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Title: A repeat audit of computed tomography scanning prior to fibreoptic bronchoscopy in the diagnosis of lung cancer

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Body: Introduction and Aims: United Kingdom (UK) guidance recommends computed tomography (CT) imaging prior to fibreoptic bronchoscopy in the diagnosis of lung cancer. Previous audits showed that we did not meet this standard in all cases. We conducted a further audit to see whether the rate of CT scanning prior to bronchoscopy had increased. Methods: Cases of non-small cell (NSC) and small cell (SC) lung cancer referred to a district general hospital multidisciplinary lung meeting were analyzed retrospectively over a six-month period in 2012. Whether patients had a CT scan prior to bronchoscopy was recorded, as was whether the procedure resulted in a lung cancer diagnosis. Scans were reviewed to assess whether a lesion was likely to be visible at bronchoscopy. Results: 84 cases were reviewed; 58 (69%) patients had a diagnosis of NSC or SC lung cancer. 31% of NSC and SC patients underwent bronchoscopy compared to 32% in 2010 and 60% in 2008. CT scanning was performed prior to bronchoscopy in 100% of patients, compared to 86% in 2010 and 68% in 2008. There were fewer non-diagnostic procedures (22%) compared to 2010 (46%) and 2008 (26%). The positive predictive value of CT for diagnosing cancer at bronchoscopy was 86%, similar to previous audit periods. Conclusions: In a repeat audit of lung cancer patients who underwent fibreoptic bronchoscopy in a UK district general hospital CT scans were completed pre-procedure in all cases. Fewer bronchoscopies were performed in later audit periods and there were fewer non-diagnostic procedures in the 2012 audit period suggesting that universal CT scanning prior to bronchoscopy may have led to better patient selection for bronchoscopy.