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Title: Assessment of practice surrounding ABPA diagnosis and screening

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Body: Background: Allergic Bronchopulmonary Aspergillosis (ABPA) may underlie bronchiectasis. The British Thoracic Society (BTS) recommend investigation in all cases. ABPA may also underlie asthma. Routine screening, via skin prick testing (SPT) has been suggested (CHEST 2009;135:805–826) Aim: To evaluate the use of ABPA serology and SPT at St Richards Hospital, compared to guidelines and recommendations, and assess costs. Method: Forty five requests for ABPA serology over a four month period were identified. A retrospective analysis of these patients' notes was performed, examining for indication, diagnosis, and use of SPT. Results: In 31 patients the indication was radiologically proven bronchiectasis. In eight, the indication was poorly controlled asthma; three patients were on step 5 of BTS treatment guidelines, two on step 4, two on step 3 and one on step 2. In the remaining six, the indication was poorly controlled alternative chronic lung disease, e.g. fibrosis, with suspected superadded fungal infection. Of the 45 patients, ABPA was newly diagnosed in one. SPT was performed in one case, and reported as uninterpretable. The total cost for ABPA serology in this group was approximately £1620 and for SPT only £0.35. If SPT and total IgE had been performed in all patients, the cost would have been £555.75, a potential saving of £1064.25. Conclusion: ABPA serology requests in bronchiectasis were in line with BTS guidelines. In asthmatics, ABPA was considered in those with poorly controlled symptoms, however was not routinely screened for. SPT is a low cost investigation, but is under utilised in our hospital.