

53 responses were received. Following analysis of the survey and discussion within the working group the Guidance for the Assessment of Patients following Palliative Radiotherapy for Lung Cancer was produced. The guidance aims to aid LCNS in the assessment and intervention of patients undergoing low dose palliative radiotherapy for symptoms related to lung cancer and side effects from treatment.

Results: Following the literature review, although there was significant evidence of toxicity profiles and effects of treatment, there were no examples of how to address the support needs of patients following palliative radiotherapy to the thorax.

Of the 53 responses, 75% said that there was a need for the service, 54% were not aware of current practice in radiotherapy follow up support, with 55% stating that a review should take place between 1 and 2 weeks after treatment.

The working group produced the guideline following discussion in relation to these outcomes.

Conclusion: The Guidance for the Assessment of Patients following Palliative Radiotherapy for Lung Cancer aims to guide LCNS and the treating teams in the assessment and intervention of patients undergoing low dose palliative radiotherapy for symptoms related to lung cancer.

The guideline contains flow charts with recommended interventions together with documentation proforma and Common Toxicity Criteria.

In the UK patients are treated in Cancer Centres and often repatriated to secondary care for review and follow-up. The formal assessments provided in the Guidance can be implemented either in the clinic, telephone or home visit.

The guideline could be adapted for use in other health care systems other than the UK and can be found at <http://www.nlcfn.org.uk/NLCFN-guidelines.htm>

99 Raising the awareness of the signs and symptoms of lung cancer to the general public. A collaboration between the British Lung Foundation (BLF) and the Lung Cancer CNS Team at Guy's and St Thomas' NHS Trust

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The purpose of the love your lungs campaign was to raise awareness of lung disease and to provide a screening service for members of the public. The campaign particularly aimed to raise awareness of lung cancer as Haringey had been highlighted as a hotspot area. However the event also raised awareness of all types of lung disease and promoted good lung health. The campaign consisted of local stakeholder engagement, two community events and a lung cancer awareness workshop for the local Health Champions.

A workshop was designed by the Lung Cancer CNS Team at Guy's Hospital to educate 15 Community Health Champions on the early signs and symptoms of lung cancer. The training also covered the different types of lung cancer and how early diagnosis can provide people with more treatment options and improve their prognosis. These Health Champions then volunteered their time to help support the community events.

A Guy's Lung Cancer CNS represented the BLF at an awareness event held in a shopping centre in Wood Green. The CNS completed screening on 35 individuals for possible symptoms of lung cancer and used handheld spirometry testing as an engagement tool to help to find any undiagnosed cases of COPD. From the assessments completed approximately 8 patients were referred to their GP for further follow up. This was either because they had reported a significant history of symptoms or had a FEV1 of less than 80%. The value of these events was evident by the interest and participation of the public on the day and was both rewarding and informative for the CNS involved.

100 The "CLiC" cough in lung cancer study: Co-morbidities are key predictors of cough

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Background: The "CLiC" Study seeks to characterise cough, identify its predictors and evaluate new cough assessment tools, including the Manchester Cough in Lung Cancer Scale (MCLCS).

Methods: Patients completed the MCLCS (range 1–50, high scores representing worse QoL), Cough Severity Diary (CSD), cough severity Visual Analogue Scale (VAS, range 0–100, high scores representing worse severity), Brief Reflux Inventory (BRI: validated questionnaire assessing gastro-oesophageal reflux disease [GORD]) and the European Organization for Research and Treatment of Cancer Quality of Life (QoL) Questionnaire (EORTC QLQ) C30 with the module (LC13), (including item 31: "In the past week, how often did you cough?"). Cough was graded using Common Toxicity Criteria for Adverse Events (CTCAEv4.0).

Results: We recruited 179 patients (Oct'11–Nov'12), median age 65 yrs (range 25–83 yrs), 53% male. The majority (79%) had non-small cell-lung-cancer (NSCLC), of advanced stage (>IIA 60%) and 36% were receiving cancer therapy.

Mean cough severity (VAS) was 43.4mm (SD ±29.6), and cough-specific QoL (MCLCS) score was 25.3 (SD ±8.8). The MCLCS correlated strongly with VAS & CSD ($r=0.67$ & 0.76 , both $p<0.0001$) and moderately with EORTC item 31 and CTCAEv4 ($r=0.57$ & 0.56 , both $p<0.0001$). Univariate and multivariate analyses suggested more severe cough was associated with poorer performance status, gastro-oesophageal reflux and asthma.

Conclusions: This is the largest study to evaluate validated cough-specific assessment tools in patients with LC. These suggest that co-morbidities such as gastro-oesophageal reflux and asthma are more important predictors of cough severity than the characteristics of the cancer. Future interventions studies are needed to assess whether treatment of these conditions may improve this distressing symptom.

Cough Predictors	Univariate Analysis Cough Severity Visual Analogue Scale	Multivariate Analysis Cough Severity Visual Analogue Scale MODEL n=168 p<0.001 R ² 25%
Age	NSS	
Gender	NSS	p=0.021
Performance Status	p<0.0001	p=0.002
Smoking Status	NSS	
Asthma	p=0.02	p=0.043
COPD	NSS	p=0.152
Chest Infection	p=0.02	p=0.089
Reflux Disease (according to validated total score Brief Reflux Inventory)	p<0.0001	Q1: A feeling of pain/pressure/burning? p=0.813 Q2: A burning sensation deep in throat? p=0.116 Q3: A bitter, salty or sour taste in mouth? p=0.824 Q4: A feeling something you ate coming back up? p=0.013
Nausea (according to EORTC QLQ C30 item 14) "During past week, have you felt nauseated?"	p=0.004	p=0.473
Stage	NSS	
Histology	NSS	
Tumour Location	NSS	
Treatment	NSS	
Opiates	NSS	
Steroids	NSS	
Over the counter antitussives	Severity p=0.011 (worse if on antitussives)	

101 A lung cancer and mesothelioma patient focus group

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Introduction: To elicit the experiences and views of patients with lung cancer or mesothelioma, the University Hospitals of Leicester (UHL) lung cancer CNS team decided to form a patient focus group.