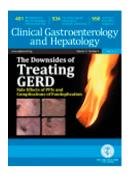
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EUS-FNB is superior to EUS-FNA in sampling pancreatic masses

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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.¹ 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).^{2,3}

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.¹⁻¹¹ 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%)

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