

# ILCOP Webconference – Surgical Resection Rates

## Monday 11<sup>th</sup> July 2011, 3pm

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### **Attendance:**

Ian Woolhouse – ILCOP Clinical director,

Sion Barnard – Surgeon, Nottingham University Hospitals NHS Trust

David Blainey – Lung cancer lead at Mid Essex Hospital Services NHS Trust

Dr David Gozzard – QI Advisor for ILCOP

Richard Page – Surgeon, Liverpool Heart & Chest Hospital NHS Foundation Trust

**Facilitators:** Lisa Martin, Senai Jimenez and Aneika Cummings.

[Listen here to the recording of the session](#)

### **Factors that can make a difference to resection rates:**

1. Regular physical presence / video conference of surgeon at MDT
2. Consider more than one surgeon at MDT – for healthy debate
3. Positive approach of a larger MDTs to surgical resection
4. Surgeons to decide about surgical fitness by meeting the patient
5. Efficient processes for inpatients with nodules – Ultrasound or EBUS as first diagnostic (as per 2011 NICE guidelines)
6. MDT assessing fitness with Thoraco score
7. MDT to review its approach to patients without a histological diagnosis (nodules of less than 10cm)
8. Involve another hospital team when undertaking local audit

### **Other factors discussed:**

- Comorbidities can be a factor for not receiving surgery, as can stage and performance status
- Wait time between CT and X-ray, between MDT referrals
- Awareness within other hospital departments

### **Other actions by national stakeholders:**

- Society of Cardiothoracic surgeons (Mr Sion Barnard), completed a semi prospective audit in NE England.
- Future NLCA reports to include into why patient didn't receive first choice treatment, comorbidities and lung function test.

***For further queries, please contact Senai Jimenez, ILCOP Project manager, [Senai.jimenez@rcplondon.ac.uk](mailto:Senai.jimenez@rcplondon.ac.uk) or 0203751501***