

9.08 Low Yield of Urgent Haemoptysis Referrals for Lung Cancer Clinics.

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Introduction: Haemoptysis and an abnormal chest x-ray are the two indications for urgent review in Rapid access lung clinic (RALC). Yet the yield of lung cancer diagnoses and extent of investigation in such cases are unclear. This audit aims to assess lung cancer cases investigation in urgent haemoptysis referrals.

Methods: Retrospective analysis of 80 patients via Electronic Patient Record referred urgently with haemoptysis to a lung cancer clinic period July 2022 – February 2023. Data included demographics, smoking status, CXR, CT scans, bronchoscopies, and final diagnosis. Primary endpoint: number of lung cancer cases.

Results: Among 80 patients, only 6 (7.5%) had lung cancer, with one non-smoker. Notably, 5 had abnormal CXR and other had abnormal CT. No patients with normal CXR (73%) or CT had abnormal bronchoscopy. 44 had infectious symptoms/sinusitis, and 17 had unknown aetiology. Six required ongoing nodule surveillance. TB, bronchiectasis and medication related were other notable causes.

Discussion: Urgent haemoptysis referrals resulted in a low lung cancer diagnosis rate (7.5%) and significant investigation. Utilizing alternative diagnostic strategies and risk scoring based on demographics with large sample sizes can optimize patient management and reduce unnecessary investigations, alleviating resource stress. Limitations include unstandardized haemoptysis volume measurement, variable symptom severity, and small sample size for risk scoring system development. Refining the diagnostic approach may enhance patient outcomes and resource allocation for haemoptysis referrals to lung cancer clinics.

Keywords: Lung cancer, Haemoptysis, Rapid access clinic

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