HIGH RISK LUNG NODULE EVALUATION – UPDATE

Summary

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Pulmonary nodule - well defined pulmonary parenchymal opacity < 3cm in size

Most lung nodules are incidentally detected and patients are asymptomatic

Objective - Exclude neoplastic process (primary lung or secondary)

FDG PET - Good for detecting distant metastasis → avoid inappropriate surgery

FDG PET is inadequately sensitive or specific for mediastinal lymph node staging

- False positive - misses out on curative surgery
- False negative - gets inappropriate surgery

In the last decade there has been progress in understanding of natural history of early stage lung cancer, airway anatomy and bronchoscope technology.

Tissue staging of mediastinal lymph nodes in recommended in most situations even if lymph nodes are PET negative

Linear EBUS is safe and highly specific minimally invasive bronchoscopy

- It is recommended procedure ahead of mediastinoscopy for mediastinal lymph node staging for Non-small cell lung cancer

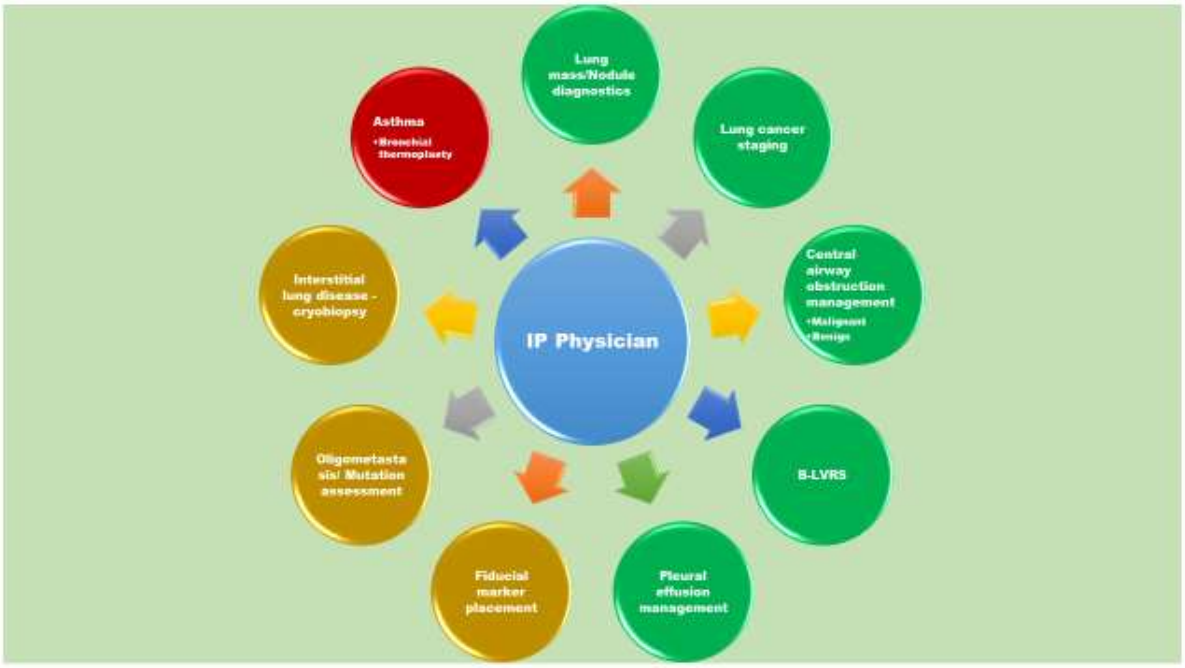
Radial EBUS probe allows safe biopsy of peripheral lung nodules

- has a superior safety profile compared to CT guided FNA
- can be done at the same time as the linear EBUS bronchoscopy procedure

Done together, linear and radial EBUS can offer the patient a tissue diagnosis and lymph node staging in a single procedure

Interventional pulmonologists have undertaken extra training to perform these advanced diagnostic bronchoscopies among other procedures.

SCOPE FOR INTERVENTIONAL PULMONOLOGY



Practice

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