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CO01. FUNCTIONAL OUTCOMES AFTER BRONCHIAL SLEEVE RESECTION

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Introduction: Bronchial sleeve resection (BSR) is a surgical procedure indicated when lung lesions are located centrally, most frequently at the origin of a lobar bronchus, in order to avoid pneumectomy. Previous groups have demonstrated that bronchial sleeve procedures are not related to increased recurrence rate for lung carcinoid lesions. However, to our knowledge, previous literature seldom addressed the functional outcomes after BSR.
Objectives: To compare functional outcomes after BSR and pneumectomy.
Methods: We retrospectively analysed the data of patients submitted to BSR performed in our centre (n = 16) and selected similar patients that undergone pneumectomy (n = 32) during the same period (between 2007 and 2018) to serve as comparison group. We recorded clinical, laboratorial and demographic variables. All the statistical procedures were performed using IBM® SPSS® software, version 25.0.0. Categorical variables were compared using the chi-square test and continuous variables were compared using the Student's t-test, the Mann-Whitney U test, the Paired sample t-test or the Wilcoxon test. The threshold for statistical significance was set to p < 0.05.
Results: We observed homogeneity between the groups undergoing pneumectomy and BSR at baseline, with similar age, gender distribution, and functional parameters. Nevertheless, patients undergoing pneumectomy seemed to have a higher ASA score (2.62 ± 0.65 vs 3.11 ± 0.416, p = 0.023). The median length of stay was also similar (9 [8-12.5] days for SBR group vs 8.5 [7-9] days, p = 0.104), as well as the occurrence of complications during hospital stay (p = 0.509). However, when we analysed functional parameters after the surgical procedure, we observed a significant impact of pneumectomy compared to a negligible impact for SBR.
Conclusions: BSR is technically challenging and complex, extremely valuable for avoiding pneumectomy. In our study, we demonstrated that lung function is relatively preserved after bronchial resection, opposed to pneumectomy, showing no differences for admission length and occurrence of complications. These results reaffirm BSR as first choice surgical procedure for central lung lesions, when technically feasible.

Key words: Bronchial sleeve resection. Pneumectomy. Respiratory function.

CO02. STOP-BANG AND NOSAS QUESTIONNAIRES AS A SCREENING TOOL FOR OSA: WHO IS BETTER?

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Introduction: Screening methods have become increasingly important due to the growing number of patients suspected of having Obstructive Sleep Apnea (OSA) being referred to sleep clinics.
Objectives: To evaluate the performance of the NoSAS and STOP-Bang scores in the screening of OSA in a sleep centre.
Methods: Prospectively, for 12 months, all patients referred by primary care physicians to our sleep unit for clinical evaluation, and underwent in-lab polysomnography (PSG), also completed the NoSAS score (Neck circumference, Obesity, Snoring, Age, Sex) and STOP-Bang (Snoring, Tiredness, Observed apnea, Pressure (high blood), BMI, Age, Neck circumference, Gender). An ROC analysis was used to find the scores that simultaneously maximize sensitivity and specificity for each diagnosis.
Results: Including 294 individuals, 84% of them had OSA, of which 28.8% were mild, 34.8% moderate and 36.4% were severe. Using the NoSAS score for predicting OSA, moderate to severe OSA and severe

OSA, the ROC area was: 0.770 (95%CI: 0.703-0.837), p < 0.001, sensitivity of 57.5%, and specificity of 83.0% for the score 12); 0.746 (95%CI: 0.691-0.802), p < 0.001, sensitivity of 68.2% and specificity of 75.4% for score 13.); 0.686 (95%CI: 0.622-0.749), p < 0.001, sensitivity of 71.1% and specificity of 58.3% for score 13), respectively. Using the STOP-Bang score for predicting OSA, moderate to severe OSA and severe OSA, the ROC area was: 0.862 (95%CI: 0.808-0.916), p < 0.001, sensitivity of 68.4%, and specificity of 85.1% for the score 5); 0.813 (95%CI: 0.756-0.861), p < 0.001, sensitivity of 77.3% and specificity of 66.1% for score 5.); 0.787 (95%CI: 0.732-0.841), p < 0.001, sensitivity of 70.0% and specificity of 79.9% for score 6), respectively.

Conclusions: The ROC area was consistently high for both scores confirming the diagnostic ability of the NoSAS and STOP-Bang questionnaires for all OSA severities. Thus, our results suggest that these questionnaires may be a powerful tool for screening and stratification of patients in the diagnosis of OSA. Overall, the diagnostic ability of the STOP-Bang was higher than the NoSAS.

Key words: Obstructive sleep apnea. NoSAS. STOP-Bang. Screening.

CO03. QUALITY OF LIFE ASSESSMENT IN CYSTIC FIBROSIS

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Introduction: In recent decades there has been an increase of life expectancy in cystic fibrosis (CF) patients. They remain very symptomatic, submitted to complex drug regimens, causing a decrease in quality of life (QoL).

Objectives: Assess QoL of CF patients by generic and specific instruments and establish a correlation between the two. Establish a relationship between QoL and prognosis (measured by functional impairment).

Methods: Prospective cross-sectional study of patients with CF. Evaluation of QoL by the EQ5D test (generic instrument) and the CFQR14+ (specific instrument). 3 groups were created in accordance with the functional impairment.

Results: 33 patients (55% women) with median age 28 years [19; 55] and BMI of 21.49 kg/m^2 [15, 35] were included. The mean FEV$_1$pred. was 62.82% ± 20.62. Functional impairment of degrees: severe 6.1%, moderate 39.4% and 54.5% mild. Results from EQ5D (mean ± SD): EQVAS- 77.12 ± 10.62 and EQ5Dindex- 0.864 ±.20, where a higher number of patients reported the anxiety/depression domain. Patients with severe, moderate and mild functional impairment had progressively higher EQ5Dindex values (but p > 0.05). Patients with chronic bronchial infection by *Pseudomonas aeruginosa* showed lower EQ5Dindex. In CFQR14 + the domains with lower scores were treatment and physical activity, in contrast to the areas food and digestive symptoms that obtained the highest values. In the body weight and image domains, women had higher scores. FEV$_1$pred. was only significantly associated with body image domain. Finally EQVAS seems to correlate with six domains CFQR14 + and EQ5Dindex not correlate with any domain CFQR14 +

Conclusions: The assessment of QoL by EQ5D revealed that patients maintain a reasonable QoL. However, and accordingly to some references, no significative correlation was found between EQ5Dindex and FEV$_1$, showing the short-sightness of generic methods in predicting FEV$_1$. The application of a specific, more discriminative questionnaire showed that physical activity and treatment domains had the lowest scores. No statistical significance between FEV$_1$ and the majority of CFQR14+ domains was established. The correlation between the instruments was inconsistent. In the future, equivalences between specific and generic instruments should be considered, being the latter useful tools to support health policies.

Key words: Cystic fibrosis. Quality of life.