

**Practical Approach to Interventional Bronchoscopy Procedural Decision Making:  
Scenario # 9: EBUS-TBNA for lymph nodes less than 1 cm in a patient with solitary  
pulmonary nodule**

*Based on the information presented below, please describe your procedural decision making using The Practical Approach to Procedural Decision making. Do your best to complete each item of the Four Boxes. If the case scenario contains no information pertaining to an item, please address it as NOT AVAILABLE. Note that each case scenario may have greater emphasis on one or more items listed in the “Practical Approach”.*

He is a 55 year old man with 1.5 cm solitary pulmonary nodule in the mediobasal segment of right lower lobe which was incidentally noted while he was undergoing CT of the abdomen for nephrolithiasis. The scan show a 1.5 cm RLL spn, 5.5 SUV on PET and a 7 mm subcarinal lymph node on CT which is not PET avid. He has no risk factors for cancer. Vital signs are normal. Physical exam is unremarkable. CBC, coagulation and chemistry panel, and spirometry are normal. PPD is negative. He is an attorney specializing in real estate law. He lives with his wife and 1 child. He has no advanced directives. He desires all available treatment options in case he has lung cancer.



**After addressing items of the four boxes, please consider the following:**

- ▶ Describe major elements of informed consent.
- ▶ Describe the current evidence about staging CT/PET negative mediastinal lymphadenopathy in patients with known or suspected lung cancer.
- ▶ List three reasons for a poor sample on smear.

