

### 5.18 From Referral to resolution: Evaluating Surgical Outcomes in Patients referred to Rapid Access Lung Clinic, Mid-West Regional hospital, Ireland

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**Background:** Lung cancer is the leading cause of mortality all over the world. The objective of our study is to evaluate the number of patients referred to rapid Access Lung Clinic (RALC) in Limerick who ultimately underwent lung surgery, assessing the efficiency and outcomes of referral processes.

**Methods:** A retrospective study was conducted on patients referred to RALC over the period of 13 months, ranging from 1<sup>st</sup> March 2023 to 31<sup>st</sup> March 2024. Data was collected on referral reasons, diagnostic procedures and surgical interventions. The primary outcome was the number of patients who proceeded to the lung surgery following their initial referral. **Results:** During the given time period, 702 new referrals were sent to RALC, University Hospital Limerick, out of these 370 patients underwent bronchoscopies and 146 patients had diagnostic bronchoscopies. 128 of these had primary lung malignancies and 18 had metastatic results from other cancers. Out of 128 patients having primary lung malignancies, 44 (34.37%) patients were referred for and underwent surgical treatment. Of the patients who underwent surgery, 21 (47.72%) were adenocarcinomas, 6 (13.6%) were Squamous cell cancers, 5 (11.36%) patients were carcinoid tumors, 5 patients (11.36%) were Non-Small Cell Lung Cancers (NSCLC), 2 patients (4.5%) were small cell cancers (SCLC) and remaining 6% (1 patient each) had large cell cancer, Mesothelioma and Basaloid carcinoma. The mean time from the date of cancer diagnosis to surgery was 83 days (ranging from 16 days to 150 days) **Conclusion:** The study highlights the effectiveness of RALC in Limerick in facilitating timely and successful surgical interventions for patients requiring lung surgery. The early referral for surgery improves survival rate, leading to improved patient outcomes and further studies are recommended to continue optimizing referral protocols and surgical care in clinical settings. **Disclosures:** The study was not funded and the authors declare that they have no conflict of interest. **Conflict of Interest:** The authors declare that they have no conflict of interest