Abstract P34 Table 1

	Low risk	High risk	All patients
Total	86	212	298
Pathological diagnosis achieved	2	96	98
Sarcoidosis	0	46	46
NSCLC	1	16	17
TB	1	14	15
SCLC	0	8	8
Non 1° lung cancer	0	5	5
Lymphoma	0	7	7
Other granulomatous disorder	0	2	2
False negative	0	57	57
Sarcoidosis	0	46	46
NSCLC	0	2	2
TB/NTM	0	3	3
Non 1° lung cancer	0	1	1
Lymphoma	0	4	4
Reactive lymphadenopathy	84	59	143
Negative predictive value	100%	49.1%	71.5%

P35 A SINGLE CENTRE PROSPECTIVE ANALYSIS OF THE EFFECT OF NEEDLE GAUGE ON EBUS-TBNA SENSITIVITY AND SAFETY

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Introduction EBUS-TBNA is the current gold standard technique for lymph node sampling in mediastinal lymphadenopathy. Traditionally our trust has used size 21 gauge needles for all EBUS-TBNA cases, however recently we have used 19 gauge needles in an effort to increase diagnostic yield. We present preliminary Results from a small, randomised, single centre study assessing the sensitivity and safety of 19 gauge EBUS needles versus 21 gauge EBUS needles in EBUS-TBNA.

Methods Patients attending for EBUS-TBNA were prospectively randomised to either 19 gauge or 21 gauge groups. Samples were sent for analysis and the pathologist was blinded to the needle size used. The primary outcomes measured were positive sampling of lymphoid tissue and diagnostic sampling. Complications including severe bleeding and pneumothorax were included in the analysis.

Results A total of 61 patients were enrolled in the study, with 32 assigned to the 21 gauge group and 29 assigned to the 19 gauge group. The average age was 57.5+/-6.8 years and 53.2 +/-5.4 for the 21 gauge and 19 gauge groups respectively ($p \geq 0.05$). In the 21 gauge needle group lymphoid tissue was obtained in 27 of the 32 cases (84.38%), whereas the 19 gauge needle group lymphoid tissue was obtained in 25 of 29 cases (86.2%) ($p \geq 0.05$). Diagnostic sampling was obtained in 20 of the 32 (62.5%) cases in the 21 gauge needle group versus 19 of the 29 cases in the 19 gauge group (65.5%) ($p \geq 0.05$). None of our patients in either cohort suffered severe bleeding or pneumothorax.

Conclusions/Limitations Currently our study has shown no significant difference in either sensitivity or safety between 19 and 21 gauge EBUS-TBNA. However we recognise that as yet our study is under powered and continued enrolment of patients is required to obtain valid Conclusions Given that size 21 gauge needles confer a significant cost saving (£7800 per annum) our trust are likely to continue using these needles if our preliminary Results are confirmed.

P36 EBUS-TBNA DIAGNOSTIC YIELD CAN BE MAINTAINED WHEN PERFORMED BY A TRAINER SUPERVISING A SECOND OPERATOR TRAINEE

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Introduction Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) facilitates diagnosis of hilar and mediastinal lymphadenopathy. The procedure usually requires two operators; one guiding the bronchoscope and other undertaking needling for biopsy. British Thoracic Society Quality Standards recommend a diagnostic yield of 88%. Increased training and experience has been shown to improve diagnostic yield over time.¹ Services face a potential conflict between delivering a high quality service, as evidenced by high diagnostic yield, and training specialty registrars. Our EBUS-TBNA trainers have trained 35 trainees since 2011. We evaluated EBUS diagnostic yield at a tertiary centre with procedures carried out by trainer and trainee operators.

Methods Retrospective analysis of two operator EBUS-TBNA procedures from March 2011 to December 2016 was carried out. Data was collected on gender, age, procedure date and clinicians

Abstract P36 Figure 1 Diagnostic yield of EBUS-TBNA for trainers vs trainees from 2011–2016.