

SAME-SESSION ENDOSCOPIC DIAGNOSIS AND SYMPTOMS' PALLIATION IN PANCREATOBILIARY MALIGNANCIES: CLINICAL IMPACT OF RAPID-ON-SITE EVALUATION

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Poster

Pancreas

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Rapid on-site evaluation during endoscopic procedures enabled same-session pathological confirmation and therapeutic intervention in 323 patients with suspected malignancy requiring jaundice or gastric outlet obstruction palliation.

KEY POINTS

- ROSE adequacy was 98.9% for EUS-guided sampling and 50% for ERCP-guided sampling in patients requiring same-session pathological confirmation of suspected malignancy.
- All 53 therapeutic EUS procedures, including 37 EUS-choledochoduodenostomies and 5 EUS-hepaticogastrostomies, occurred after adequate ROSE confirmation.
- Plastic stents were used significantly more often when ROSE was inadequate during ERCP stent placement (90.9% versus 5.8%, $p < 0.0001$).
- Median hospital stay for diagnosis and palliation was 3 days and median time to chemotherapy was 33 days.
- The study population comprised 323 patients (59.7% of 541 with underlying malignancy), predominantly pancreatic cancer (76.8%) and cholangiocarcinoma (16.4%), referred between January 2020 and September 2022.

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