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**Title:** EBUS-TBNA in a tertiary care center: Real life experience and quality assessment

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**Body:** INTRODUCTION Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) has become the standard minimally invasive modality for sampling mediastinal lymph nodes. In this study, we evaluate our performance with the technique and propose a methodology that can be used in other center. METHOD We included all EBUS-TBNA procedures performed in 2011 in our service. We proceeded to a thorough analysis of each case from a pragmatic perspective to evaluate the regional node sampling yield and our ability to conclude the investigation by achieving diagnosis and staging, avoiding unnecessary surgery and allowing direction for management. RESULTS EBUS-TBNA was performed in 53 consecutive patients. The indication was suspicion of malignant disease in 46 patients (87%) and benign in 7 patients (13%). In total, 117 nodes were sampled. The overall sensitivity ranged from 76 to 91% and the negative predictive value ranged from 78 to 92%. The median size of nodes was 15 mm. If malignant cells were discovered, histological precision was obtained in 68%. EBUS-TBNA was clinically sufficient in 43 of the 53 patients (diagnostic yield = 81%) and prevented 18 out of 27 patients (67%) from undergoing surgery. No major complications were reported. CONCLUSION The attained sensitivity and negative predicitive value are similar to what has been published. Thorough analysis of patient cases is key in improving performance with this technique, and we encourage all centers to analyze their practice periodically in order to maintain quality standards. Finally, in our establishment, EBUS-TBNA offers clinicians an additional step to simplify healthcare and probably reduce the economic burden of such investigations.