9.06 The Central Role Neck Ultrasound and Lymph Node Sampling Can Play in Modern Lung Cancer Diagnostics

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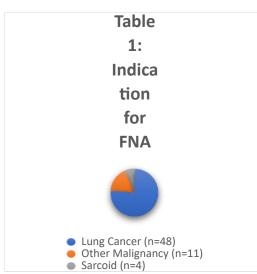[1] Respiratory Department, University Hospital Galway

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Background: Neck ultrasound (NUS) and lymph node (LN) biopsy by respiratory physicians has been demonstrated to be feasible. In this single-centre study we assessed the diagnostic rate of LN sampling, adequacy for ancillary studies, and number of cases where more invasive procedures were prevented.

Methods: All cervical lymph nodes biopsied by respiratory physicians in a 21 month period were included (January 2021 to September 2022, N=73). Of the 73 LN samplings, 10 were core needle biopsies (CNB) and 63 were fine-needle aspirates (FNA). 57 of 63 (90.48%) FNA samples were adequate diagnostic tissue.

Results: The indications for the FNA are seen on table 1. Of 53 malignant FNA samples: 34 were sufficient for ancillary studies (64.15%), 7 insufficient for ancillary studies (13.21%), 8 were for upstaging purposes only (15.09%), and 4 had the ancillary studies performed on concurrent EBUS or CNB samples (7.55%). 8 diagnostic malignant FNA samples were performed on patients who had previously had non-diagnostic procedures. Staging patients with known malignancy was the only purpose for LN sampling in 24 of the cases (38.10%). For 20 patients, the FNA was the only required diagnostic investigation and no further procedures were required.

Conclusion: This study shows high diagnostic accuracy from NUS lymph node biopsy by respiratory physicians, providing a diagnosis/staging of malignancy with a minimally invasive procedure with implications on treatment decisions.

Conflict of Interest: The authors declare that they have no conflict of interest

Table 1: Indication for FNA

- Lung Cancer (n=48)
- Other Malignancy (n=11)
- Sarcoid (n=4)