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**Title:** Meeting the referral criteria to the rapid access lung cancer clinic: A 10-year audit

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**Body:** INTRODUCTION: Although targeting patients with agreed criteria (where the risk of cancer is high) under the “two week wait” rule to fast-track lung cancer clinics allows an efficient and timely diagnosis, the referral of other patients to such services will potentially waste valuable healthcare resources. To look at this further we studied the trends in referral to our dedicated rapid access lung cancer clinic since its inception in 2001. METHOD: We audited referrals in 2001, 2009 and 2011, looking for their compliance with the nationally agreed referral criteria, and their subsequent placement and outcome. RESULTS: There was an increase in referrals that did not meet the agreed criteria with time.

Of those that did not meet the agreed criteria, in 2001: 10 were returned to the referrer, 18 redirected to a general chest clinic, and 3 were already under specialist care (2009: 15, 51, and 17; 2011: 44, 108, and 12 respectively). Subsequently 9 (3%) were diagnosed with lung cancer (8 at follow-up and only 1 on re-referral 18 months later with haemoptysis). CONCLUSION: These results show that a significant and increasing proportion of referrals are made outside the agreed national criteria and may have been more appropriately referred elsewhere. We are seeking to educate our colleagues to ensure that these scarce and expensive healthcare resources are best used for this unfortunate patient population.