Meeting Report

Report of EURO-EUS 2013

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INTRODUCTION

The 10th EURO-EUS meeting was held in Paris (Pulmann Montparnasse Hotel) during 2 days, April 25 and 26, 2013. The first day was dedicated to live demonstration from the Endoscopic Unit in Paoli-Calmettes Institute (Marseille) and oral communications. During the second day, international experts on endoscopic ultrasound (EUS) gave lectures and debates in different indications of EUS as diagnostic techniques (elastography, contrast-enhanced EUS, confocal microscopy) and also therapeutic EUS-guided procedures as cryothermal ablation of pancreatic tumor, pancreaticogastrostomy and EUS-guided biliary drainage. We report in the summary of this meeting as below.

LIVE DEMONSTRATION CASES

Sixteen cases were performed including diagnostic EUS, therapeutic EUS and also combined procedures with EUS followed by therapeutic endoscopy (Fig. 1). Examinations were performed using Pentax EUS scopes (EG-3270UK, EG-3870UTK and EG-3670URK) connected to the last generation of US machines from Hitachi (Avius, Prerius and Asencius). The material used during this live demo day was from Cook-Company.

Four cases were dedicated to the diagnosis of pancreatic cystic lesions, on the place of EUS-guided fluid aspiration, cytology, contrast-enhanced EUS and also new procedures as EUS-guided-confocal microscopy using the needle-based confocal laser endomicroscopy (nCLE) cellvizio technique from Mauna-Kea Company. New images of serous cystadenoma were seen as reticular vascular networks which have a sensitivity of 65% and a specificity of 100% (CONTACT study). An ethanol lavage of a mucinous cystadenoma of the head of the pancreas was performed during the live demonstration and also other therapeutic procedures guided by EUS as fenestration of a duodenal duplication.

Many techniques of EUS-guided fine needle aspiration (FNA) were described during this course using standard needles or ProCore™ needles. Professor Chang (Irvine California) showed us the SLOW PULL technique using the 25-G ProCore™ needle; Professor Sahai (Montreal) has confirmed his good results using the NO SUCTION technique; and finally Professor Iglesias (Santiago) showed us his SLOW PASS technique using the 19-G ProCore™ needle.

ORAL AND POSTER PRESENTATION

We reported here the top six of the most original communication during the meeting. (Fig. 2)

Tarantino et al. has reported the experience of the ProCore™ needle in pancreatic cystic lesion (PCL). In 39/60 PCLs (65%), the specimens were adequate for cytohistologic assessment. In PCLs with solid components and in malignant lesions, adequacy was higher (17/18, 94.4%, $P = 0.0149$,
The aim of this pilot study by Poincloux et al. was to assess the feasibility and safety of EUS-guided intrahepatic portosystemic shunt (EGIPSS) in a live porcine model. In a live pig model, EGIPSS was feasible (91%), functional (83%), and with a morbidity of 22%. EGIPSS should be assessed in portal hypertension models, could become an option to TIPPS failure, and might increase the availability of portosystemic shunts in emergency situations.

Leichtmann et al. reported the preliminary results of intralesional BC-819 injection plus gemcitabine in advanced pancreatic cancer. Twelve patients with unresectable locally advanced pancreatic cancer (LAPC) entered this pilot study. Subjects were randomized to receive 8 or 12 mg of intratumoral BC-819 by EUS. All received 7 weekly doses of BC-819 together with an additional 6 intravenous doses of gemcitabine (core treatment). Those not progressing were offered maintenance treatment. Till now, the data of the first 6 patients have been analyzed and 11 patients completed the core treatment; one early discontinuation unrelated to the study procedures. One patient developed an injection site abscess, which was resolved by conservative treatment. No serious adverse events related to study medication were noted. Among the initial 6 patients, 1 experienced partial response and 3 were with stable diseases (SD) at the end of the core treatment. Treatment of LAPC with intratumoral BC-819 and intravenous gemcitabine is feasible and results in disease stabilizations and partial responses.

Iglesias et al. has communicated on the role of quantitative EUS elastography (Q-EUS-E) in the differential diagnosis of solid pancreatic masses. The strain ratio was significantly higher among patients with pancreatic malignant tumors as compared to those with benign lesions. ROC curve showed, for a cut-off point of 9.5 (AUC = 0.951), a sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV) and overall accuracy in detecting malignancy of 100%, 91%, 97%, 100% and 98%, respectively. Q-EUS-E is a very useful tool for the differential diagnosis of solid pancreatic masses, performed under a well-established protocol, confirming previous results.

LECTURES DURING THE CORE MEETING

Many lectures were presented during this meeting. Experts and endosonographers in the audience have debated on the role of elastography for the differentiation of benign and malignant tissue and concluded on the need to have guidelines on the technique and how to use the results of elastography in making therapeutic decision.

Discussion was also very fruitful on the technique and the indications of pancreatico-gastrostomy and the place of EUS-guided biliary drainage versus percutaneous transhepatic cholangiography (PTC).

New technologies were presented like EUS-guided cryo-thermal ablation for pancreatic cancer by Professor Arcidiacono with a promising results and the use of EUS-guided confocal microcscopy in pancreatic cystic lesions by...
Professor Chang. Even today with the development of the magnetic resonance imaging (MRI), pancreatic cystic lesions always represented a challenge for the gastroenterologist to differentiate mucinous from serous lesions. Needle based CLE can represent an advance in the diagnosis of such lesions.

A session was dedicated to neuro-endocrine tumors of the pancreas (PNETs) with 2 nice lectures on the place of EUS and the pivotal role of contrast-enhanced EUS for these lesions, and also on the major place of EUS-FNB in the choice of the treatment by the way of the Ki-67 level determination. Professor Raoul (France) has also demonstrated the important prognostic role of positron emission tomography scan in PNETs.

Finally, last lectures were on the place of EUS in ampullary tumors with a debate on the role of EUS to select the patient for an endoscopic treatment which is not so clear even today in the literature.

**CONCLUSION**

This 10th EURO-EUS meeting was fruitful with good and interesting debates on the role of EUS in digestive diseases; new technologies were showed as nCLE and cryo-theromal ablation under EUS guidance; and new techniques of EUS-FNA were demonstrated during the live course. Now, please save the dates for the 11th EURO-EUS in Paris with the live demonstration from Milano (San Rafaelle Hospital) during April 17 to 18, 2014.