

Title:	Endoscopic ultrasound guided fine-needle aspiration for the staging of non-small cell lung cancer and the diagnosis of mediastinal masses
Agency:	Medical Services Advisory Committee (MSAC) MDP 106 Commonwealth Department of Health and Ageing GPO Box 9849 Canberra ACT 2601 http://www.msac.gov.au
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Aim

To evaluate the safety, effectiveness and cost-effectiveness of endoscopic ultrasound guided fine-needle aspiration (EUS-FNA) for the staging of non-small cell lung cancer (NSCLC) and the diagnosis of mediastinal masses of unknown origin.

Methods

MSAC conducted a systematic review of the literature pertaining to EUS-FNA for NSCLC staging and diagnosis of mediastinal masses of unknown origin.

Results and conclusions

Safety

EUS-FNA for NSCLC staging and diagnosis of mediastinal masses of unknown origin appears to be associated with a low risk of serious adverse events.

Effectiveness

Based on the current limited evidence EUS-FNA is more sensitive, but slightly less specific than mediastinoscopy for NSCLC staging and can alter patient management, reducing the number of surgical and invasive procedures performed. The impact of EUS-FNA on patient survival and quality of life remains unclear. There was insufficient evidence to indicate whether EUS-FNA has equal or improved diagnostic performance in the diagnosis of mediastinal masses of unknown origin when compared with current clinical practice.

Cost-effectiveness

The economic analysis demonstrated that EUS-FNA was cost saving when compared with mediastinoscopy. EUS-FNA and mediastinoscopy were comparable in terms of patients' mean life expectancies. Evidence was insufficient to conduct an economic analysis of EUS-FNA for diagnosis of mediastinal masses of unknown origin.

Recommendation

MSAC recommended that EUS-FNA be publicly funded for pre-treatment staging of patients with presumed or known NSCLC and in the diagnosis of mediastinal masses. This recommendation was endorsed by the Minister for Health and Ageing 27 August 2007.