

Introducing Endobronchial Ultrasound to WDHB

Improving accuracy of diagnosis and staging of lung cancer

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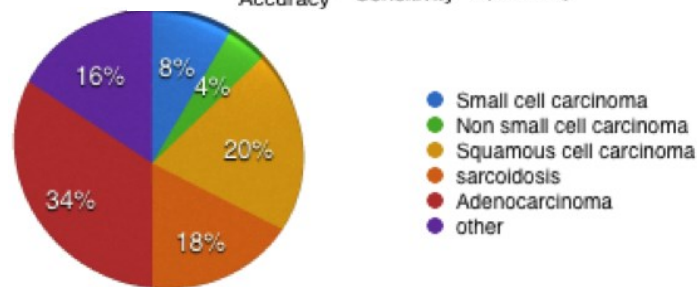
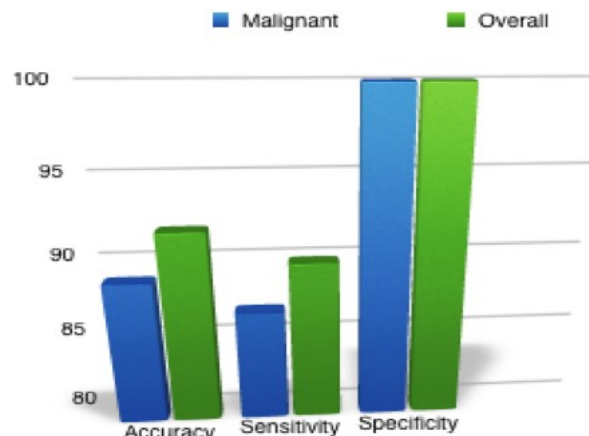
INTRODUCTION

Endobronchial Ultrasound (EBUS) is an established method of accessing mediastinal and hilar lymph nodes for accurate diagnosis and staging of lung cancer. This replaces the need for mediastinotomy or mediastinoscopy which was previously undertaken at Auckland City Hospital. We described our early experience: 25 female and 25 male with a mean age of 64.3 and 58 respectively with a range of 20 to 87 years.

METHODS

Patients were referred to endoscopy and accepted if eligible following radiology review. Procedures performed with light sedation in a sterile environment with on site pathology.

STATISTICS FOR DIAGNOSIS



“everyone matters”

Service available for all cancer staging not only lung

“connected”

Multidisciplinary interdepartmental cancer pathway

“with compassion”

Avoiding the unnecessary stress of surgery

“better, best, brilliant”

Improving cancer outcomes and 5 year survival

RESULTS

A total of 56 nodes were biopsied, most commonly subcarinal (station 7) 43% and right paratracheal (4R) 42%. The overall accuracy, sensitivity and specificity was 92%, 90% and 100% respectively. The accuracy, sensitivity and specificity for lung cancer diagnosis was 89%, 87% and 100% respectively.

CONCLUSION

EBUS is a valuable diagnostic and staging tool essential to cancer pathway. It negates the need for diagnostic surgical procedure and represents a significant enhancement to the patient's cancer journey.