BTS EBUS Pilot Audit 2024
Part 1 Dataset - one response per patient

Enter data online at:
https://audits.brit-thoracic.org.uk/
Email queries to: audittools@brit-thoracic.org.uk

SCREENING:
- ✓ Consecutive patients under linear EBUS-TBNA procedure
- ✓ Between 01/03/2024 - 30/06/2024 inclusive
- ✓ For **ANY** indication.

1	**Demographics**
1.1	**Sex:** □ Male □ Female □ Prefer not to say
1.2	**Age:** _____
2	**EBUS Procedure Data – ALL PROCEDURES**
2.1	**Indication for EBUS (Mandatory question):** □ Staging EBUS in suspected / confirmed lung cancer *Definition: the aim of the procedure is to accurately map the presence / absence of thoracic nodal metastases in patients with suspected/confirmed lung cancer and no distant metastases* **(Answer questions in section 3)** □ Diagnostic EBUS - suspected Lung cancer (e.g. advanced stage lung cancer, central primary tumour) *Definition: the aim of the procedure is solely to achieve a pathological diagnosis* **(Answer questions in section 4)** □ Diagnostic EBUS – Isolated mediastinal / hilar lymphadenopathy (IMHL) *Definition: Where the differential diagnosis includes sarcoidosis, lymphoma, TB, carcinoma, reactive lymphadenopathy and there is NO intra-thoracic or extra-thoracic primary tumour* **(Answer questions in section 4)** □ Diagnostic EBUS – Suspected metastases from an extra-thoracic cancer *Definition: known extra-thoracic malignancy with suspicion of thoracic nodal metastases* **(Answer questions in section 4)** □ Diagnostic EBUS – Other (free text:…….) **(Answer questions in section 4)**
2.2	**Sedation Practice:** □ Physician-led □ Anaesthetist-led □ Unknown
2.3	**Sedation Type:** □ No sedation □ Conscious Sedation □ Deep Sedation □ General Anaesthesia □ Unknown
2.4	**Was the procedure terminated early due to complications or poor tolerance (defined as the procedure being terminated before all required sampling was completed)?** □ Yes □ No □ Unknown

2.5	**Was ROSE (Rapid On-Site Evaluation – pathological assessment in the EBUS room) used in the procedure?** □ Yes □ No □ Unknown
3	**Staging EBUS Audit Questions:** **Only complete for patients with the indication of 'Staging EBUS in suspected / confirmed lung cancer'**
3.1	**Date of Referral:** DD/MM/YYYY
3.2	**Date of Procedure:** DD/MM/YYYY
3.3	**Has a PET scan been completed prior to the EBUS procedure?** □ Yes □ No □ Unknown
3.4	**American College of Chest Physicians (ACCP) Radiographic Group:** *Group A = conglomerate, bulky, invasive lymphadenopathy* *Group B = discrete mediastinal lymphadenopathy* *Group C = central tumour or N1 lymphadenopathy with normal mediastinum* *Group D = peripheral tumour with normal hilar and mediastinum* □ A □ B □ C □ D
3.5	**Please provide the staging technique used during the EBUS** *(please use the EBUS report to assess the type of staging technique used during the procedure)* □ Systematic staging procedure examining all accessible N3, N2 and N1 lymph node stations & sampling of any lymph node >5mm (ESTS/ERS recommendations) □ Systematic staging procedure examining all accessible N3, N2 and N1 lymph node stations & sampling of any lymph node abnormal on CT, PET, USS (NICE recommendations) □ Targeted staging where only lymph nodes abnormal on CT/PET examined & sampled □ EBUS report does not provide this information
3.6	**Does the EBUS report contain a description of the sonographic characteristics of lymph nodes?** *(size, shape, margin, echogenicity, central hilar structure, coagulation necrosis sign)* □ Yes □ No
3.7	**Total number of lymph node stations sampled:** ____ (*This will be an integer)*
3.8	**TBNA Needle Gauge:** □ 19 □ 21 □ 22 □ Other □ Unknown

3.9	**Total number of lymph nodes classified as 'inadequate' at pathological assessment.** ____ *(This will be an integer)*
3.10	**Nodal staging based on EBUS pathology:** □ N0 □ N1 □ N2 (single station) □ N2 (multi-station) □ N3
3.11	**Final Nodal Stage** *The final nodal staging should be based on all pathological sampling and radiological evidence available (EBUS, mediastinoscopy, intra-operative lymph node sampling, repeat procedures and a minimum of 3 months of clinical-radiological FU).* □ N0 □ N1 □ N2 (single station) □ N2 (multi-station) □ N3 □ Unknown
3.12	**Verification method (tick all that apply)** *Please provide the verification methods used to define the final nodal stage* □ Repeat EBUS □ Mediastinoscopy □ Intra-operative nodal staging □ Minimum 3 months clinical-radiological FU □ Other (free text……..) □ Verification not possible
3.13	**Final EBUS performance outcome** □ True negative *(N0 EBUS nodal staging, verified as N0 in final nodal staging)* □ False negative *(N0 EBUS nodal staging, nodal metastases N1-3 in final nodal staging)* □ True positive *(N1-3 EBUS nodal staging, verified as N1-3 in final nodal staging)* □ Unknown
3.14	**In Non-Small Cell Lung Cancer (NSCLC), was the tissue provided by EBUS adequate to complete all required biomarker testing that were indicated?** □ Adequate Tissue □ Inadequate Tissue □ Not Applicable
3.15	**Was an additional procedure needed due to non-diagnostic EBUS or insufficient tissue?*** *An additional procedure can be a non-EBUS procedure.* □ Yes □ No □ Unknown
4	**Diagnostic EBUS Audit questions** **Only complete for patients with the indication of 'Diagnostic EBUS' (any indication: suspected lung cancer, IMHL, suspected metastases from an extra-thoracic cancer)**

4.1	**Date of Referral:** DD/MM/YYYY
4.2	**Date of Procedure:** DD/MM/YYYY
4.3	**Diagnosis based on EBUS pathology results:** □ Non-Small Cell Lung Cancer – Adenocarcinoma □ Non-Small Cell Lung Cancer – Squamous Cell Carcinoma □ Non-Small Cell Lung Cancer – Not Otherwise Specified (NOS) □ Non-Small Cell Lung Cancer – Other □ Small Cell Lung Cancer □ Bronchopulmonary carcinoid tumour □ Sarcoidosis □ Lymphoma □ Tuberculosis □ Reactive lymphadenopathy / anthracosis / benign lymphoid tissue □ Metastases from an extra-thoracic Malignancy □ Other (free text ……..) □ Inadequate / non-diagnostic specimen(s)
4.4	**Final Diagnosis:** *The final diagnosis should be based on all pathological specimens from EBUS and any other diagnostic procedures as well as clinical-radiological information.* □ Non-Small Cell Lung Cancer – Adenocarcinoma □ Non-Small Cell Lung Cancer – Squamous Cell Carcinoma □ Non-Small Cell Lung Cancer – Not Otherwise Specified (NOS) □ Non-Small Cell Lung Cancer – Other □ Small Cell Lung Cancer □ Bronchopulmonary carcinoid tumour □ Sarcoidosis □ Lymphoma □ Tuberculosis □ Metastases from an extra-thoracic Malignancy □ Other (free text……) □ Benign □ Unknown
4.5	**In Non-Small Cell Lung Cancer (NSCLC), was the tissue provided by EBUS adequate to complete all required biomarker testing that were indicated?** □ Adequate Tissue □ Inadequate Tissue □ Not Applicable
4.6	**Was a repeat procedure needed due to non-diagnostic EBUS or insufficient tissue?** □ Yes □ No □ Unknown