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**Title:** Bleeding complications after pleural procedures in patients on antiplatelet therapy: A French survey

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**Body:** Introduction. When pleural procedures (PP) are required in patients receiving antiplatelet therapy (APT), the increased risk of bleeding complications associated with APT must be balanced against the risk of thrombosis after APT withdrawal. However the risk of bleeding after pleural procedures in patients on APT is unknown. Therefore, practices are considerably heterogeneous. Objectives. To investigate the opinion of French Pulmonologists regarding the bleeding risk related to APT after PP. Methods. A questionnaire was emailed to 2011 French Pulmonologists. Results. 184 questionnaires have been collected (response rate 9,1%; completion rate 95%). Pulmonologists proceeded to an average of 8 PP per month and 175 (95%) were performing PP in patients receiving APT. They were more hesitant in performing PP in patients on clopidogrel than in patients on aspirin (thoracocentesis: 24% versus 3%, blind pleural biopsy: 93% versus 50%, chest tube insertion: 58% versus 13%,  $p < 0,001$ ). The risk of bleeding was considered minor for thoracocentesis (97% of opinions) and chest tube insertion (64% of opinions) and major for blind pleural biopsy (74% of opinions). Conclusions. We report the first data about the bleeding risk of PP in patients on APT through a French opinion survey. Practicing physicians consider that receiving clopidogrel represents a higher risk than receiving aspirin in the perspective of pleural procedures. This should be verified by observational studies.