4.09 An audit of access to diagnostics in a specialised connective tissue disease-associated interstitial lung disease shared care clinic

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Background: The often insidious onset, and progression, of interstitial lung disease is associated with worse outcomes in patients with connective tissue diseases. We performed a retrospective audit of our quarterly CTD-ILD clinic focusing on access to routine investigations needed regularly to allow timely recognition of disease progression.

Methods: An audit of this clinic performed in 2020/21 revealed limited access to PFTs, thoracic imaging and echocardiography during the pandemic. We reaudited access to these diagnostics for 57 outpatients attending the CTD-ILD clinic in 2022. Data on age, gender, background diagnosis, ILD subtype, period since most recent investigations and results from PFTs and echocardiography were collated.

Results: Within the prior 12 months, just 53% of our CTD-ILD cohort had PFTs performed (mean 14 months, IQR 19 months), 61% had CT Thorax (mean 17 months, IQR 19 months) and 40% had echo (mean 19 months; IQR 22 months). Scleroderma was the most common rheumatological diagnosis (26%). NSIP was the commonest radiological subtype (40%).

Conclusion: Patients at our centre are without access to PFTs and other key diagnostics for prolonged spells, beyond the intervals recommended for monitoring ILD progression and limiting opportunity for intervention. An ongoing lack of access to both urgent and routine diagnostics continues to pose a problem in a post-pandemic period.

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