

MANAGEMENT OF MALIGNANT GASTRIC OUTLET OBSTRUCTION DUE TO PANCREATIC CANCER IN THE ERA OF EUS-GASTROENTEROSTOMY: AN INTERNATIONAL PRACTICE SURVEY AND CASE VIGNETTE STUDY

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Poster

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An international survey of 290 pancreatologists from 44 countries reveals significant practice variation in malignant gastric outlet obstruction management, with EUS-guided gastroenterostomy available to only 59% despite growing support, and learning curve identified as the main barrier to adoption.

KEY POINTS

- Endoscopic stenting remains the most widely available treatment (91%), while only 10% of respondents report proficiency in EUS-guided gastroenterostomy despite its availability to 59%
- Practice patterns differ markedly by specialty: 45% of gastroenterologists favor endoscopic stenting as gold standard versus 24% of surgeons, while 25% of surgeons favor surgical gastroenterostomy versus 10% of gastroenterologists
- Half of respondents believe EUS-guided gastroenterostomy will become the primary treatment for malignant gastric outlet obstruction, with higher rates among gastroenterologists and high-volume centers
- Life expectancy is the primary decision driver when selecting treatment, followed by disease stage and patient frailty, while potential future surgical resectability does not contraindicate treatment for three-quarters of respondents
- The survey identifies lack of standardized treatment algorithms and highlights that learning curve remains the main barrier to EUS-guided gastroenterostomy adoption despite perceived advantages of minimal invasiveness and high clinical efficacy

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