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Summary

# IMPACT OF MACROSCOPIC ON-SITE EVALUATION (MOSE) ON ACCURACY OF ENDOSCOPIC ULTRASOUND-GUIDED FINE-NEEDLE BIOPSY (EUS-FNB) OF SOLID LESIONS: A RANDOMISED CONTROLLED TRIAL.

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Pancreas

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**A prospective study of 148 patients compared macroscopic on-site evaluation (MOSE) to conventional technique for EUS-guided fine needle biopsy of abdominal solid lesions, finding comparable diagnostic accuracy but improved diagnostic adequacy with MOSE.**

## KEY POINTS

- Diagnostic accuracy was similar between MOSE and conventional technique (87.8% versus 81.0%, p = 0.34), but MOSE showed significantly better diagnostic adequacy (95.9% versus 91.8%, p = 0.04).
- MOSE uses a scoring system (0-3) based on macroscopic tissue core appearance, with accuracy increasing by score: 49.3% for score 1, 68.9% for score 2, and 81.3% for score 3.
- The study randomized 148 consecutive patients undergoing EUS-FNB for pancreatic and extrapancreatic solid lesions to MOSE (74 patients) or conventional technique (74 patients) using 22 Gauge Franseen-tip needles with two passes each.
- MOSE allows endoscopists to perform direct inspective evaluation of tissue samples without requiring a cytopathologist, potentially reducing needle passes compared to conventional rapid on-site evaluation (ROSE).

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