

European Respiratory Society Annual Congress 2013

Abstract Number: 2593

Publication Number: P443

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Thoracic oncology **Keyword 2:** Extrapulmonary impact **Keyword 3:** Mediastinal tumour

Title: Diagnostic performance of EBUS-TBNA in patients with mediastinal lymphadenopathy and extrathoracic malignancy

Clement 9261 Fournier clement.fournier@chru-lille.fr MD ¹, Christophe 9262 Hermant hermant.c@chu-toulouse.fr MD ², Valerie 9263 Gounant valerie.gounant@tnn.aphp.fr MD ³, Michel 9264 Febvre michel.febvre@sat.aphp.fr MD ³, Bruno 9265 Escarguel bescarguel@free.fr MD ⁴, Yoann 9266 Thibout yoann.thibout@chu-st-etienne.fr MD ⁵, Samy 9269 Lachkar samy.lachkar@chu-rouen.fr MD ⁶, Christophe 9273 Raspaud craspaud@clinique-pasteur.com MD ⁷, Prof. Jean-Michel 9274 Vergnon Jean.Michel.Vergnon@univ-st-etienne.fr MD ⁵ and 9447 GELF (Groupe d'Endoscopie de Langue Francaise) splf-gelf@invivo.net . ¹ Clinique De Pneumologie, Hôpital Calmette, Pôle Cardio-Vasculaire Et Pulmonaire, CHU Lille, Lille, France, 59000 ; ² Service De Pneumologie, Hôpital Larrey, CHU Toulouse, Toulouse, France ; ³ Service De Pneumologie Et Service De Chirurgie Thoracique, Hôpital Tenon, GHU Est APHP, Paris, France ; ⁴ Service De Pneumologie, Hôpital Saint-Joseph, Fondation Saint Joseph, Marseille, France ; ⁵ Service De Pneumologie Et Oncologie Thoracique, Hôpital Nord, CHU Saint-Etienne, Saint-Etienne, France ; ⁶ Service De Pneumologie, Hôpital Charles Nicolle, CHU Rouen, Rouen, France and ⁷ Service De Pneumologie, Clinique Pasteur, Toulouse, France .

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.

