Body: Introduction Mediastinal lymphadenopathy in patients with an extrathoracic malignancy is a common situation. To obtain tissue proof of metastatic spread, Endobronchial Ultrasound-Guided Transbronchial Needle Aspiration (EBUS-TBNA) is an alternative to mediastinoscopy or thoracoscopy. Diagnostic performance of EBUS-TBNA in this population was evaluated. Methods We performed a multicenter retrospective study based on online questionnaire to collect patients data. Analysis was performed from January 2011 to December 2012 in all patients with proven extrathoracic malignancy (current or past) and suspected mediastinal lymph node metastases who underwent EBUS-TBNA for diagnosis. Results One hundred eighty-five patients were included (103 male and 82 female patients, with a median age of 67 years). Extrathoracic malignancies observed were urological (43), breast (35), Gastrointestinal (33), Head and Neck (30), Melanoma (11), lymphoma (6), others (27). EBUS-TBNA confirmed malignancy in 93 patients (50,3%): concordant metastases (same histology in the mediastinal lymph nodes as in their prior extrathoracic cancer) in 67 (36,2%), new lung cancer in 25 (13,5%), and 1 unidentified cancer. EBUS-TBNA did not provide a specific diagnosis in 92 patients (81 had normal lymphoid material, and 11 had no contributory results). As follow-up was not available for most patients, it was not possible to estimate Sensitivity and Specificity. Conclusion EBUS-TBNA may be considered a first-line investigation in patients with suspected mediastinal lymph node metastases and extrathoracic malignancy. In our study, it prevented an invasive surgical procedure in 50,3% of these patients.