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Summary

PATIENT-REPORTED ANOREXIA/CACHEXIA TRAJECTORIES AFTER EUS-GUIDED GASTROENTEROSTOMY VERSUS DUODENAL STENTING OR SURGICAL BYPASS IN PANCREATIC CANCER: PRELIMINARY DATA FROM THE MULTICENTER, PROSPECTIVE GOOSE STUDY

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UEG Week Barcelona 2026 | Presentation

Mechanisms & Personalised Medicine | Pancreas | Digestive Oncology

October 18, 2026

In a prospective multicenter study of 103 PDAC patients with gastric outlet obstruction, EUS-guided gastroenterostomy provided sustained improvement in anorexia-cachexia scores over 90 days, while duodenal stenting showed transient benefit and surgical bypass was associated with higher morbidity.

KEY POINTS

- EUS-guided gastroenterostomy (n=77) showed 30-day improvement in FAACT scores that stabilized, duodenal stenting (n=19) showed initial improvement followed by decline, and surgical bypass (n=7) caused initial decrease with partial 90-day recovery (p=0.002 for trajectory differences).
- Surgical bypass had significantly higher adverse events (86% vs 15.8% for stenting vs 13.5% for EUS-GE, p<0.0001) and higher 90-day recurrence (60% vs 20% vs 7%, p=0.007).
- Technical and clinical success rates were comparable across all three treatment groups.
- Overall survival favored EUS-guided gastroenterostomy (p=0.01), though the small surgical cohort (n=7) limits interpretation.
- Chemotherapy use was similar across treatment groups with no difference in initiation or continuation.
- The presenter stated in discussion that EUS-guided gastroenterostomy can be considered the best choice based on these results, being minimally invasive with better patient-reported outcomes.

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