

2.07 Compliance with American Thoracic Society (ATS)/European Respiratory Society (ERS) guidelines for lung fibrosis reporting in CT-Thorax in University Hospital Kerry, and demographic distribution of pulmonary fibrosis in Kerry Group.

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Audit is aimed to assess reporting practices of CT-Thorax with lung fibrosis based on ATS/ ERS guidelines in UHK. Retrospective data were collected from 01/05/2022 to 31/07/2022. A total of 221 CT-Thorax were surveyed. CT-Thorax reporting of pulmonary fibrosis should be done according to ATS/ERS guidelines as (1)Usual Interstitial Pneumonia (UIP), (2)Probable UIP, (3)Indeterminate UIP, (4)Alternative diagnosis. Out of 221, 24 were reported as fibrosis (**Table 1**) and 15 were reported according to ATS/ERS guidelines. An improvement of 62.5 % (15/24) was found compared to previous audit (11/07/2021-11/01/2022), where 23.7 % (23/74) of the reports were according to the ATS/ERS guidelines.

Table 1.(2.11) Demographic distribution of pulmonary fibrosis on CT-Thorax in UHK.

Age group	Gender		Total
	Male	Female	
≥ 80	3 (12.5 %)	4 (16.7 %)	7 (29.2 %)
60 – 79	9 (37.5 %)	7 (29.2 %)	16 (66.7 %)
40 – 59	1 (4.2 %)	0	1 (4.2 %)
Total	13	11	24

Ct-Thorax reporting as per ATS/ERS guidelines would help physicians for better investigation/management of pulmonary-fibrosis. 95.9% patients with pulmonary-fibrosis were >60 years old (29.2% from ≥ 80 years group and 66.7% from 60 – 79 years group; **Table 1**), notably same percentage as national/international data. ATS/ERS guidelines and results of previous 2 audits were discussed with local radiology group on different levels to improve overall reporting practices. Temporary staffing is a factor where guidelines are not properly followed. Proper reporting can reduce referrals to speciality and can help physicians in better investigation/management of patients.

Conflict of Interest: None to declare