



HUNGARIAN
PANCREATIC
STUDY GROUP

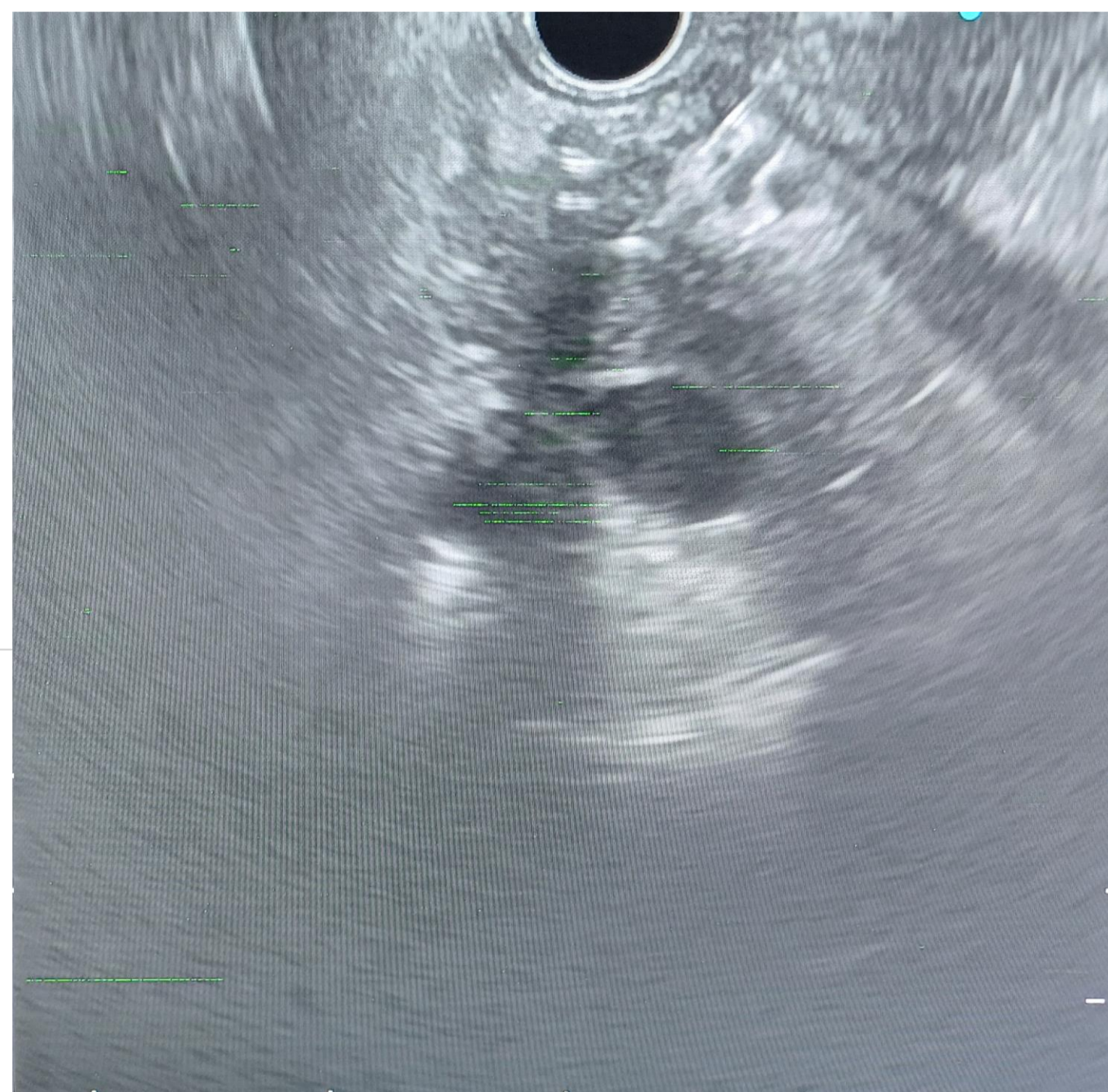
Importance of rapid on-site evaluation during endoscopic ultrasound-guided fine-needle biopsy in solid pancreatic lesions

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METHODS

We **retrospectively reviewed** the data from **40 EUS-FNB** procedures with ROSE for solid pancreatic lesions at Semmelweis University's Institute of Pancreatic Diseases since **November 2023**. Patient demographics, lesion characteristics, histological findings, and procedural outcomes were documented and analyzed to evaluate the diagnostic utility.

INTRODUCTION

Solid pancreatic lesions present diagnostic challenges, requiring advanced techniques for accurate tissue acquisition. Endoscopic ultrasound-guided fine-needle biopsy (**EUS-FNB**) is now a key diagnostic approach due to its high safety and reliability. Rapid on-site evaluation (**ROSE**) during EUS-FNB further **improves** its **diagnostic yield**, allowing real-time assessment of sample adequacy and facilitating immediate decision-making. Despite its benefits, the **European Society of Gastrointestinal Endoscopy** recommends **further evidence** for its utility. According to a recent survey on practice patterns in EUS guided sampling, ROSE was available to 48 % of responders from Europe, 55 % of responders from Asia, and almost all responders (98 %) from the US.



EUS mintavétel (balról jobbra) 1: mintavételi labor, 2: endoszkópos technikus asztala, 3: uROSE mintapreparálás helye, 4: Olympus CH2 mikroszkóp.

RESULTS

40 EUS-FNB procedure - Institute of Pancreatic Diseases, SE

22G FNB needles with a mean needle passes three

Mean diameter: 31.8 x 27.3 mm

73%: hypoechoogenic; 27%: heterogeneous echogenicity

Histological analysis - adenocarcinoma: 50%
normal histology: 20%
other malignancies: 10%;
other pathology: 20%

ROSE

22G FNB needles with a mean needle passes four

Mean diameter: 25 x 20 mm

74%: hypoechoogenic; 6%: heterogeneous echogenicity, 20% cystosus

Histological analysis – adenocarcinoma: 37.5%
normal histology - 20%
other malignancies: 22.5%
pseudocyst or chronic pancreatitis: 15%
insufficient tissue sample: 5%

~~**ROSE**~~

CONCLUSIONS

EUS-FNB has a crucial role in the diagnosis of solid pancreatic lesions and provides valuable guidance for clinicians in selecting therapy. When paired **with ROSE**, it might **decrease the need for repeated procedures**.