



IV. Slovenský Chirurgický Kongres s medzinárodnou účasťou
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Názov prednášky	6. Mediastinal staging in NSCLC
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Abstrakt	<p>The primary aim of intrathoracic staging in NSCLC is the evaluation of mediastinal lymph nodes involvement. Approximately 30-40% of new diagnosis of NSCLC are N2 (stage IIIa and IIIb). Stage IIIb is not surgical and for stage IIIa the gold standard is induction therapy followed by surgical resection if a good response is obtained.</p> <p>Till few years ago CT scan and mediastinoscopy were the principal tools for staging the N factor, but CT has a sensitivity of 50% and mediastinoscopy was proposed for the majority of cases. Recently PET changed the criteria of staging due to his high sensitivity and specificity: 80% and 94% respectively.</p> <p>So our policy of mediastinal staging of NSCLC is based on PET. If the primary tumor is positive at the PET scan but the nodes are negative we perform lung resection (lobectomy or pneumonectomy always with lymphadenectomy). If both lymph nodes and the tumor are positive at the PET scan we perform mediastinoscopy.</p> <p>In the last two years we introduced a new device: EBUS - Endobronchial Ultrasound- to perform Transbronchial Needle Aspiration -TBNA- of mediastinal lymph nodes. We perform this procedure in the operating room in local anaesthesia and sedation. We consider EBUS-TBNA a successful, minimally invasive and safe diagnostic tool that may be able to replace more invasive methods in the staging of lung cancer.</p>