

## Preface

EBUS-TBNA is recognized as the first step technique for mediastinal staging of non-small cell lung cancer (NSCLC). The reliability of mediastinal staging with EBUS-TBNA, as with other diagnostic techniques, largely depends on the accuracy of the procedure. The analysis of the data reported in the literature show a significant variation of EBUS-TBNA results in terms of diagnostic yield. Nevertheless, the standards for assessment of EBUS-TBNA performance have not yet been established, with the exception of the 2014 British Thoracic Society Quality Standard that states a minimum of 88% sensitivity for mediastinal staging of suspected NSCLC.

Specific training, standardized protocol including sampling and specimen processing technique are well known factors to maximize the diagnostic accuracy of this procedure. Furthermore, standardized database, prospective collection of data and well-defined sub-group analysis may better clarify open issues in this field, as the high false positive rate.

Last, but not least, the role of EBUS-TBNA is emerging predominantly in the therapeutic decision-making process, because even the tissue obtained by this procedure can be used for precise pathological diagnosis as well as for gene mutation analysis. Especially in patients with advance stage lung cancer, unsuitable for surgery, the tumour molecular profiling is essential to address the tailored treatment in the era of target-therapy.

The aim of the International Workshop “EBUS-TBNA for Lung Cancer Diagnosis and Staging—State of the Art”, held in Varese in October 2016, was to present and compare results from national and international experts on this topic. Different issues have been analysed and discussed, including the points of view of pathologist, oncologist, chest physician, and surgeon. Finally, the EBUS-TBNA perspective has been explored through an active and useful discussion among the panellists. These topics have been summarised in this supplement of the *Journal of Thoracic Disease* with the aim to provide a recent update. I am grateful to all the authors of this special issue for their contributions that I guess helpful to the reader's clinical practice.



Andrea Imperatori

**Andrea Imperatori, MD**

*Center for Thoracic Surgery, Department of Medicine and Surgery, University of Insubria, Ospedale di Circolo - Via Guicciardini, 9, Varese 21100, Italy.*

*(Email: [andrea.imperatori@uninsubria.it](mailto:andrea.imperatori@uninsubria.it))*

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