The Role of EBUS-TBNA for the Assessment of Hilar Lymph Nodes

To the Editor:

We read with great interest the article “Efficacy of Endobronchial Ultrasound-guided Transbronchial Needle Aspiration of Hilar Lymph Nodes for Diagnosing and Staging Cancer” by Ernst et al.1

Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) has recently been validated for the assessment of mediastinal lymph nodes in patients with (presumed) non-small cell lung cancer for obtaining either a diagnosis or for staging information.2 EBUS-TBNA has also been validated to obtain a diagnosis in patients with (presumed) centrally located lung cancer3 or sarcoidosis.4 The current series now adds a new indication for EBUS-TBNA.1

An approach to ipsilateral hilar (N1) nodes can, in certain cases, indeed, be the only way to obtain histology in patients with a lesion suspect to be non-small cell lung cancer. In more rare cases, contralateral (N3) hilar nodes must be sampled to obtain relevant staging information, as is evident from this study.

In the implementation of new medical devices such as EBUS-TBNA, a precise characterization of the study population is very relevant information to select patients for this technique. Adding data on patient’s characteristics including T-stage, tumor localization, fluorodeoxyglucose (18F)-avidity of N1 nodes, and also on the negative predictive value would increase the value of this study. Another issue the authors did not comment on is the proportion of patients with clinical N1 that finally ended up with pN2. Current guidelines indeed propose mediastinal staging (primarily cervical mediastinoscopy) in case N1 disease is suspected by imaging.5 Emerging data also show a high prevalence of unforeseen pN2,6 indicating one could consider mediastinal staging even before hilar assessment by EBUS-TBNA. The reason is that the histologic documentation of cN2 makes the hilar (N1) assessment redundant.

Kurt G. Tournoy, MD, PhD
Jan P. van Meerbeeck, MD, PhD
Department of Respiratory Medicine
Ghent University Hospital
Ghent, Belgium

REFERENCES