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Title: Combined endosonographic staging followed by cervical mediastinoscopy in the real world, do we still need both?

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Body: Introduction The combination of EUS- and EBUS-FNA is an accurate preoperative staging method in NSCLC, challenging the status of cervical mediastinoscopy (CM) as the gold standard. In a recent RCT combined endoscopic staging (CES) had greater sensitivity compared to CM. After negative CES, a CM had to be performed in 11 patients to find one positive result [Annema JAMA 2010]. Defranchi [ATS 2010] found a NNT of 3.6 and Tournoy [ERS 2011] presented a NNT near infinite in imaging negative and lymphocyte positive CES samples. Our goal was to assess the need to perform a CM after negative CES in our center. Methods Records of 100 consecutive patients with negative CES referred for CM or surgery between January 2009 and June 2011 were analysed. All patients were treated in strict accordance with national guidelines: preoperative CES mediastinal staging is performed in all patients with potentially resectable NSCLC and mediastinal nodes with short axis ≥10 mm on CTscan, PET-positive mediastinal or hilar nodes and/or centrally located tumors. If found negative CES is followed by CM. Results Of 100 CES negative patients 82 underwent CM and 18 a thoracotomy as next step procedure in which N2+ nodes were found in 11/82 and 3/18 patients. After negative CM surgery was performed in 63 of 71 patients. N2+ nodes were found in 7/63 patients. A total of 21 patients were found N2 positive after negative CES (NPV 79%). The NPV of CM after negative CES is 89%. Conclusion Endosonographic mediastinal staging using strict guidelines is reliable and accurate. In our center one patient with tumor positive mediastinal nodes can be found by CM after 7 negative CES procedures in (suspected) NSCLC.