selected cases, especially those that represent repetition of previously unyielding procedures.

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To the Editor:

We appreciate the comments of Dr. Chau et al, and value the opportunity to respond by emphasizing a few important points. In addition to the report by Chau et al, a recently published abstract by Chittock et al confirms that routine collection of washings and brushings for endobronchial lesions is not cost-effective. The fact that these reports from three different countries on two continents all reach the identical conclusion speaks to the robustness of the conclusions; namely that it is unnecessary to collect both brushings and washings during bronchoscopy for endobronchial lesions. We still continue to believe that collection of either washings or brushings is cost-effective at our institution. However, this conclusion may not be universally true because any cost analysis is based on the relative costs at individual institutions.

The findings by Chau et al that brushings and washings are the only diagnostic modality in 7.8% and 9.5% of endoscopically nonvisible tumors is quite interesting. These findings coupled with the findings of Chechani et al appear to confirm our suspicion that there is a very real role for cytologic specimens in endoscopically nonvisible tumors. However, it remains unclear which combination of cytology specimens is the most cost-effective. It would be quite interesting to know the overall sensitivity of bronchoscopy for the endoscopically nonvisible lesions in the series by Chau et al compared to that found by Chechani. If the sensitivities were similar, it would bring into question our routine use of fluoroscopy to guide the biopsy of endoscopically nonvisible lesions.

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