



What Bronchoscopic Techniques Diagnose and Stage Lung Cancer?

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Janet Freeman-Daily:

So you mentioned the importance of checking tissue and also in various places. I know that there are many lymph nodes along the airway. How important is it to sample them with a mediastinoscopy where you go down the outside of the airway versus a bronchoscopy from the inside?

Dr. Odell:

So I think that's a great question. And it's an in evolving question as our bronchoscopic techniques have become more advanced with the addition of—of ultrasounds on bronchoscopes, something called the endobronchial ultrasound or EBUS, we now have the ability actually to see through the airway and identify lymph nodes and take needle biopsies of lymph nodes. The way that I approach this is it all has to do with how suspicious you are that those lymph nodes might be involved before you do the biopsy.

So, for example, if you had a patient who had small lymph nodes when you look at them on a CAT scan, if you have a PET scan, they don't have very much activity. So your—your—what we term the pretest probability is very low that there is something bad there. In those circumstances, if you have a—an EBUS biopsy that's negative, you feel very confident that those probably are negative. If you have a patient where those lymph nodes look enlarged, I think it's very reasonable to start with an EBUS first, because it is the least invasive thing for the patient.

But I would not want to take that patient to an—to surgery, at that point, without doing a mediastinoscopy, because I would be concerned that, again, a false negative biopsy is potentially a problem. The other group of patients that I think absolutely need to have mediastinal staging by some form are those where you're considering what we term a higher order resection where you're talking about taking out more than one lobe or talking about taking out the entire lung or talking about situations of advanced stages of disease.

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