

Diagnostic adequacy of needles used in EUSguided tissue acquisition of solid pancreatic masses – A systematic review and network metaanalysis

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Background

Methods

Several needle designs are available in different sizes for endoscopic

ultrasound (EUS)-guided tissue acquisition (TA) of solid pancreatic masses, and they offer different efficacy and safety profiles. No clear guidelines exist for the choice of needle for TA in this context. <u>Our</u> <u>Aim:</u> To compare the needles regarding efficacy (diagnostic adequacy, technical failures) and safety (adverse effects), and to create a ranking of all available needle types through network meta-analysis.

- Systematic search: MEDLINE (via PubMed), CENTRAL, Embase, Web of Science and Scopus, until October 2021
- Inclusion criteria: Randomized controlled trials, comparing at least two needles of a specified gauge for TA of solid pancreatic masses
- Statistics: Odds ratios were calculated, a random effects model applied and the P-score (0 to 1) was calculated to rank the needles.



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- 35 included studies
- Histological adequacy:
- Best: 25G (0.748) and 22G (0.746) Fork-tip
- Worst: 25G (0.279) and 22G (0.264) Menghini
- Cytological adequacy:
- Best: 22G (0.814) Fork-tip, 25G (0.767) Reverse-bevel
- Worst: 22G Reverse-bevel (0.332), 22G Menghini (0.175)
- Adverse events:
- Best: 25G Reverse-bevel (0.797), 20G forwardbevel (0.689)
- Worst: 22G Franseen (0.319), 19G Menghini (0.228)
- Technical failures:
- Best: 25G (0.845) and 22G (0.742) Franseen
- Worst: 22G Reverse-bevel (0.199), 19G Menghini



(0.060)

Summary

Based on our results, fork-tip needles can be recommended for their higher diagnostic adequacy but with a slightly increased risk of adverse events. Menghini needles performed worst for nearly all outcomes. Limitations of the review are large uncertainties due to low event numbers for adverse events and technical failures and a small number of direct comparisons.

