In the news

AN ASPIRATIONAL COMBINATION

The combined use of two minimally invasive procedures might be a viable method for the staging of lung cancer, avoiding the need for mediastinoscopy, the surgical procedure that is currently the diagnostic standard.

In a study published in *Journal of the American Medical Association*, Michael B. Wallace and colleagues compared the accuracy of three endoscopic techniques — blind transbronchial needle aspiration, endobronchial ultrasound-guided fine-needle aspiration (EBUS-FNA) and transoesophageal endoscopic ultrasound-guided (EUS)-FNA — performing them sequentially as a combined procedure and judging their sensitivity by pathological confirmation and 6–12 month clinical follow-up.

EBUS-FNA was found to be the most sensitive technique; however, the best result was achieved through its combination with EUS-FNA. Both use an ultrasound-guided probe, in the trachea and oesophagus respectively, to image lymph nodes, allowing a biopsy sample to be obtained by a small needle. Because ultrasound cannot penetrate air-filled structures, EUS-FNA cannot be used to investigate lymph nodes in front of the trachea. These, however, can be examined by EBUS-FNA in the airway. “Our study combined the two...that we felt were most likely to have complementary and complete coverage of the mediastinal lymph node locations,” says Dr Wallace (<http://www.cancerpage.com/> 6 Feb 2008). Mediastinoscopy can only access a restricted set of these lymph nodes.

The procedures can be carried out under mild sedation, avoiding the risk of general anaesthesia for the surgical intervention. Further studies are needed to confirm the validity of this technique, but Norman Edelman, chief medical officer for the American Lung Association, is positive: “We don’t have the absolute final answer, but it’s promising” (<http://washingtonpost.com/> 5 Feb 2008).

Isobel Barry