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Summary

CLINICAL IMPACT OF MULTIPLE EUS-FNA DURING PANCREATIC CYST SURVEILLANCE

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UEG Week Barcelona 2026 | Presentation

Radiology & Imaging | Pancreas | Endoscopy | Digestive Oncology

October 20, 2026

Multiple EUS-FNA with biochemical and molecular testing during pancreatic cyst surveillance changed diagnosis or management in 13.2% of patients after median 61.5 months, with repeat sampling less beneficial in older patients with CEA >30, amylase <36,000, and negative baseline molecular markers.

KEY POINTS

- Serial EUS-FNA increased relative sensitivity for CEA by 42.4%, KRAS by 71.8%, and GNAS by 90.1% while maintaining high specificity for mucinous lesions.
- Change in diagnosis or management occurred in 20 of 151 patients after a median of 2.5 FNA procedures, with 17 patients receiving surgery recommendations.
- Older age, initial positive KRAS or GNAS, CEA <30, and amylase <36,000 independently predicted lower benefit from repeat FNA; only 5.6% of patients with at least one low-benefit criterion derived benefit compared with 25.5% without such characteristics (OR 6.6, p<0.01).
- The study included 151 patients followed for a median 89 months with 3 EUS-FNA procedures at 14-month intervals; cyst size remained stable over surveillance.
- Findings support a selective approach to repeat EUS-FNA in surgical candidates with uncertain baseline findings rather than routine repeated sampling in all patients under surveillance.

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