

Title	Endobronchial ultrasound-guided transbronchial needle aspiration
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Aim

The objective is to assess endobronchial ultrasound-guided transbronchial needle aspiration or EBUS-TBNA for exploring the mediastinal lymph nodes in the following indications:

- for malignant diseases:
 - lymph node staging (or assessment of lymph node status) in lung cancer, primarily non-small cell lung cancer (NSCLC): in the case of inoperable NSCLC, preoperative assessment of mediastinal spread (staging) is essential for identifying N2 and particularly N3 lymphadenopathy which contraindicates surgical treatment;
 - diagnosis of NSCLC;
 - restaging of NSCLC, particularly management of stage IIIa N2 NSCLC;
 - diagnosis of small-cell lung cancer (SCLC);
 - diagnosis of lymphoma;
 - exploration of mediastinal or hilar lymph nodes in the context of an extrathoracic cancer;
 - exploration of pulmonary masses in contact with the tracheobronchial wall;
- for benign diseases:
 - diagnosis of granulomatosis, sarcoidosis or tuberculosis;
 - Exploration of any mediastinal lymph nodes

The aim is to include EBUS-TBNA on the list of procedures refundable by National Health Insurance, bearing in mind that there are alternative and/or complementary procedures already listed which cover part of the procedure, namely conventional transbronchial needle aspiration, endoscopic ultrasound-guided fine needle aspiration (EUS-FNA), and other more invasive techniques such as mediastinal exploration via mediastinoscopy (currently considered the standard technique for mediastinal assessment), thoracoscopy or thoracotomy.

Conclusions and results

Endobronchial ultrasound-guided transbronchial needle aspiration, or EBUS-TBNA, is an additional means of exploring the mediastinal lymph nodes which allows other more invasive techniques to be avoided. Mediastinoscopy, which is more invasive, is still currently the standard investigation for mediastinal assessment.

From the results of this assessment, it can be concluded that EBUS-TBNA is considered as a useful technique in the following indications:

- mediastinal lymph node staging in lung cancer;
- initial diagnosis when a mediastinal lymph node is present and lung cancer is suspected;
- exploration of mediastinal masses;
- exploration of pulmonary masses in contact with the tracheobronchial wall;
- diagnosis when sarcoidosis is suspected.

Recommendations

HAS recommends inclusion of endobronchial ultrasound-guided transbronchial needle aspiration on the list of procedures refundable by National Health Insurance.

Methods

The working method used was based on an analysis of coherence between the application and the synthetic literature including good practice guidelines, systematic literature reviews including those conducted by HTA organisations, and meta-analyses.

Written by

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