Reviewer's report

Title: Clinical implications of granulomatous inflammation detected by endobronchial ultrasound transbronchial needle aspiration in patients with suspected cancer recurrence in the mediastinum.

Version: 1 Date: 19 September 2007

Reviewer: Stephen L Tilley

Reviewer's report:

General

This is a well-written manuscript describing the use of EBUS-TBNA to evaluate mediastinal lymph node enlargement in patients with a prior history of cancer. The authors describe 9 patients that were found to have granulomatous inflammation only by biopsy, and report that there was no cancer recurrence in these individuals after an average of 10 months of follow-up. They also report that 8 patients with new mediastinal adenopathy had granulomatous inflammation. This report has important clinical implications, suggesting an important role for EBUS-TBNA in the evaluation of patients with and without pre-existing cancer.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. In the results section of the Abstract, it is unclear whether or not the patient with MAC had a prior history of cancer. Later in the manuscript this is revealed. It would be useful to let the reader know this in this section by saying "One other patient, with a prior history of breast cancer, was diagnosed with Non-tubercuous...."

2. Check the spelling of antimycobacterial, is there a hyphen?

3. Did any of the other 136 patients have granulomatous inflammation AND cancer co-existing in the lymph nodes. This information should be reported somewhere in manuscript.

4. On page 11 the authors state "....a substantial number of these patients do not have cancer recurrence." If the authors are referring to the 9 patients out of 153 (6%), that is not substantial. The word substantial should be changed.

How many of the 153 patients evaluated were new adenopathy with no previous history of cancer vs. patients with a previous cancer history? This information
would be useful and should be included somewhere.

Discretionary Revisions (which the author can choose to ignore)

**What next?:** Accept after minor essential revisions

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.