INTRODUCTION
The NICE guidelines for staging lung cancer (LC) recommends contrast-enhanced chest CT scans, including the liver and adrenals. In our centre, we do not routinely scan the pelvis as part of the staging scan. This may raise a potential pitfall of missing pelvic metastasis. Although the incidence of bone metastasis in Non Small Cell lung Cancer is 20 – 40%, there is little information on the incidence of pelvic metastasis in isolation. This study examines the incidence of pelvic metastasis in LC patients and whether this merits routine scanning of the pelvis as part of staging.

METHOD
A retrospective review of all patients diagnosed with primary LC between January to December 2013 identified 489 patients from the local LC MDT database. The RIS and PACS were used to review all initial diagnostic and staging CT scans and any subsequent PET/CT, MRI or bone scans. 6 patients with clinical and chest X-ray diagnosis of LC, were excluded from the analysis as they too unwell for further investigations.

RESULTS
188 patients had M1b disease on Staging CT.

After upgrading or downgrading following adjunct investigations primarily PET/CT, the final number of M1b disease was 203 (42%), including 24 patients who were upgraded.

Overall incidence of pelvic metastasis was 11% (53/483). Almost all of these were osseous (98%). 44/53 patients (83%) also had multi-site metastases, predominantly involving axial skeleton.

Incidence of isolated pelvic metastasis was 1.9% (9/483) in all LC patients. Two of these patients presented with bone pain and abnormal plain radiography which led to further investigations. 6/9 patients had osseous metastases and 1/9 patient with small cell lung cancer (SCLC) had groin lymphadenopathy.

CONCLUSION
Our data suggests isolated pelvic metastasis is low and mostly are osseous metastasis. This suggests that there is no additional benefit in routinely including pelvis as part of the staging CT scan.

In cases with curative intent whole body PET/CT is indicated, which is likely to pick up pelvic disease.

Disclaimer: The analysis in the abstract was dichotomous, which led to a differing conclusion in the submitted abstract.

REFERENCES

HIGHLIGHTS
- Incidence of isolated pelvis metastasis is 1.9% and almost all are osseous metastasis. As many patients did not have any form of pelvic imaging, the true incidence may be marginally higher.
- In lung cancer patients with curative intent, whole body PET/CT may pick up the small incidence of pelvic disease/metastases.
- Routine CT imaging of the pelvis may not provide additional benefit.