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Title: Does ROSE really impacts in EBUS-TBNA results?

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Body: Background: It is well established that rapid on site evaluation (ROSE) has the potential to increase ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) accuracy. From May 2009 until January 2012, our group performed 227 exams of EBUS-TBNA. ROSE was used till the first semester 2012 and later we continued without the collaboration of the cytopathologist. Objective: To assess adequacy of the aspirated cellular material of EBUS-TBNA performed with or without ROSE in the diagnosis of hilar/mediastinal lesions and lung cancer staging. Methods: During a one-year period (2012), seventy consecutive patients who underwent EBUS-TBNA were included. EBUS-TBNA adequate sampling was compared in two distinct time periods, with and without ROSE, respectively. Results: In the 70 patients included (36 with ROSE and 34 without ROSE) no significant differences were found between groups concerning sex, age, exam indication (diagnosis or staging) and punctures location. The percentage of adequate sampling in the group with ROSE and without ROSE was 86.1% and 82.4%, respectively. This difference was not statistically significant (p=0.66). The mean number of transbronchial aspirates/per exam was statistical superior for EBUS-TBNA without ROSE (4.4 ±2.0) than with ROSE (3.2±1.5, p=0.002). There were no complications in both groups. Conclusions: The adequacy of the aspirated cellular material of EBUS-TBNA was similar with or without the use of ROSE. EBUS-TBNA accuracy for the diagnosis of hilar/mediastinal lesions and lung cancer staging was not influenced by the availability of ROSE.