Quality assurance in endobronchial ultrasound

In their study of endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA), Kemp and colleagues report variation in the learning curves for five operators, studied by using the cumulative sum (cusum) technique, with which we have some experience. The authors speculate on whether variations in lymph node size, previous interpretation of the results, therefore, is that for some, and possibly most, operators or centres, no learning curve is expected in EBUS-TBNA at all, provided that standards substantially lower than those in the published literature are accepted.

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Effect of statins on cancer in chronic obstructive pulmonary disease

We read with interest the article by van Gestel et al reporting a protective effect of statins on cancer mortality in chronic obstructive pulmonary disease (COPD) patients and suggest here a plausible explanation.

Consistent with the literature, the study shows that COPD is associated with an elevated risk of lung cancer. Recently, we reported that COPD is pre-existing in 70% of lung cancer cases compared with 15% in unselected matched smokers. We agree with van Gestel et al that this link is likely to be secondary to a pro-inflammatory disposition resulting from both smoking and genetic susceptibility. In this regard serum interleukin (II)-6, which is elevated by genetic and

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Authors’ response

We agree with Drs Slade and Slade that success in endobronchial ultrasound-guided transbronchial needle aspiration relies on many factors other than the skill of the actual bronchoscopist and, as such, the term ‘operator’ may have been misleading. Nevertheless, the operator is going to have the greatest bearing on the results obtained. The article was intended to highlight the need for more accurate methods of assessment of competency in any given task or procedure, using endobronchial ultrasound-guided transbronchial needle aspiration only as an example.

I am sure Drs Slade and Slade recognise that, as in medicine, there are valid alternative interpretations for data. In the referenced paper by Bolsin and Colson, the discussion of Kestin’s Cusum plots states that ‘acceptabe performance will be denoted on this format by a Cusum line which is roughly horizontal or down-sloping—that is, a line crossing multiple decision intervals from above is not required to say that performance is acceptable. While a horizontal line does not indicate learning per se, this may not necessarily be an appropriate objective in more experienced practitioners/centres where the focus is on monitoring ongoing competence.

The interpretation of statistical methods is always open to differences, but there is little doubt that Cusum analysis allows the effective monitoring of practices and procedures and, when a change in outcomes is observed (whatever predetermined criteria were used), we as clinicians should reflect on our practice in order to determine which aspects of that practice require attention.

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