Abstract Group: 4.3. Pulmonary Circulation and Pulmonary Vascular Disease
Keyword 1: Embolism Keyword 2: Circulation Keyword 3: Extrapulmonary impact

Title: The investigation of malignancy in unprovoked pulmonary embolism (PE): An audit of practice at a district general hospital

Dr. Amiera 20408 Awad Amiera_11@msn.com MD , Dr. Vallari 20409 Shah vallari.shah@gmail.com MD , Dr. Sarah 20410 Brewster sarah.brewster@doctors.org.uk MD , Dr. Sapna 20411 Mawkin sapnamawkin@gmail.com MD and Dr. David 20412 Morgan david.morgan@rbch.nhs.uk MD . ¹ Thoracic Medicine, Royal Bournemouth Hospital, Bournemouth, United Kingdom.

Body: Background: There is a significant association between the diagnosis of PE and malignancy. In 2012, NICE published guidelines recommending that all patients over 40 years diagnosed with unprovoked PE, should have investigations to identify underlying malignancy (full examination, bloods, chest x-ray & urinanalysis). If these were not suggestive of cancer, abdominal-pelvic imaging should be considered. The aim was to evaluate our current practice. Methods: Retrospective analysis of all new diagnoses of PE from September 2011 to December 2011. Eligible patients were identified using coding databases. Results: 67 patients with new PE were identified; 26 (38.8%) were unprovoked PE (11 male, 15 female). Mean age was 73 years (range 27-97). All patients had a chest x-ray and general examination. Only 1 male had a documented Per Rectal examination. Of the females, only 3 (20%) had a breast examination. 84% had a full set of blood tests performed. 11.1% had a documented urinanalysis. 38% had abdominal-pelvic imaging (30.7% CT and 7.6% USS). History taking with regards to risk factors for malignancy, was noted to be poor throughout. Conclusion: The assessment and investigation of underlying malignancy are suboptimal and not in compliance with current NICE guidance. Our experience is likely to reflect that in other hospitals and by sharing our findings, we hope to encourage other teams to reflect on their local practise. Setting up a dedicated PE service would ensure that all patients with PE undergo appropriate and timely investigations. Our trust is currently seeking approval in order to do this.