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| --- | --- |
| **Strengths**- evaluation of a real life population- conducted in an almost fully computerized hospital- built this new study on the experience of the previous one- we have updated both indicators and benchmark according to the new evidences in literature | **Weaknesses**- retrospective review- single-center study - limited sample size- some robust indicators of the quality of care, such as perioperative mortality, postoperative length of stay, or the proportion of surgical patients with stage II–III NSCLC who were administered adjuvant chemotherapy, are lacking;- absence of patient’s perceived quality of care and of pre-hospital evaluation |
| **Opportunities**- provide evidence for the introduction of highly qualified diagnostic instruments for the chest physician (i.e. EBUS)- provide evidence for the need of the presence of the pathologists during the bronchoscopy procedure for extemporary diagnosis or for a training ad hoc for the chest physician for a first evaluation of the adequacy of the biopsy sample- provide evidence for the need of an increase in the thoracic surgery session in order to reduce delays in management and treatment- future multicentre studies | **Threats**- transferability of the results- transferability of the methodic |

**Table 5. SWOT analysis**