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11<sup>th</sup> International Meeting on General Thoracic Surgery



Hospital  
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10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



5<sup>th</sup> Meeting of the Thoracic Oncology, Thoracic  
Surgery, Techniques & Transplant, Respiratory Nursing  
and Respiratory Physiotherapy Areas of the Spanish  
Society of Pneumology and Thoracic Surgery (SEPAR)



3<sup>rd</sup> Joint Meeting of the Spanish Society of  
Thoracic Surgery (SECT)



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30<sup>th</sup> Congress of the "Asociación Iberoamericana  
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10<sup>th</sup> International Workshop on Surgical Exploration of the  
Mediastinum and Systematic Nodal Dissection



## WHEN TO PERFORM MEDIASTINOSCOPY WITH A NEGATIVE EBUS

Marc Boada

*Hospital Clínic de Barcelona*

Lung cancer staging, especially the evaluation of mediastinal lymph nodes, is critical for determining appropriate treatment strategies and prognosis. Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is widely used as a minimally invasive technique for mediastinal staging. It has demonstrated high sensitivity and specificity in detecting metastatic lymph node involvement. In consequence EBUS-TBNA was included in the last ESTS Guidelines for the staging of central, large and cN1 tumors (1).

We reviewed patients with these characteristics and no statistical difference in pN2 incidence between the invasively staged and non-invasively staged groups were detected. However, it could be attributed to asymmetric distribution of cN1 patients that was indeed the only independent risk factor for pN2 involvement (2). Despite this absence of statistical differences among pN2 incidence better patient selection might have an impact on survival.

Nonetheless, EBUS-TBNA has limitations. In cases of clinical N1 lymph node involvement, sensitivity and specificity decreased leading to a false-negative rate of approximately 19% (3). In those cases, mediastinoscopy may still have a role to play to harbor metastatic mediastinal lymph nodes, increasing sensitivity to 73% (4). However, EBUS-TBNA is technical-dependent and has its own learning curve meaning that results can improve. In expert hands EBUS can reach a negative predictive value of 93% (5).

In conclusion, EBUS is a highly effective tool for initial staging in central or large tumors. Decision of using mediastinoscopy instead of or after EBUS in cN1 should be based on medical experience and internal results. At last, further studies are necessary to evaluate clinical impact of preoperative N2 detection in relation to the irruption of novel systemic treatments as immunotherapy and targeted therapies.

## References

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