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Letter to the editor

Comment on "Pre- and intra-operative mediastinal staging in non-small-cell lung cancer"

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In response to the review published by Lardinois in the Journal [1], we would like to attract both the author's and readers' attention to a recent well-conducted European randomised controlled multicentre trial for staging in patients with suspected non-small cell lung cancer (NSCLC) [2]. In this trial, Annema et al. randomised patients with resectable NSCLC and indication for mediastinal staging based on PET-CT to either direct surgical staging, or endosonography (combined endobronchial and oesophageal ultrasound-guided needle aspiration (EBUS-TBNA and EUS-FNA)) followed by surgical staging, when no lymph node metastases were detected. This trial convincingly demonstrated that an approach combining sequential endosonographic and surgical staging significantly improved sensitivity (surgical 79% versus endosonographic 85% versus endosonographic plus surgical 94%) and reduced unnecessary thoracotomies, without causing additional complications. Importantly, endosonographic staging was associated with a six-fold lower complication rate (1% versus 6% for mediastinoscopy). Moreover, an increasing body of literature showed that for experienced operators EBUS and EUS reaches almost all mediastinal lymph node stations with a reported overall sensitivity of 93% [3]. Endosonographic staging is performed as an outpatient procedure with sedation (obviating the need for general anaesthesia), reduces the need for surgical staging in up to two-thirds of patients, and is cost-effective [4–7]. Fine needle aspiration tissue samples obtained under endosonography can be prepared as cell blocks that are suitable for molecular analysis [8].

Based on accumulating evidence, we suggest that it is judicious in experienced centres to adopt a staging strategy for NSCLC with sequential endosonography and complementary surgical staging as required, in order to enhance sensitivity for the detection of lymph node metastasis and avoid unnecessary surgical procedures.

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Reply to this Letter to the Editor: http://www.smw.ch/content/smw-2011-13288/

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