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**Title:** A way to optimize efficiency of endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA): Evaluation of the aspiration on site by a non-pathologist – Results on a monocentric study about 98 procedures

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**Body:** Background: EBUS-TBNA is now an usual technique in the diagnosis of mediastinal adenopathy. To have the best degree of performance in the diagnosis, the number of needle-aspirations must be not less than three. The length of this technique and the number of sites to evaluate are some difficulties of EBUS-TBNA, particularly with loco-regional anesthesia. To improve the diagnosis and reduce the number of procedures, some authors describe the use of a pathologist on site. Objectives: Optimize the efficiency of EBUS-TBNA by a non-pathologist. Method: We realize a study about patients who get an EBUS-TBNA in 2011. On each of them, our nurses were asked to evaluate the efficiency of the EBUS aspiration through the macroscopic aspect of the sample. The nurses' responses (RON) were: needle-aspiration negative or needle-aspiration positive. Nurses' on site evaluations were compared with the final diagnosis obtained by the cytologist (ROC). Our nurses have an experience of EBUS-TBNA since 3 years in routine. Results: 98 patients (72 men and 26 women) were included in this study. We realize 536 needle aspirations. The most often punctured areas were 7 (66/156, 42%) and 4R (34/156, 21,8%). Lung cancer was diagnosed in 52 of the 98 patients (53%) with most often adenocarcinoma (32/52). We found 85,8 % of correlation between RON and ROC. Conclusion: On site evaluation by a non pathologist may optimize efficiency of EBUS-TBNA and is cost-effectiveness.