with sarcoidosis and 13 samples showed benign or reactive features. 1 sample was suspicious for lymphoma on TBNA (this was later excluded by further investigations). 1 patient had EBUS-TBNA showing non-caseating granulomas but was subsequently re-evaluated for thrombocytopaenia and hyperferritinaemia. A lymphoma was later confirmed by extrathoracic lymph node biopsy.

Of the 8 cases where initial EBUS-TBNA samples were inadequate, 5 were deemed benign following multidisciplinary team assessment, subsequent biopsy or surveillance. 3/8 cases underwent a further EBUS-TBNA showing features consistent with sarcoidosis.

Conclusion In our population, EBUS-TBNA in asymptomatic individuals with BHMA rarely results in a diagnosis of malignancy or significant pathology. Careful evaluation combined with CT surveillance may be a suitable alternative to early EBUS/TBNA in this cohort of patients.

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AN UPDATE ON THE STRATIFY (STAGING BY THORACOSCOPY IN POTENTIALLY RADICALLY TREATABLE NON-SMALL CELL LUNG CANCER ASSOCIATED WITH MINIMAL PLEURAL EFFUSION) STUDY

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Introduction Pleural effusion is common in lung cancer. Metastatic disease may be confirmed on imaging or fluid sampling. A minority of patients however with otherwise radically treatable disease have a small effusion not amenable to aspiration, or from which fluid cytology is negative; termed minimal pleural effusion (mini-PE). Previous retrospective studies associate significantly shorter survival in mini-PE than stage-matched cases without mini-PE and hypothesise this reflects occult pleural metastases (OPM) in up to 80% of patients. STRATIFY (Staging by Thoracoscopy in Potentially Radically Treatable Non-Small Cell Lung Cancer (NSCLC) Associated with Minimal Pleural Effusion) is a multicentre, prospective observational study, which will determine the true prevalence of OPM in this setting. An update on the study is provided here.

Methods STRATIFY was funded by Chief Scientist Office and opened to recruitment in Jan-20. Target n=96 across 8 UK centres in 18 months. Key eligibility criteria include Mini-PE (defined by an ipsilateral effusion <1/3 hemithorax

on chest radiograph), radically treatable NSCLC and LAT feasibility (defined by sufficient fluid $\pm$ lung sliding on screening ultrasound). Primary endpoint: Prevalence of OPM, defined as NSCLC cells in parietal pleural biopsies. Key secondary endpoints include LAT safety, the impact of LAT results on NSCLC treatment plans and non-invasive MRI-derived measures of cardiac function and altered body composition (as alternative explanations for mini-PE). Study progress, including the impact of COVID19 was reviewed and summarised.

Results STRATIFY was rapidly halted due to COVID19 after 1 patient was recruited. The study was allowed to reopen in July-20 but given a dramatic reduction in lung cancer referrals across the UK and delayed site set up processes, the study team took the decision to close recruitment from Oct-20 to Apr-21. This was supported by the funder who provided a costed 6-month extension. By June-21, 4/8 sites have opened. 4/6 six screened patients have been recruited, 2/4 have entered the MRI sub-study.

Conclusions STRATIFY will determine the true prevalence of OPM in patients with radically treatable NSCLC and mini-PE. The study outcomes will be important in defining an extended role for LAT as a pleural staging tool.

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PLEURAL RECURRENCE AFTER TRANSTHORACIC NEEDLE LUNG BIOPSY IN STAGE I LUNG CANCER

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Introduction Hong *et al* determined, from 2394 patients with stage 1 lung cancer, that needle or intra-operative transthoracic biopsy had a higher risk for pleural recurrence.¹ There was local concern that a straight to surgery approach advocated might not be sustainable and/or warranted, that the data might only apply to Asian countries, and that there were missing values for microscopic invasion.

Methods An analysis of all Stage 1 lung cancers enrolled onto the Somerset cancer register was performed (Caldicott ref 3756). Exclusion criteria were mesothelioma, non-lung cancers and non-diagnostic biopsies. Data collected were demographics, diagnostic procedures, operation, pathology, CT findings, time to recurrence, recurrence type, survival and time to death.

Results 493 patients with stage 1 cancer were identified (Jan 2013-Dec 2020). Data was insufficient in 34.169 patients had a positive CT guided or pre-operative biopsy: mean age 73 years (range 48–97) and 105 (60%) females. Diagnoses were predominantly 99 (57%) adenocarcinomas and 49 (28%) squamous cell cancers. Any recurrence occurred in 42 (24% vs 19% with Hong *et al*¹) patients and concomitant ipsilateral pleural recurrence in 10 (6%-similar). Of those 10, 8 underwent CT guided biopsies, and 2 pre-operative biopsies, 8 were male, 2 female and 50% (5) were adenocarcinomas. 8 were solid tumours, and 6 had pleural contract. Lympho-vascular-pleural invasion was present in 6 of those 10 patients. Mean time to recurrence was 8.8 months (4–18) and mean time from recurrence to death 8.1 months (1–26). 210 patients had no biopsies, mean age was 77 years (49–99). Any recurrence occurred in 32 (15%); pleural recurrence in 2(1%), mean time 19 months. 2 patients in this