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Summary

DUODENAL ASPIRATION BIOPSY WITH CEA-BASED THREE-ZONE RISK STRATIFICATION FOR PANCREATIC CYSTIC NEOPLASMS: A PROSPECTIVE MULTICENTER STUDY

Vitali Proutski

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Surgery | Pancreas | Mechanisms & Personalised Medicine | Digestive Oncology

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Duodenal aspiration biopsy using a novel triple-lumen catheter safely obtained diagnostic pancreatic juice in 100% of 42 patients with pancreatic cystic neoplasms, with CEA measurement showing 92% sensitivity and 95% specificity (AUC=0.971) for detecting high-grade dysplasia or cancer at the >192 ng/mL threshold.

KEY POINTS

- DAB yielded diagnostic material in 42/42 patients (100%) with no complications, whereas EUS-FNA enabled CEA measurement in only 11/42 patients (26.2%) due to insufficient volume and caused complications in 3/25 procedures (12%).
- Mean CEA levels differed significantly across disease groups: chronic pancreatitis 52.7 ng/mL, low-grade IPMN 39.9 ng/mL, moderate-risk PCNs 142.8 ng/mL, and high-grade IPMN/PDAC 434.0 ng/mL ($p<0.001$).
- A three-zone risk model was proposed: Zone I (CEA <100 ng/mL, benign disease), Zone II (100–192 ng/mL, active surveillance), and Zone III (>192 ng/mL, high malignancy risk).
- The triple-lumen catheter isolates the duodenum around the papilla under controlled negative pressure, with a built-in shunting effect allowing liquid nutrition to trigger neurohumoral stimulation of pancreatic secretion.
- In 5 surgical cases, PDAC was histologically confirmed in 3 patients, and atypical cells on DAB cytology were identified in 2 of the 3 cancer cases.
- The speaker disclosed CEO and co-founder role at Panjika Limited, the company developing the catheter, and emphasized that the study does not yet claim diagnostic accuracy and that thresholds require validation in larger cohorts.

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