

# **TEMLA shows higher diagnostic yield than EBUS or EUS in largest reported series to date**

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In the largest reported series yet to compare transcervical extended mediastinal lymphadenectomy (TEMLA) with endoscopic and surgical primary staging and restaging of non-small cell lung cancer (NSCLC), TEMLA showed a significantly higher diagnostic yield, according to research presented at the 14th World Conference on Lung Cancer in Amsterdam, hosted by the International Association for the Study of Lung Cancer (IASLC).

Diagnostic yield refers to the likelihood that a procedure will provide the necessary information to establish a diagnosis.

In the study, 617 patients underwent primary endoscopic staging including endobronchial ultrasound (EBUS) in 400 patients, endoesophageal ultrasound (EUS) in 55 patients and combined EBUS/EUS in 241 patients. TEMLA was performed in primary staging in 375 patients.

The TEMLA procedure included a 5- to 8-centimeter collar incision in the neck, elevation of the sternal manubrium with a special retractor, bilateral visualization of the laryngeal recurrent and vagus nerves and dissection of all mediastinal nodal stations except for the pulmonary ligament nodes (station 9).

The sensitivity of TEMPLA in discovering cancer in primary staging was 98.6 percent, compared with 88.9 percent for EBUS/EUS. TEMPLA's specificity was 100%, compared with 98.7% with EBUS/EUS.

TEMPLA's negative predictive value (NPV) was 99.7% and its [positive predictive value](#) (PPV) was 100%, compared with NPV of 84.1% and PPV of 99.1% for EBUS/EUS.

In the restaging group EBUS was performed in 43 patients, EBUS and EUS in 9 patients and TEMPLA in 89 patients. Again, there was a significant difference in sensitivity (95.5%), specificity (100%), NPV (98.5%) and PPV (100%) in favor of TEMPLA. There were no intraoperative injuries of the vitally important mediastinal structures including major vessels, tracheobronchial tree or the esophagus during staging and restaging procedures done with TEMPLA.

Provided by International Association for the Study of Lung Cancer

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