The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

REPLY: NOTHING VENTURED, NOTHING GAINED Reply to the Editor:

We read with great interest Dr Siloe's reply to our letter regarding transvascular ultrasound-guided fine-needle aspiration (TVUS-FNA).^{1,2} As mentioned by Dr Siloe, the intended lesson behind our case report is not that TVUS-FNA is associated with prohibitive risks, but that in patients with severe vascular atherosclerosis, it is associated with potential risks. These risks should be put into the balance before performing TVUS-FNA.

First, the impact on the management of the patient of the biopsy result should be taken into account. The result of the biopsy has to change management significantly. All cases of TVUS-FNA should be discussed in a multidisciplinary tumor board before the procedure. Will the patient require neoadjuvant chemotherapy if the biopsy is positive? Will he be reoriented from a surgical therapy toward chemotherapy and radiation?

Second, safer procedures should be performed previously to ensure a transvascular EBUS is necessary. Stations not requiring a transvascular access (eg, station 4 or 7) should be biopsied first with rapid on-site evaluation. Furthermore, rapid on-site evaluation may allow the number of passes to be minimized if TVUS-FNA is necessary after an initial negative sampling of safer stations, reducing the risk of adverse events.

Third, alternative techniques, such as transcervical extended mediastinal lymphadenectomy (TEMLA) and anterior mediastinotomy, should be considered in cases in which here the intended TVUS-FNA target is a lymph node in station 5 or 6. TEMLA requires a high degree of expertise and is not performed routinely even in most

high-volume centers. Relatively low morbidity but a significant rate of recurrent laryngeal nerve palsy and excellent sensitivity have been reported.³⁻⁵ The vast majority of the published literature on the subject originates from a single center that demonstrated increased sensitivity of TEMLA over endoscopic needle techniques without TVUS-FNA. A large confidence interval remains around the complication rates associated with these relatively low-volume procedures even in referral centers. The more experience gathered, the narrower this interval will become. Operator experience and patient characteristic may shift this interval to the left or right.

We feel that Molina and colleagues as well as Garcia-Sumalla and colleagues, with 150 TVUS-FNAs without significant complications in patients without severe vascular atherosclerosis, have provided sufficient data to demonstrate that TVUS-FNA is associated with a low risk of complications in experienced hands. This risk profile is even more reassuring when compared with alternative procedures, but TVUS-FNA is not without risk and severe vascular atherosclerosis should be considered a relative contraindication.^{6,7}

Thibaud Soumagne, MD, PhD

Marc Fortin, MD

Department of Pulmonary Medicine

Institut Universitaire de Cardiologie et de Pneumologie de Québec

Université Laval

Québec, Québec, Canada

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