

SCOTTISH THORACIC SOCIETY

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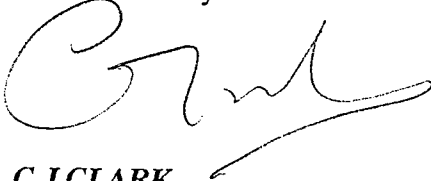
Dear Colleague

RE ABSTRACT FOR SUMMER 1995 STS MEETING

I am pleased to inform you that your abstract has been accepted for presentation at this meeting.

Please ensure that your slides are of good quality and that your presentation will last for 10 minutes only (with 5 minutes for discussion thereafter).

Yours sincerely



**C J CLARK
HON. SECRETARY**

SCOTTISH THORACIC SOCIETY MEETING
DUNKELD HOUSE HOTEL, FRIDAY 23 JUNE 1994

SCIENTIFIC PROGRAMME

MORNING SESSION:

- 9.15 am Medication and Review Compliance and Morbidity among Asthma Patients.
L M Osman, I T Russell, J A R Friend, J S Legge, J G Douglas.
Chest Clinic, City Hospital, Aberdeen.
- 9.30 am Prevalence of adult-onset wheezing in a cohort of asymptomatic children reviewed 30 years later.
Coreen Bodner, Sue Ross, James Friend and David Godden.
Medicine and Therapeutics, Foresterhill, Aberdeen.
- 9.45 am Audit of the Management of Asthma in Accident and Emergency
S Nawaz, A J S Gardiner, W G Middleton, F Moran, P d'A Semple.
Monklands District General Hospital, St John's Hospital, Livingston, Royal Infirmary, Glasgow, Inverclyde Royal Hospital.
- 10.00 am Asthma Management: Impact of Guidelines and Audit.
C Mummery*, S Slater*, A Layton**, D Bell*.
*Thoracic Medicine Dept., **Quality Dept., Central Middlesex Hospital, London.
- 10.15 am Generic Versus Branded Inhaled Salbutamol - A Randomised Blind Study.
I J Williamson, A Reid, R D H Monie, A G Fennerty, E M Rimmer.
Department of Respiratory Medicine, Southern General Hospital, Glasgow.

- 2.15 pm An audit of O2 Usage in Glasgow Royal Infirmary.
J Greig, V J O'Neill, R D S Stevenson.
Respiratory Medicine, Glasgow Royal Infirmary.
- 2.30 pm How is bronchoscopy performed in Scotland?
Evelyn A Millar, Peter D'A Semple.
Department of General Medicine,
Inverclyde Royal Hospital, Greenock.
- 2.45 pm Comparison of Palatal Muscle Reflex Activity in Sleep Apnoea Patients and Non-Snoring Subjects.
I L Mortimore, N J Douglas.
Respiratory Medicine Unit, Dept Medicine,
Royal Infirmary, University of Edinburgh.
- 3.00 pm Experience of the Surgical Treatment of Bronchoalveolar Carcinoma.
I C Papachristos, A L C McLay, A N A Jilaihawi, D Prakash.
Regional Thoracic Surgical Unit, Hairmyres Hospital, East Kilbride.
- 3.15 pm Radical Radiotherapy for Inoperable Non-Small Cell Lung Cancer: A Review of 69 Patients Treated Between 1986 and 1992.
W J A Anderson, S Straner, J McAleer.
Thoracic Medicine, Aberdeen Royal Infirmary/Northern Ireland Centre for Clinical Oncology, Belvoir Park, Belfast.
- 3.30 pm Non-Pulmonary Tuberculosis in Scotland: The 1993 Scottish National Survey.
L Wehbe, A G Leitch.
Royal Victoria Chest Clinic, Chalmers Hospital, RIE NHS Trust and Respiratory Medicine Unit, University of Edinburgh.
- 3.45 pm TEA

- 10.30 am Effects of inhaled fluticasone propionate and oral prednisolone on lymphocyte beta2-adrenoceptor function in asthmatic patients.
K S Tan, A Grove, R I Cargill, L C McFarlane and B J Lipworth.
Dept of Clinical Pharmacology, Ninewells Hospital and Medical School, Dundee.
- 10.45 am COFFEE
- 11.15 am Interleukin-6 driven acute phase protein activity: association with cachexia in non-small cell lung cancer.
H R Scott, D C McMillan*, C S McArdle*, R Milroy.
Respiratory Medicine, Stobhill NHS Trust, Dept of Surgery, Glasgow Royal Infirmary.
- 11.30 am Oncoprotein Expression and Prognosis in Primary Pulmonary Adenocarcinoma.
M Mackinnon, K M Kerr, G King, J S Cockburn, R R Jeffrey.
Departments of Pathology and Cardiothoracic Surgery, Aberdeen Royal Infirmary, NHS Trust.
- 11.45 am GUEST LECTURE
Ventilatory Assistance for Patients with Chronic Respiratory Disease.
Dr J Shneerson, Papworth Hospital, Cambridge.
- 12.30 pm LUNCH
- AFTERNOON SESSION:
- 2.00 pm An Acute Respiratory Assessment Service.
Dr J H Greig, Dr R D Stevenson.
Department of Respiratory Medicine, Glasgow Royal Infirmary.

I. C. PAPACHRISTOS, A. L. C. MCLAY, A. N. A. JILAIHAWI, D. PRAKASH

Experience of the Surgical Treatment of Bronchoalveolar Carcinoma

Regional Thoracic Surgical Unit, Hairmyres Hospital, East Kilbride G75 8RG

The Scottish Thoracic Society Summer Meeting, Dunkeld, 23 June 1995

Abstract

Thirty-four patients (22 men and 12 women, mean age 61.8), admitted to our Unit, were consecutively diagnosed to have bronchoalveolar carcinoma (BAC). Their records are retrospectively analysed. Only 25 (73.5%) had complained of symptoms (cough, dyspnoea, haemoptysis, weight loss etc.) The lesion was radiologically peripheral in 24 cases (70.6%), central in 3 (8.8%) and bilateral in 7 (20.6%). Four patients had advanced bilateral disease, were not resected, died within 6 months and are excluded from further analysis.

Thirty patients were operated on. Pre operatively "malignancy" was histologically diagnosed in 3 cases and BAC in another case.

The neoplasm was solitary in 27 patients ; of those 20 patients were in stage I, 2 in stage II and 5 in stage IIIA. Only 7 patients had lymph nodes involvement.

The remaining 3 operated patients had bilateral neoplastic lesions : two patients had stage I BAC associated with a synchronous carcinoma of different cell type in the contra lateral lung ; one patient had bilateral BAC foci.

Pneumonectomy was undertaken in 5 patients only (16.6%), lobectomy in 20 and resection of 1-3 segments in 5.

There were 2 post operative deaths (6.7%). The overall 5-year actuarial survival for the 30 patients who underwent surgical treatment was 60%. The 5-year actuarial survival was 78% for stage I and 40% for stage IIIA. The mean survival of the operated patients with bilateral neoplastic lesions was 1.6 years (3-year survival 0%).

CONCLUSION.

BAC is a distinct entity for which early surgical treatment is safe and offers the potential for cure. Limited pulmonary resection, whenever feasible, can be complete and also allows future intervention. The presence of bilateral cancer, however, is ominous.