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11th International Meeting on General Thoracic Surgery



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10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



5th 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)



3rd Joint Meeting of the Spanish Society of
Thoracic Surgery (SECT)



30th Congress of the "Asociación Iberoamericana
de Cirugía Torácica" AIACT



10th International Workshop on Surgical Exploration of the
Mediastinum and Systematic Nodal Dissection



EBUS IN CN0-1 NSCLC

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Current guidelines for non-small cell lung cancer (NSCLC) mediastinal staging^{1,2} recommend starting with non-invasive image-based techniques such as computed tomography (CT) and positron emission tomography (PET) alone or in combination (PET/CT). However, positive and most of the negative results of PET/CT need to be confirmed by means of invasive techniques. More specifically, three clinical situations of normal mediastinum on PET/CT have been related with high risk to occult nodal mediastinal metastases: tumors with clinical (c) size ≥ 3 cm ($\geq T2$ tumors), cN1 nodal disease on PET/CT and centrally located nodules (central cT1N0M0).

Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) is a minimally invasive technique that is currently recommended by the guidelines as a first-choice technique for invasive mediastinal staging^{1,2}. The reported sensitivity of EBUS-TBNA for NSCLC mediastinal staging depends on the appearance of the mediastinum on PET/CT³. A meta-analysis of Gu et al.³ showed differences of sensitivity of EBUS-TBNA for mediastinal staging between patients with normal (76%) and abnormal (94%) mediastinum on PET/CT. More recently, two meta-analyses^{4,5}, focused on EBUS-TBNA for NSCLC mediastinal staging in patients with normal mediastinum on PET/CT, showed a pooled sensitivity of EBUS-TBNA of 49%, that is significantly lower than that reported for overall patients with NSCLC³. The role of EBUS-TBNA for each specific clinical scenario of normal mediastinum on PET/CT where invasive staging is recommended (cN1, $\geq T2$, and central cT1N0M0) has been scarcely studied. Only two studies⁶⁻⁷ investigated the usefulness of endosonography in cN1 tumors, both with a reported sensitivity of 38%. One recent study focused on patients with central cT1N0M0 tumors showed a sensitivity of 66%⁸. In conclusion, the diagnostic performance of EBUS-TBNA in patients with tumors cN0/N1 is poorer than in patients with abnormal mediastinum. The indication of EBUS-TBNA as a first-choice procedure in some of these clinical scenarios should be considered.

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