

# Accepted Manuscript

EUS-FNB is superior to EUS-FNA in sampling pancreatic masses

Fan Wang, Hong-ling Wang, Qiu Zhao



PII: S1542-3565(17)31537-9  
DOI: [10.1016/j.cgh.2017.12.039](https://doi.org/10.1016/j.cgh.2017.12.039)  
Reference: YJCGH 55623

To appear in: *Clinical Gastroenterology and Hepatology*  
Accepted Date: 21 December 2017

Please cite this article as: Wang F, Wang H-I, Zhao Q, EUS-FNB is superior to EUS-FNA in sampling pancreatic masses, *Clinical Gastroenterology and Hepatology* (2018), doi: 10.1016/j.cgh.2017.12.039.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

## EUS-FNB is superior to EUS-FNA in sampling pancreatic masses

Fan Wang,<sup>1,2</sup> Hong-ling Wang,<sup>1,2</sup> Qiu Zhao<sup>1,2</sup>

<sup>1</sup>Department of Gastroenterology, Zhongnan Hospital of Wuhan University, Wuhan, China

<sup>2</sup>Hubei Clinical Center & Key Lab of Intestinal & Colorectal Diseases, Wuhan, China

**Contributors** All authors contributed equally.

**Correspondence to** Professor Qiu Zhao, Department of Gastroenterology, Zhongnan Hospital of Wuhan University, No.169, Donghu Road, Wuhan 430071, China. E-mail: zhaoqiuwuhu@163.com.

We read with interest the report by Cheng et al, which compared fine needle aspiration (FNA) and fine needle biopsy (FNB) in endoscopic ultrasound (EUS) guided sampling of pancreatic and abdominal masses.<sup>1</sup> In their randomized controlled trial (RCT), 249 patients with pancreatic masses were randomly assigned to groups (1:1) for assessment by EUS-FNA (n=126) or EUS-FNB (n=123). Finally, they found EUS-FNB samples of pancreatic masses produced more accurate diagnosis than the samples collected by EUS-FNA ( $P=0.0099$ ). However, this was inconsistent with two newly published studies, which reported a similar level of diagnostic accuracy between EUS-FNA and EUS-FNB ( $P=0.564$  in Noh et al;  $P=0.063$  in Bang et al).<sup>2,3</sup>

We thought this inconsistency might be caused by the small size of included patients in Noh et al (n=60) and Bang et al (n=46) studies. After a systematic literature review, it was found that most related RCTs were also limited in sample size. Except for Cheng et al, none of studies reported a higher accuracy in EUS-FNB than EUS-FNA. To overcome the limitation of small sample size, we conducted a meta-analysis of RCTs to compare the efficacy and safety of EUS-FNB to EUS-FNA in sampling pancreatic masses.

Eleven studies were included with a total of 694 EUS-FNA cases and 688 EUS-FNB cases.<sup>1-11</sup> EUS-FNB showed a higher accuracy than EUS-FNA in diagnosing pancreatic masses (OR: 1.62, 95% CI: 1.17-2.26; n=10,  $I^2=17%$ ) (Figure 1). As for adverse events, no significant difference was found between EUS-FNB and EUS-FNB (OR: 1.01, 95% CI: 0.27-3.78; n=10,  $I^2=0%$ ) (Figure 2). Egger's test detected no significant publication biases. EUS-FNB had a higher accuracy (OR: 1.44, 95% CI: 1.00-2.07;  $I^2=9%$ ) and comparable safety (OR: 2.05, 95% CI: 0.37-11.46;  $I^2=0%$ )

Download English Version:

<https://daneshyari.com/en/article/8725032>

Download Persian Version:

<https://daneshyari.com/article/8725032>

[Daneshyari.com](https://daneshyari.com)