Background
The factors influencing delayed diagnosis of cancer have been a key interest for research. Delays of up to a year between onset of worrying symptoms and medical consultation have been reported in the UK. Groups such as long-term smokers, those living alone, and those with conditions such as Chronic Obstructive Pulmonary Disease (COPD) (Young et al., 2009), have been found to take longer to consult with lung cancer symptoms (Smith et al., 2005). This is significant because people with COPD have frequent interactions with health care professionals. This regular clinical contact provides an opportunity for patients to highlight new symptoms of concern, and for clinicians to be watchful for new symptomatic indicators.

Methods
We conducted a micro-interactional analysis of 39 clinical consultations between patients with COPD and primary care professionals. 16 of these involved patients and their GP (n=6 GPs), and 23 with a practice nurse (n=8 nurses). Interactions were examined using conversation analysis to explore how, at the level of the individual turns at talk, participants engaged in symptomatically relevant exchanges. We observed the sequential positioning and interactional outcomes that these types of engagements engendered.

Aims
To describe reoccurring interactional motifs which might impact on whether or not a patient brought up symptoms of concern.

Findings
We observed three main formats that patients used to present new symptomatic concerns. These were: direct; embedded and oblique. Both settings offered interactional 'slots' for patients to offer new and concerning symptomatic information. However, the structure of nurse led encounters tended to limit opportunities for patients to develop extended symptom narratives which facilitated 'oblique' formats.

Direct format: The patient volunteers new symptomatic concerns as the result of a straightforward enquiry by the practitioner, often during formalised information gathering.

Embedded format: New symptoms or concerns introduced by the patient, as a discrete step in a symptom related narrative

Oblique format:
- Enables patients to offer new concerns
- Requires interactional space for longer narrative threads
- Patients tend to talk about their concerns in an indirect way
- they may not even broach the specific nature of their worry
- Indirect reference to concerns fragmented into discrete sequences
- Enactment of clinical tasks may compound fragmentation

Conclusions
- Lack of opportunity for ‘oblique’ format limits opportunities for patients to disclose new symptomatic concerns
- Interactional contexts allowing space for extended narratives are likely to facilitate greater oblique disclosure.

How potentially serious symptom changes are talked about and managed in COPD clinical review consultations: a micro-analysis.

Dr John Chatwin (University of Manchester) Email: john.chatwin@manchester.ac.uk; Dr Anne Kennedy (University of Southampton) Dr Adam Firth (University of Manchester) Dr Andrew Povey (University of Manchester) Prof Anne Rogers (University of Southampton) Dr Caroline Sanders (University of Manchester).