**Appendix 1. Survey.**

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| Questions | Answers |
| **General Informations** |
| 1.What is your medical specialty? Pulmonology | PulmonologyThoracic surgeryGastroenterology |
| 2. How long have you been practicing your specialty? | Less than 5 years5-10 yearsMore 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 year1-4 years5-10 yearsMore than 10 years |
| 6.2 How did you learn to perform EBUS? | Course of a week or lessCourse/internship of more than one weekDedicated fellowship programSelf-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 year1-4 years5-10 yearsMore than 10 years |
| 7.2 How did you learn to perform EUS?  | Course of a week or lessCourse/internship of more than one weekDedicated fellowship programSelf-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 year1-4 years5-10 yearsMore than 10 years |
| 8.2 How did you learn to perform EUS-B? | Course of a week of lessCourse/internship of more than one weekDedicated fellowship programSelf-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 anesthesiaConscious sedationNo sedation |
| 9.1 Why do you perform your procedures under general anesthesia ? | You consider general anesthesia allows a better/more complete mediastinal stagingYou do not have access to conscious sedationTo provide better comfort for the patientOther (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 stagingYou do not have access to general anesthesiaYou consider it is less resource (human andmaterial) consuming than general anesthesiaOther (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 sedationYou do not have access to general anesthesiaYou do not consider that sedation would provide any benefit to the procedureOther (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 anesthesiaNeither 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 stationsTargeted inspection of nodes visible on CT or PET-CTTargeted inspection of nodes that look suspicious to you on CT or PET-CTTargeted inspection of nodes greater than 10 mm or hypermetabolic on CT or PET-CTOther (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 mmSample of all nodes greater than 10 mmSample of all nodes greater than X mmSample 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 cmTumors 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 tumorsNon-hypermetabolic tumors on PET scanHighly hypermetabolic tumors on PET scanAny tumor for a patient with high surgical riskOther (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 orhypermetabolic on PET-CTThe primary tumor is central The primary tumor is greater than 3 cm High surgical risk patientsOther (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 onlyEUS onlyEBUS and EUSEBUS and EUS-BMediastinoscopyInvasive lymph node dissection during surgeryMediastinal staging is not available in myinstitution |
| 15. Which of these procedures do you think provides the best negative predictive value, notwithstanding other characteristics of each respective procedure?  | EBUS aloneEBUS with EUSEBUS with EUS-BVideomediastinoscopy(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? | EBUSEUS-BEUSMediastinoscopyNone 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: | SystematicallyIn 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 tumorPositive lymph nodes on CT or PET-CT scan onlyOther (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: | SystematicallyIn 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 tumorPositive lymph nodes on CT or PET-CT scan onlyOther (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-BYou consider that your institution, or institution of referal does not have a sufficient EUS procedures volume to obtain reliable resultsYou consider EUS or EUS-B only has an added value over EBUS aloneYou 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 tumorPositive lymph nodes on CT or PET-CT scan only accessible by EUS/EUS-BOther (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%) |