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## ABSTRACT

Objective: Advances in diagnostic imaging techniques, such as 18F-fluorodeoxyglucose positron emission tomography (FDG-PET), have led to greater accuracy in preoperative mediastinal staging for patients with non-small-cell lung cancer (NSCLC), but surgical staging remains the "gold standard" for diagnosis. A proper understanding of the current accuracy of diagnostic imaging is needed for further improvements. Methods: Forty-three patients who underwent resection for NSCLC involving mediastinal lymph node (MLN) metastasis at our hospital between June 2003 and May 2011 were enrolled in this study. We conducted a retrospective study of the radiological and pathological findings for 53 metastatic MLNs in the 43 patients. Results: The preoperative imaging modality was computed tomography (CT) alone for 18 patients (22 MLNs) and CT and FDG-PET for 25 patients (31 MLNs). The sensitivities of CT and FDG-PET were 41.5% and 58.0%, respectively. The sensitivity of CT did not differ according to any clinicopathological factors, but the sensitivity of FDG-PET tended to be higher for primary tumors with high SUVmax values and for nonadenocarcinomas. In the lymph nodes, all micrometastatic foci ≤ 2 mm were PET-negative, but 4 lymph nodes with metastatic foci larger than 10 mm were also PET-negative. Conclusions: For the diagnostic imaging of MLN, FDG-PET has a greater sensitivity than contrast-enhanced CT based on " size criteria", but it is still not sufficiently sensitive and is influenced by various factors. At present, histological confirmation of MLNs is necessary when making decisions regarding treatment plans and the type of surgical procedure that should be performed.

## **KEYWORDS**

Non-Small-Cell Lung Cancer; Mediastinal Lymph Node Metastasis; Positron Emission Tomography; Computed Tomography

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