**Appendix 1. Survey.**

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| Questions | Answers |
| **General Informations** | |
| 1.What is your medical specialty? Pulmonology | Pulmonology  Thoracic surgery  Gastroenterology |
| 2. How long have you been practicing your specialty? | Less than 5 years  5-10 years  More than 10 years |
| 3. In which country do you practice your specialty? |  |
| 4. Do you mainly practice in an academic hospital? | Yes or No |
| 5. In which hospital do you mainly practice your specialty? |  |
| **EBUS and EUS/EUS-B experience** | |
| 6. Do you perform endobronchial ultrasounds (EBUS)? | Yes or No |
| 6.1 How long have you been performing EBUS? | Less than a year  1-4 years  5-10 years  More than 10 years |
| 6.2 How did you learn to perform EBUS? | Course of a week or less  Course/internship of more than one week  Dedicated fellowship program  Self-learning  (Select as many as needed) |
| 6.3 How long was this course/internship? | (Specify in days, weeks, months or years) |
| 7. Do you perform endoscopic ultrasounds with a dedicated echoendoscope (EUS)? | Yes or No |
| 7.1 How long have you been performing EUS? | Less than a year  1-4 years  5-10 years  More than 10 years |
| 7.2 How did you learn to perform EUS? | Course of a week or less  Course/internship of more than one week  Dedicated fellowship program  Self-learning  (Select as many as needed) |
| 7.3 How long was this course/internship? | (Specify in days, weeks, months or years) |
| 8. Do you perform endoscopic ultrasounds with the EBUS endoscope (EUS-B)? | Yes or No |
| 8.1 How long have you been performing EUS-B? | Less than a year  1-4 years  5-10 years  More than 10 years |
| 8.2 How did you learn to perform EUS-B? | Course of a week of less  Course/internship of more than one week  Dedicated fellowship program  Self-learning  (Select as many as needed) |
| 8.3 How long was this course/internship? | (Specify in days, weeks, months or years) |
| 9. Do you MAINLY perform these procedures (EBUS, EUS, EUS-B) under general anesthesia or under conscious | General anesthesia  Conscious sedation  No sedation |
| 9.1 Why do you perform your procedures under general anesthesia ? | You consider general anesthesia allows a better/more complete mediastinal staging  You do not have access to conscious sedation  To provide better comfort for the patient  Other (please specify)  (Select as many as needed) |
| 9.1.1 If you had access to conscious sedation, would you routinely use it? | Yes or No |
| 9.2 Why do you perform your procedures under conscious sedation , | You consider general anesthesia does not allow a better/more complete mediastinal staging  You do not have access to general anesthesia  You consider it is less resource (human and  material) consuming than general anesthesia  Other (please specify)  (Select as many as needed) |
| 9.2.1 If you had access to general anesthesia, would you routinely use it? | Yes or No |
| 9.3 Why do you perform your procedures under no sedation? | You do not have access to conscious sedation  You do not have access to general anesthesia  You do not consider that sedation would provide any benefit to the procedure  Other (please specify)  (Select as many as needed) |
| 9.3.1 If you had access to general anesthesia or conscious sedation, would you routinely use one of them? | Conscious sedation  General anesthesia  Neither of them |
| 10. How do you usually choose which lymph nodes to INSPECT during fine-needle aspiration staging accessible to the endoscope used procedures (EBUS, EUS or EUS-B)? | Systematic inspection of all nodal stations  Targeted inspection of nodes visible on CT or PET-CT  Targeted inspection of nodes that look suspicious to you on CT or PET-CT  Targeted inspection of nodes greater than 10 mm or hypermetabolic on CT or PET-CT  Other (please specify) |
| 11. How do you usually choose which lymph nodes to SAMPLE during a fine-needle aspiration staging procedure (EBUS, EUS, EUS-B) after inspection? | Sample of all nodes greater than 5 mm  Sample of all nodes greater than 10 mm  Sample of all nodes greater than X mm  Sample of all nodes felt to be suspicious by the operator (please specify the criteria used)  Other (please specify) |
| **Preoperative mediastinal nodal staging and EBUS and EUS/EUS-B use** | |
| 12. For which tumors do you think we should perform preoperative mediastinal staging (no matter the procedure used)? | Any suspected primary lung cancers for which we plan a surgical treatment  Tumors greater than 3 cm  Tumors greater than X cm (please specify below)  Tumors with enlarged or hypermetabolic N1 lymph nodes on imaging (CT or PET-CT)  Tumors with enlarged or hypermetabolic N2/3 lymph nodes on imaging (CT or PET-CT)  Central tumors  Non-hypermetabolic tumors on PET scan  Highly hypermetabolic tumors on PET scan  Any tumor for a patient with high surgical risk  Other (please specify) |
| 13. Do you think there are still indications for surgical mediastinal staging after negative complete fine-needle staging with EBUS/EUS/EUS-B and satisfying specimens? | Yes or No |
| 13.1 In your opinion, what are these indications (considering a negative but good quality sampling from EBUS/EUS/EUS-B)? | A mediastinal lymph node was hypermetabolic  A mediastinal lymph node was NOT hypermetabolic but 10 mm or greater on CT  A N1 lymph node was enlarged on CT or  hypermetabolic on PET-CT  The primary tumor is central  The primary tumor is greater than 3 cm  High surgical risk patients  Other (please specify)  (Select as many as needed) |
| 14. What is the technique MAINLY used to perform mediastinal staging of lung cancer in your institution or institution of referral? | EBUS only  EUS only  EBUS and EUS  EBUS and EUS-B  Mediastinoscopy  Invasive lymph node dissection during surgery  Mediastinal staging is not available in my  institution |
| 15. Which of these procedures do you think provides the best negative predictive value, notwithstanding other characteristics of each respective procedure? | EBUS alone  EBUS with EUS  EBUS with EUS-B  Videomediastinoscopy  (You may choose more than one answer if you consider two procedures or combination of procedures to be equivalent) |
| 16. Which of these techniques are available in your institution or readily available in another institution if you want to refer a patient for such a procedure? | EBUS  EUS-B  EUS  Mediastinoscopy  None of these  (Select as many as needed) |
| 16.1 Can EBUS and EUS or EUS-B be performed by the same operator in your institution or your institution of referral? | Yes or No |
| 16.1.1 You are using the combination of EBUS and EUS EUS-B by the same operator: | Systematically  In selected cases only |
| 16.1.1.1 Since you use the combination of EBUS and EUS or EUS-B by the same operator in selected cases only, which proportion of patients do you feel these cases represent? | Less than 5%  5-25%  26-50%  51-75%  More than 75% |
| 16.1.1.1.1 Since you use the combination of EBUS and EUS or EUS-B by the same operator in selected cases only, what are your criteria to use it in a selected accessible by EUS/EUS-B patient? | Left lung tumor  Positive lymph nodes on CT or PET-CT scan only  Other (please specify)  (Select as many as needed) |
| 16.2 Do you sometimes use the combination of EBUS and EUS or EUS-B by two different operators? | Yes or No |
| 16.2.2You are using the combination of EBUS and EUS EUS-B by two operators: | Systematically  In selected cases only |
| 16.2.2.2 Since you use the combination of EBUS and EUS or EUS-B by two operators in selected cases only, which proportion of patients do you feel these cases represent? | Less than 5%  5-25%  26-50%  51-75%  More than 75% |
| 16.2.2.2.2 Since you use the combination of EBUS and EUS or EUS-B by two operators in selected cases only, what are your criteria to use it in a selected accessible by EUS/EUS-B patient? | Left lung tumor  Positive lymph nodes on CT or PET-CT scan only  Other (please specify)  (Select as many as needed) |
| 16.3 The guidelines from the European Society of Gastrointestinal Endoscopy (ESGE), echoendoscopist the European Respiratory Society (ERS) and the European Society of Thoracic Surgeons (ESTS) recommend that NSCLC with specified criteria for mediastinal nodal staging be staged with a combination of EBUS and EUS or EUS-B over either test alone. Despite these recommandations, why do you use the combination of EBUS and EUS or EUS-B in selected cases only ? | You consider that you, or your referral are not properly trained to perform EUS or EUS-B  You consider that your institution, or institution of referal does not have a sufficient EUS procedures volume to obtain reliable results  You consider EUS or EUS-B only has an added value over EBUS alone  You consider EUS or EUS-B has an added value in selected cases only? (please specify)  Other (please specify)  (Select as many as needed) |
| 16.3.1 For which situations do you consider EUS and EUS-B has an added value? | Left lung tumor  Positive lymph nodes on CT or PET-CT scan only accessible by EUS/EUS-B  Other (please specify) |
| 17. Please write any comment on this survey |  |

**Appendix 2. List of Interventional Bronchoscopists Countries.**

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| **Countries** | **153** |
| **Europe**   * France * Italy * Portugal * UK * Greece * Sweeden * Turkey * Germany * Belgium * Cyprus * Luxembourg * Macedonia * Serbia * Spain * Bulgaria * Estonia * Finland * Montenegro * Netherlands * Romania * Russia * Slovenia   **North America**   * USA * Canada   **Other**   * India * Sri Lanka * Australia * Brasil * Hong Kong * Iran * Iraq * Jordan * Morroco * Peru * Singapore | **84 (55%)**  26 (31,3%)  10 (11,9%)  6 (7,2%)  6 (7,2%)  5 (6%)  4 (5%)  4 (5%)  3 (3,6%)  2 (2,4%)  2 (2,4%)  2 (2,4%)  2 (2,4%)  2 (2,4%)  2 (2,4%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  1 (1,05%)  **52 (34%)**  33 (63,5%)  19 (36,5%)  **17 (11%)**  6 (35,3%)  2 (11,8%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%)  1 (5,87%) |