Author reply

Sir,

We thank Dr. Mehta and colleagues for their letter[1] in response to our recent article published in the *Annals of Thoracic Medicine*.[2] As they indicate, our article addressed the issue about the determination the etiology and prevalence of malignancy for hypermetabolic and enlarged hilar/mediastinal lymph nodes in patients with previously diagnosed extra pulmonary malignancy. EUS-FNA is also a convenient method for evaluation of mediastinal lymph nodes. Its particular strength lies in the detection of lymph nodes in the lower mediastinum and the aortopulmonary window while the pretracheal and hilar nodes are out of reach because of the interposition of air from the large airways.[3] A systematic review and meta-analysis of 1201 patients from 18 studies who underwent EUS-FNA for NSCLC staging demonstrated that EUS has a sensitivity of 83% (95% confidence intervals, 78% to 87%).[4] Wallace *et al*. reported that EBUS-TBNA and EUS-FNA showed the same sensitivity (69%) and NPV (88%).[5] The combination of EBUS and EUS obtained a sensitivity of 93% and an NPV 97%. EBUS-TBNA is also a safe procedure and applied under local anesthesia and conscious sedation. In the review of Varela-Lema,[6] none of the studies reported serious complications and colleagues are asking whether we observe any particular cut off value of SUV max over PET CT among the 18 patients with proven malignancy. The answer of this question is not an end point of our article. But we turned back to our data and analyzed the SUV max of these 18 patients. The cut-off value of SUV max over PET CT is 5.4 in our study.

Thank you for your interest in our article.

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