00332 A web based multicenter and prospective EBUS-TBNA registry : a european experience

Top Author: **Julien Legodec**

Pulmonology Unit, Sainte Anne Military Hospital

France

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Backgroud : In France, there is no prospective registry to document national activity and outcomes of EBUS-TBNA procedures as well as for new diagnostic and therapeutic advanced bronchoscopic procedure. EBUS-TBNA becomes a standard for diagnostic or re-diagnostic strategy in oncology. In this paper we assessed the feasibility of a web based prospective multi-institutional outcomes database of EBUS-TBNA procedures.

Methodes : We built a web site, called EBUS-DB.com. You need a login and a password to report prospectively all of your EBUS-TBNA procedures, thanks to 3 different stages. Stage 1 : you should complete general information of your procedure and specific information of each lymph node puncture. Stage 2 : as soon as reception of cytology results, you should complete diagnostic and rentability of your procedure for staging and/or for molecular tumor profile determination. Stage 3 : you still have all the time a free access to your personal outcomes database. This web based EBUS-TBNA registry was tested in 3 no academicals institutions in France and Spain, since January the 1st in 2012.

Results : A total of 427 procedures were reported over the 22-month period in three institutions (291 from St Joseph Hospital of Marseille, 26 from Ste Musse Hospital of Toulon and 110 from Fundacion Jimenez Diaz in Madrid). That corresponds to 802 lymph node punctures, majority under general sedation (62% vs 38%), witch 30% in the 7 station, 38% in the 4 right (R) and left (L) stations, 12% in the 10 (R-L) station, 15% in the 11 and 12 (R-L) station, and 4% in the 2 (R-L) station. EBUS-TBNA confirms diagnostic in 90%, with specificity and sensibility respectively at 100% and 64% for extra-thoracic diagnosis, and a specificity and sensibility respectively at 100% and 82% for stanging. EBUS-TBNA could determinate molecular statut in 82% of malignancy diagnostic. We report a 2% of complication rate.

Conclusion : This web based prospective data analysis of EBUS-TBNA procedures is completely innovating in France. Unisness is very simple and short for endoscopists. We confirm that EBUS-TBNA still be recommended for diagnostic oncology strategies. We believe that kind of multi-institutional registry, which minimise the percentage of missing data fields, can potentially be utilised for database collection, bench marking and quality improvement initiatives and for training purposes in the French fellowship programs. We plan to extend this database to other French or European EBUS-TBNA centres, and maybe extend to other advanced bronchoscopic procedures.