

Roles of EBUS-TBNA in clinical practice

Dear Editor,

We read with interest the article published by Chung *et al.* entitled “Roles of EBUS-TBNA in non-small cell lung cancer.”¹ The authors reviewed their experience of 164 patients: 64 patients constituted the “diagnosis group” where EBUS-TBNA was used to establish the first diagnosis of non-small cell lung cancer biopsying mediastinal or hilar lymph nodes; 100 patients represented the “staging group,” where EBUS-TBNA was used for staging or restaging mediastinal lymph-nodes. The sensitivity, specificity, and accuracy reached by the authors were of the highest quality, and as a consequence there is no doubt that they managed this diagnostic method with great skill. In this context, some items are worth a comment.

We appreciated the clever idea to approach the first diagnosis of non-small cell lung cancer with the biopsy of a mediastinal or hilar lymph node. This is the way to obtain diagnosis and staging with a single maneuver; we adopted the same strategy. It is relevant to keep in mind that pulmonary (or mediastinal) lesions localized along the trachea or the main bronchi can be biopsied directly under the EBUS control even if mediastinal lymph nodes were not present.

We were surprised with the absence of positron emission tomography (PET) in the authors flow-chart, considering that Taiwan is one of the most technologically advanced areas in the world, it should not be a problem of availability. On the contrary, we consider the PET a fundamental step in the work up of patients with lung cancer: when mediastinal lymph-nodes are positive we use EBUS-TBNA to obtain a cytological

confirmation;² if TBNA results negative or not adequate, a mediastinoscopy is mandatory.³ In the case of PET negative for mediastinal spots, the usefulness of EBUS-TBNA can be discussed.

The authors reported a high accuracy in the restaging of a group of 24 patients who underwent neo-adjuvant chemotherapy. This result must be adequately underlined: EBUS-TBNA allows mediastinal staging and restaging avoiding the problem related to the re-mediastinoscopy, a high-risk surgical maneuver.

Finally, we thank the authors for reporting their experience, which contributes to the diffusion of EBUS-TBNA, an effective and minimally invasive procedure.

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References

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- 2 Nosotti M, Tosi D, Palleschi A, Ferrero S, Rosso L. Transbronchial needle aspiration under direct endobronchial ultrasound guidance of PET-positive isolated mediastinal adenopathy in patients with previous malignancy. *Surg Endosc* 2009; **23**: 1356–9.
- 3 Nosotti M, De Simone M, Cioffi U. The mediastinoscopy and the future in nonsmall-cell lung cancer staging. *Thorac Cardiovasc Surg* 2012; **60**: 122–3.