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Title: The value of obtaining brushing samples in addition to biopsy and washings in the diagnosis of lung cancer

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Body: Background: The British Thoracic Society recommends 'obtaining a combination of biopsy, brushings and washings in cases of endoscopically visible tumour'¹. Aim: We performed this study to evaluate the value of obtaining endobronchial brushings in addition to biopsy and washings during fiberoptic bronchoscopy in the diagnosis of broncho-centric lung cancer, in cases of visible and invisible endobronchial abnormality. Methods: We retrospectively collected data on 100 consecutive cases of proven lung cancer, where all 3 sampling techniques including biopsy, brushings and washings were used during bronchoscopy. Results: The tumour was visible endobronchially in 85% of cases, 5% of cases had external compression and 5% had abnormal mucosa. In the remaining 5%, there was no endobronchial lesion and no mucosal abnormality. In 3 cases, biopsy and washings were both normal, a diagnosis was made solely on brushings; of these, there was no endobronchial lesion or visible mucosal abnormality in 1 case and only mucosal abnormality seen in the remaining 2. In 5 cases, the biopsy was negative, 'suspicious cells' were found on washings and the diagnosis was only confirmed on brushings. In a further 5 cases, 'suspicious cells' were seen on biopsy, the wash was negative and the diagnosis confirmed on brushing. Conclusion: Our data suggest that there is a diagnostic value in performing brushings in all cases of suspected 'broncho-centric' lung cancer whether or not there is a visible endobronchial abnormality. References: British Thoracic Society Guidelines on Diagnostic Flexible Bronchoscopy Thorax 2001. 56: (Suppl I); i1-i 21.