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Title: Overview of safety and efficacy of CT guided biopsy for the diagnosis of lung cancer in a district general hospital (DGH)

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Body: Background: Obtaining conclusive histology to diagnose lung cancer is an important part of the management of potential lung cancer patients. The 2 main methods used to get tissue diagnosis are bronchoscopy with biopsy and CT guided biopsy. Due to recent advancement in the techniques CT guided biopsy is becoming increasingly important in obtaining histology samples. The main complications of the procedure are bleeding and pneumothorax. We describe our experience of numbers and complications of CT guided biopsy over 4 years in a DGH in Northwest England. Results: We collected samples over 4 years (2008-2011) of CT guided biopsy booked in our hospital. 314 procedures were planned in 313 patients. 292 procedures were carried out. The main reason for not carrying out the procedure was shrinkage of the mass seen on the day of the procedure. Post procedure pneumothorax was observed in 82 (28.1%), out of which 6/82 (7%) lead >10% lung collapse (visual estimate). 102 (34.9%) procedures resulted in parenchymal haemorrhage, out of which 8/102 (7.8%) were visually classed as substantial. None of the patients required insertion of chest drain or transfusion, although 6 patients were kept in the hospital for observation (maximum stay 4 days). Conclusion: We have shown that CT guided biopsy is a safe procedure and can be carried out without major complications in a DGH. In our sample the complication rate (usually described as 2% patients requiring chest drain insertion) was very low. We are at present in the process of re-writing hospital guidelines regarding post procedure observation and patient guidelines.