in all patients. Final staging is summarised in *table 1*. 4 patients (9.1%) with stage II disease did not require further neuroimaging. One patient (2.3%) was found to have brain metastases, which were confirmed on MRI. 9 of the patients with stage III disease on PET-CT went on to have negative MRI brain imaging as per national guidelines.

Conclusion Contrast PET-CT is feasible and can provide diagnostic quality CT images of brain and mediastinum. This removes the need for a separate contrast CT brain in patients with stage II disease and enables contrast CT mediastinal images to be obtained following a low dose non contrast initial CT, eg lung cancer screening. Further work is required to assess the additional benefit/cost effectiveness of MRI brain where contrast CT-PET demonstrates stage III disease.

P167 EVALUATION OF EBUS SERVICE-DELIVERY ACROSS THE UK: A NATIONWIDE SURVEY

¹S Hassan, ¹K Ur Rehman, ²R Baghai-Ravary. ¹Guys and St Thomas NHS Foundation Trust, London, UK; ²East Kent Hospitals University NHS Foundation Trust, Ashford, UK

10.1136/thorax-2021-BTSabstracts.276

Introduction and Objectives There has been a significant increase in EBUS services across the UK since the recognition of transbronchial needle aspiration (TBNA) guided by endobronchial ultrasound (EBUS) as a key diagnostic step in the diagnosis and staging of suspected lung cancer.¹

However, there has been no national study to look at how EBUS services are delivered in the UK. The purpose of this study was to assess any variations in the operational setup and practice of EBUS services across the UK.

Methods We conducted an online survey of EBUS practices in the UK between January and March 2020. A response from the EBUS operators was sought from every U.K. Hospital Trust, looking at potential variables in the delivery of EBUS services. One response per site was accepted.

Abstract P167 Table 1 Results

	Number (percentage) of responses		
Type of EBUS session	Dedicated 31 (26.3)	Combined with bronchoscopy 79 (66.9)	Other 8 (6.8)
Number of operators	Single 27 (22.8)	Two 83 (70.3)	Variable 8 (6.8)
Second operator, when present	Consultant 40 (44)	Trainee or Fellow 48 (52.7)	Practitioner 3 (3.3)
Number of weekly EBUS sessions	Less than two 46 (39)	Two to Four 61 (51.7)	Other 11 (9.3)
Number of patient slots per list	Less than two 8 (6.8)	Two to Four 100 (84.7)	More than four 10 (8.5)
Allocated time per case	<45 minutes 5 (4.2)	45–60 minutes 110 (93.2)	>60 minutes 3 (2.5)
Cyto-pathologist present	Yes 12 (10.2)	No 106 (89.8)	
Suspension medium	Normal saline 26 (25.0)	Formalin 37 (35.6)	Formalin and saline 32 (30.8) Others 9 (8.7)
Slides prepared	Yes 18 (15.3)	No 100 (84.7)	

Results 218 responses by senior clinicians were received from 118 centres delivering EBUS service in England, Wales, Scotland, and Northern Ireland. Results are summarised in table 1.

Discussion More than two thirds of the centres deliver EBUS in sessions combined with bronchoscopy, whilst 61% of centres offered at least two weekly sessions; There may be cost-effectiveness in pooling EBUS into dedicated sessions.

In more than 70% of cases, two operators were utilised whilst a single operator performed EBUS in only 23% of centres; More than 50% of the hospitals used a trainee or fellow to assist in the procedure, demonstrating a range of operational practices.

Almost 90% of trusts had no pathologists to guide real-time sampling. The predominant medium used for suspension of cytopathological samples was formalin (35.6%), reducing degradation of cytopathological samples compared to normal saline.

Conclusion This survey demonstrates notable differences in EBUS practice across the UK, which could result in variation in cost-effectiveness, quality, and safety; A national consultation group may allow dissemination of best-practice.

REFERENCE

1. National Institute for Health and Care Excellence. Endobronchial ultrasound-guided transbronchial needle aspiration for mediastinal masses. Interventional procedures guidance, 27 February 2008.

P168 ENDOBRONCHIAL ULTRASOUND-GUIDED TRANSBRONCHIAL NEEDLE ASPIRATION FOR ASYMPTOMATIC OR INCIDENTAL BILATERAL HILAR OR MEDIASTINAL ADENOPATHY: AN UNNECESSARY TEST?

A Begbey, J Karimjee, N Piletska, A Nasir, T Loke. Maidstone and Tunbridge Wells NHS Trust, Tunbridge Wells, UK

10.1136/thorax-2021-BTSabstracts.277

Introduction and Objectives There is a lack of consensus regarding the need for biopsy in patients presenting with asymptomatic bilateral hilar or mediastinal adenopathy (BHMA). The American Thoracic Society suggests close follow up a 'reasonable alternative' to biopsy. The British Thoracic Society suggests multidisciplinary input in atypical clinical or radiological cases.

Our hypothesis was that in our population endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) provides little diagnostic value over Computerised Tomography (CT) of the Thorax in the investigation of asymptomatic or incidental BHMA.

Method We conducted a retrospective analysis at our NHS Trust, assessing whether EBUS-TBNA revealed occult malignancy or unexpected pathology in patients presenting with asymptomatic or incidental BHMA on CT.

Inclusion criteria included a radiological diagnosis of likely sarcoid with bilateral hilar lymphadenopathy and/or non-specific adenopathy with no other lung parenchymal abnormality. Exclusion criteria included cases of known malignancy or radiological features of malignancy as reported by a radiologist.

Results Between September 2016 to August 2019, a total of 366 EBUS-TBNA procedures were performed, of which 80 cases met the inclusion criteria. Adequate TBNA samples were obtained in 72/80 (90%). 57 cases had features consistent