The author reported no conflicts of interest.

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REPLY FROM AUTHOR: SYSTEMATIC OR TARGETED SAMPLING DURING ENDOBRONCHIAL ULTRASOUND FOR MEDIASTINAL STAGING IN PATIENTS WITH LUNG CANCER AND ABNORMAL MEDIASTINUM

Reply to the Editor:

We thank Drs Sanz-Santos and colleagues[1] for their interest and comment on our most recent publication describing the feasibility of a randomized trial comparing systematic with targeted sampling during endobronchial ultrasound for mediastinal staging.[2]

We agree with the authors of the letter that any interpretation of findings should be done with caution. The authors seem concerned that we are recommending targeted sampling. However, our study only aims to assess the safety and feasibility of a larger noninferiority crossover trial comparing targeted sampling with systematic sampling. Based on our results, the trial has met all safety milestones to proceed. As such, our recommendation was that it is safe to proceed with a larger trial, rather than a recommendation to adopt targeted sampling. I am delighted to disclose to the authors that the larger trial (National Clinical Trial 04342377) has now completed accrual and the results will be reported soon.

We also would like to take the opportunity to make a distinction between patients with a radiologically normal mediastinum and those with abnormal findings. The authors are concerned, and correctly so, that we are recommending targeted sampling in patients with an abnormal mediastinum. However, our trial explicitly excludes patients with abnormal computed tomography and positron emission tomography findings, and subsequently only includes patients with a Canada Lymph Node Score of 1 or less.[3] As such, only patients with triple normal lymph nodes were included in this trial.[4] Triple normal lymph nodes have a malignancy rate of 5.6%, which is close to the incidence of missed nodal metastases on the feasibility trial and pathological analyses. The authors mention that it is well known that the sensitivity of endobronchial ultrasound-guided transbronchial fine-needle aspiration decreases in this setting, which is why we hypothesize that systematic sampling may not be required.

We thank the authors for their letter and look forward to discussing the results of our subsequent trial.

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https://doi.org/10.1016/j.xjon.2022.04.046