

Title

The impact of pre-operative biopsy for suspected resectable lung cancer: variations in practice between district hospitals and tertiary thoracic hospital

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Objectives

To identify variations in practice between district hospitals and tertiary thoracic hospital with regards to establishing definitive pathological diagnosis of suspected lung cancer before referring for surgery.

Methods

From the surgical database, we identified 60 intra-operative lung frozen section requests between April 2014 and March 2015. Patients' electronic case-notes were reviewed to identify their referring hospital and whether there had been any prior attempts at establishing a pathological diagnosis before surgery. Results of the frozen section and final pathology were recorded.

Results

Of the 60 frozen section requests analysed, 5 patients originated from the tertiary thoracic hospital, with the remaining 55 from eight district hospitals. From the tertiary hospital, 80% (4/5) of patients had an attempted pre-operative biopsy which was non-diagnostic, compared to 29% (16/55) of patients from district hospitals. Of the tertiary referrals, 100% (5/5) of the frozen section analyses demonstrated malignant cells, compared to only 57% (35/55) of the referrals from district hospitals.

	Total Cases	Attempted pre-op biopsy	Primary lung	Other malignancy	Benign
Tertiary Hospital	5	4 (80%)	4 (80%)	1 (20%)	-
District Hospitals	55	16 (29%)	27 (49%)	10(18%)	18(33%)

Conclusion

There is a marked variation in practice between district and tertiary hospitals with regards to attempted pre-operative biopsies. This may be due to better availability of a specialist chest radiologist at the tertiary hospital. Lung MDTs at district hospitals should be encouraged to perform pre-operative biopsies where possible, or to refer patients to a specialist unit for biopsy to reduce unnecessary operations. This has cost implications as well as the burden of morbidity for the patient.