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**Title:** In an era where VATS and medical thoracoscopy is readily accessible – Does diagnostic thoracocentesis still have a role in diagnosing malignant pleural effusions?

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**Body:** Introduction The diagnostic sensitivity of medical thoracoscopy is reported as 92.6% and is approximately 95% for video-assisted thoracoscopic surgery (VATS). Complication rates are acceptably low (2.3 % for medical thoracoscopy and <1% for VATS). We wished to ascertain the sensitivity of diagnostic thoracocentesis, compared to VATS for malignant pleural effusions. Method We retrospectively looked at all pleural fluid samples taken from a diagnostic thoracocentesis and specimens sent from a VATS procedure over a 12 month period in patients who had a confirmed diagnosis of malignancy. The presence of malignant cells, pathological diagnosis and the primary site of malignancy was recorded. Results Over a 12 month period 34 patients underwent VATs and an additional 88 patients had a diagnostic thoracocentesis performed for a malignant pleural effusion. 88.2% (N=30) had a pathological diagnosis made in samples taken during VATs and 73.6% (n=64) had a diagnosis of pleural malignancy confirmed on cytology taken from a diagnostic aspirate. Conclusion With the increased availability of medical thoracoscopy and VATS it is tempting to incorporate these into the first step of a diagnostic algorithm for suspected malignant effusions. However the high diagnostic yield revealed by our retrospective analysis of pleural fluid cytology illustrates that diagnostic thoracocentesis and pleural fluid cytology remains a valid initial step in the diagnostic pathway. It is more cost effective, less time consuming and less invasive for the patient.