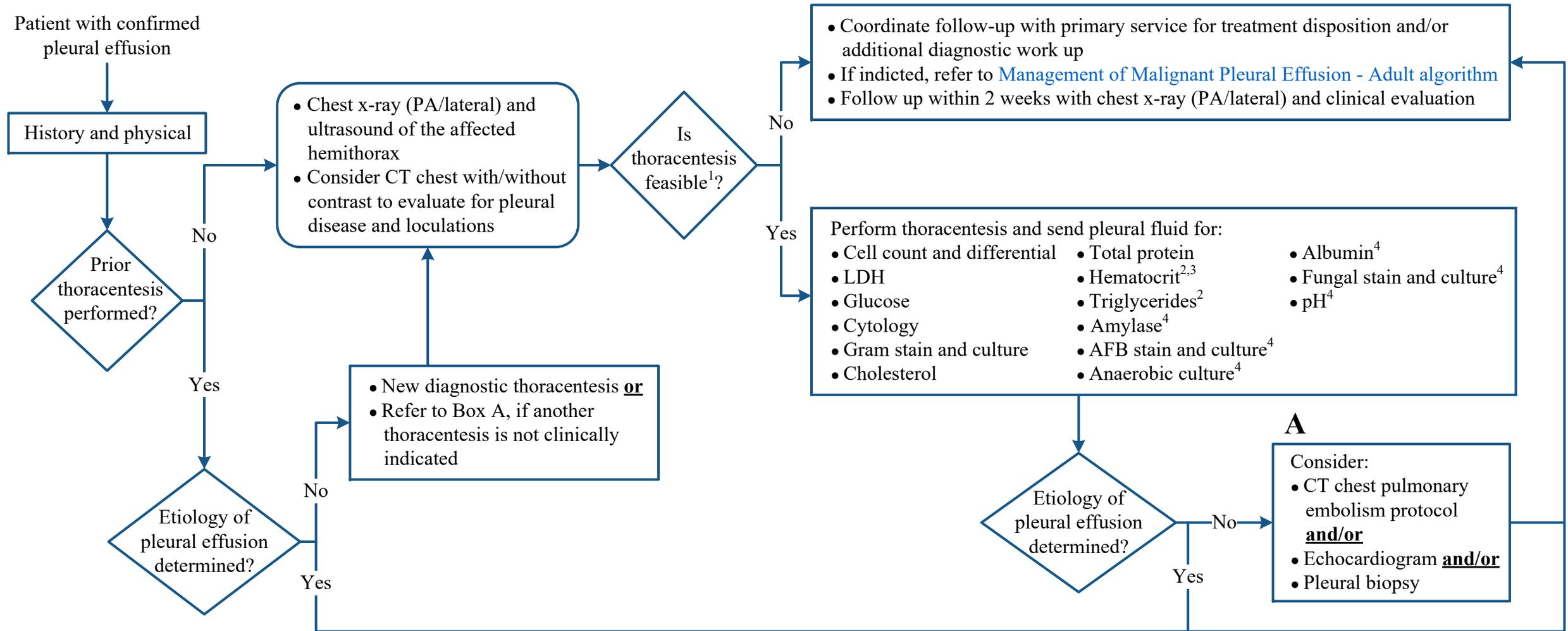


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

INITIAL EVALUATION



¹ Safety of procedure is deferred to the clinician and is based on hematologic parameters, medications (anticoagulants, antiplatelets), hemodynamic stability and clinical scenario

² If pleural effusion is blood-tinged or serosanguinous³, add hematocrit (if available) and triglycerides. If pleural fluid is milky or there is clinical suspicion of chylothorax, add triglycerides.

³ Hemothorax is diagnosed if ratio of pleural fluid red blood cells (per micro liter) to peripheral red blood cell count (per micro liter) $\geq 50\%$

⁴ If clinically indicated

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.*

SUGGESTED READINGS

- Arnold, D. T., De Fonseca, D., Perry, S., Morley, A., Harvey, J. E., Medford, A., . . . Maskell, N. A. (2018). Investigating unilateral pleural effusions: The role of cytology. *European Respiratory Journal*, 52(5), 1801254. <https://doi.org/10.1183/13993003.01254-2018>
- Light, R. W. (2013). *Pleural diseases*, (6th ed). Philadelphia, PA: Lippincott Williams & Wilkins, a Wolters Kluwer business.
- Light, R. W., & Lee, Y. G. (Eds.). (2016). *Textbook of pleural diseases*, (3rd ed). Boca Raton, FL: CRC Press.

Disclaimer: *This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.*

DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Pleural Effusion Work Group experts at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Core Development Team Leads

Carlos Jimenez, MD (Pulmonary Medicine)

Workgroup Members

Carissa Boney, BSN, RN, ANP (Pulmonary Medicine)

Saadia Faiz, MD (Pulmonary Medicine)

Clara Fowler, MLS (Research Medical Library)

Wendy Garcia, BS♦

Bruno Granwehr, MD (Infectious Diseases)

Horiana Grosu, MD (Pulmonary Medicine)

Ariel Szvalb, MD (Infectious Diseases)

Alda Tam, MD (Interventional Radiology)

Garrett Walsh, MD (Thoracic & Cardiovascular Surgery)

Mary Lou Warren, DNP, APRN, CNS-CC♦

Steven Yevich, MD (Interventional Radiology)

♦Clinical Effectiveness Development Team