 and 71 respectively. The results are as per the table.

Table: Results across the four hospitals in Lancashire and South Cumbria Network

<table>
<thead>
<tr>
<th>Hospital (no. of patients), Gender</th>
<th>Time taken (days)</th>
<th>Symptoms to GP consultation</th>
<th>GP consultation to date of chest X ray</th>
<th>Date of chest X ray to 2 week referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackpool (18), M/F: 10/8</td>
<td>63±36</td>
<td>21±36</td>
<td>9±70</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>154</td>
<td>29</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>126</td>
<td>31</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Blackburn (20), M/F: 13/7</td>
<td>14±120</td>
<td>1±25</td>
<td>6±33</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>102</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>84</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Lancaster (22), M/F: 11/11</td>
<td>4±142</td>
<td>1±18</td>
<td>13±41</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>98</td>
<td>8.5</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>84</td>
<td>7.5</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Preston (25), M/F: 11/14</td>
<td>28±210</td>
<td>7±42</td>
<td>1±30</td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>77</td>
<td>18</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>70</td>
<td>17</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Conclusion: A majority of patients with resected lung cancer do successfully quit smoking, however a worrying minority continue to smoke. Continuous smoking abstinence rates post-operatively are high but decline over time. Patients who quit smoking should continue to be asked about their smoking behaviour at follow up appointments.

Reference(s)

Lung Cancer Team pilot study on pulmonary nodule surveillance
S. Morgan1*, F. Daniels2, 1Macmillan Lung Cancer CNS, HywelDda Health Board, Carmarthenshire, UK, 2Macmillan Lung Cancer Support Officer, HywelDda Health Board, Carmarthenshire, UK

Introduction: The Lung Cancer team in Carmarthenshire identified that increasing numbers of pulmonary nodules were present for investigation to the rapid access lung clinic. Whilst it is recognized that tracking & monitoring is essential for pulmonary nodules, only a small proportion of these nodules are subsequently diagnosed as a lung cancer. Patients undergoing investigation for, and diagnosed with, a pulmonary nodule need appropriate support and information and a robust tracking & monitoring system for surveillance.
A pilot study was needed to ascertain the appropriate role for the LCSSS in the management of pulmonary nodules.

**Method:** The pilot study was over four months and included all nodules, new and existing, on the current LCSSS caseload. A monitoring system was developed along with a virtual clinic and patient information leaflet. A workshop was held to explore current activity in regard to nodule management in LCSSS teams across Wales; this workshop included a patient representative.

**Results:** The outcome of the pilot was to show that it is not the appropriate that the LCSSS be responsible for the surveillance of patients with pulmonary nodules. It is however appropriate for the LCSSS to support patients and their families while undergoing investigation of a nodule, considered as a suspected lung cancer until such time as a nodule is diagnosed.

**Conclusions:** It is essential that a robust monitoring system be in place for the surveillance of patients diagnosed with a pulmonary nodule. However, at the point when the initial investigations are completed and the diagnosis of a pulmonary nodule is made, the patient should be informed of this diagnosis, a patient information leaflet given and the patient discharged from the LCSSS. It is not inappropriate for Patients undergoing surveillance for pulmonary nodules to be monitored by the lung cancer team.

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**139 Are lymphocytic pleural effusions predictive of significant pathology?**

B. Allos*, S. Nightengale, A. Morgan. *The Royal Wolverhampton NHS Trust, UK*

**Introduction:** Lymphocytic pleural effusions (LPE) are commonly associated with diagnoses of lymphoma, Tuberculosis (TB) and sarcoidosis. In a minority of patients with pleural effusion no stigmata associated with any of these conditions is found despite clinical examination, cross sectional imaging and thoracocentesis. In this situation it is unclear whether the presence of an LPE is associated with any specific underlying pathology in either the short or long term.

**Method:** This is a prospective study looking at all patients discussed at Wolverhampton lung MDT in whom thoracocentesis had revealed LPE with no clear diagnosis despite clinical examination, chest CT and thoracocentesis. Patients were recruited between March 2011 and April 2013. The following variables were assessed: demographics; initial pleural fluid analysis; nature and results of further investigations post initial aspirate; diagnosis; length of follow-up; and development of any further significant pathology.

**Results:** N = 19. Average age 73 years, 13 males. No subjects were excluded. See Figure 1 for diagnoses reached for all patients. All patients with a definitive diagnosis had undergone further investigation by VATS, image-guided biopsy or bronchoscopy. Those with assumed diagnoses had no further investigations. The majority of patients were followed-up for an average of 8.53 months post first abnormal imaging and to our knowledge, during follow up, no patients developed further significant pathology suggestive of an alternative cause for their effusion.

**Conclusion:** LPE is associated with a wide range of pathologies from benign pleural disease to heart failure. No clear link was established between LPE and TB, sarcoidosis or lymphoma, with only 2 subjects being diagnosed with these conditions (both TB). The broad spectrum of underlying causes and stability of patients during follow up does not suggest that this group of patients require any different follow up compared to those without lymphocytosis.

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**140 The efficacy of indwelling pleural catheter (IPC) placement versus IPC placement PLUS sclerosant (talc) in patients with malignant pleural effusions managed exclusively as out-patients (the IPC-PLUS trial)**

R. Bhattacharyya*, A. Morley, N. Maskell, on behalf of the IPC-PLUS trial investigators. *Academic Respiratory Unit, University of Bristol, UK*

**Introduction:** Malignant pleural effusions (MPE) are a significant cause of dyspnoea amongst oncology patients. Improvements in cancer therapy and detection mean the global burden of MPE, and the associated challenges to healthcare providers, are likely to increase. Inpatient talc instillation remains the international mainstay of therapy, with pleurodesis success rates of around 75%. Recent evidence has suggested that indwelling pleural catheters are safe, as good as talc at improving symptoms and allow patients to be treated at home, although pleurodesis rates are only around 50%.

The IPC-PLUS trial looks to determine for the first time whether the combination of talc and an IPC is safe and clinically effective.

**Methods:** 154 patients with a MPE requiring IPC insertion are to be randomised. After outpatient catheter placement, patients are drained aggressively for 10 days. Those with significant trapped lung after this time are excluded, and the remainder randomised to receive either 4g sterile talc slurry or placebo (0.9% saline). Follow-up occurs every 2 weeks for 10 weeks, with data being collected on pleurodesis rates, pain, breathlessness, ultrasound appearances and health economics.

**Results:** The trial opened in July 2012. There are currently 11 recruitment sites, with a further 6 expected to open in the near future. 46 patients have been enrolled and 27 randomised.

**Conclusion:** This multicentre, single-blind, randomised controlled trial aims to determine whether patients can achieve high levels of pleurodesis with the outpatient convenience of an IPC. Around 20% of the necessary patients have been recruited, with the study expected to complete in mid-2015.

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**141 Evaluating the efficacy of thoracoscopy and talc poudrage versus pleurodesis using talc slurry (the TAPPS trial)**

R. Bhattacharyya*, M. Laskawiec-Szonker, N. Zahan-Evans, N. Maskell, on behalf of the TAPPS trial investigators. *Academic Respiratory Unit, University of Bristol, UK, Oxford Respiratory Trials Unit, University of Oxford, UK*

**Introduction:** Malignant pleural effusions (MPE) are a common occurrence amongst cancer patients, often causing a significant impact on quality of life. Standard inpatient management involves draining fluid before instilling talc with the aim of inducing pleurodesis. There are currently two methods for applying talc to the pleura: chest drain and slurry or thoracoscopic poudrage. Previous studies looking to establish which is more effective have often been limited by methodological flaws or low power, meaning there is still no definitive evidence to suggest which method is superior.

The TAPPS trial is a suitably-powered RCT designed to determine whether talc poudrage is superior to talc slurry pleurodesis for the management of MPE. It is funded by the NIHR HTA programme.