National Institute for Health and Clinical Excellence

666/1 – Ultrasound-guided Trans-Bronchial Biopsy for peripheral lung lesions

Consultation Comments table

IPAC date: Thursday 14th January 2010

Com.	Consultee name and	Sec. no.	Comments	Response
no.	organisation			Please respond to all comments
1	Consultee 1 NHS Professional	1	In circumstances where the new procedure is intended to replace an established existing procedure (in this case CT-guided percutaneous needle biopsy), there have to be good reasons not to perform a randomised controlled trial (RCT). In my opinion, this procedure should only be performed in the context of an RCT, as the only cited comparison [1] is manifestly inadequate to show the superiority (or even equivalence) of the new technique, as the patients were not randomised. 1. Fielding DI, Robinson PJ, and Kurimoto N. (2008) Biopsy site selection for endobronchial ultrasound guide-sheath transbronchial biopsy of peripheral lung lesions. Internal Medicine Journal 38:77-84.	

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2	Consultee 1 NHS Professional	2.4	The safety advantage (over CT-guided biopsy) of reduced radiation exposure is unlikely to be significant by comparison to other risks involved in both techniques. This is because a diagnostic CT will already have been performed in both cases. The additional radiation dose involved in the CT-guided biopsy should be relatively small, as the area scanned during the biopsy is relatively small, and the tube current can be kept very low in the post-biopsy scan to look for complications such as pneumothorax.	Thank you for your comment.
3	Consultee 1 NHS Professional	General	I do not perform this procedure. I work in a childrens hospital, where it is very unlikely that this procedure will be required (the existing technology is not well suited to use for this purpose in children).	Thank you for your comment.

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