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TAEWOONG MEDICAL
NEWSLETTER



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CONSTANT RESEARCH
FOR THE **BEST SOLUTION**

HOT SPAXUS STENT

Lumen-apposing metal stent with electrocautery delivery system
for drainage of pancreatic pseudocyst or gallbladder



TAEWOONG MEDICAL POST WEBINAR REVIEW Q1

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RFA

LECTURES FOR EUS-GUIDED RFA, EUSRA

JAN 2021
7
1PM CET

LECTURE ABOUT

- Dongwan Seo (Korea) "EUS-RFA of pancreatic cystic tumor"
- Stephen Pereira (UK) "EUS-RFA of benign pancreatic and adrenal tumors"
- Pradermchai Kongkam (Thailand) "EUS-RFA of Unresectable pancreatic cancer"
- Nirav Thosani (USA) "EUS-RFA of borderline resectable pancreatic cancer"



LECTURES FOR EUS-GUIDED RFA, EUSRA
- 7th January, 2021 / 1PM CET
- Dongwan Seo

STENT

TAEWOONG MEDICAL WEBINAR (3RD NITH-S WEBINAR)

BILIARY INTERVENTIONS:
Current treatment of Benign biliary and postoperative anastomotic strictures
"WORLD WIDE EXPERIENCE"

2021 JANUARY 19TH TUESDAY CST 05:00, CET 12:00, AET 22:00, KST/JST 20:00

Outcomes of management for benign hepatico jejunostomy stricture
by Dr. Thomas D'Amico

Endoscopic treatment of Benign biliary Stricture & Post L.T.A.S.
by Dr. Gabeen Jasti (UK)

Less common and potential future use of the Kaffos Stent
by Dr. Jaid S. 3616 (Morocco)

Dr. Arthur Kaffes
Dr. Dong Ki Lee

JOIN THE WEBINAR



BILIARY INTERVENTIONS
- 19th January, 2021 / 12PM CET
- Arthur Kaffes, Dongki Lee

STENT

BARIATRIC ENDOSCOPY 2021

HOW TO MANAGE THE LEAK OR FISTULA AFTER ENDOSCOPIC BARIATRIC SURGERY?

28TH JAN 2021
6PM CET



ENDOSCOPIC BARIATRIC
- 28th January, 2021 / 6PM CET
- Devinder Bansi

STENT

Only LIVE CASES

FEB, 2021
26
8:45AM (CET TIME)
COURSE DIRECTOR

TAEWOONG MEDICAL EUS STENT MASTER CLASS
with Prof. Marc Giovannini

*in cooperation with professional media company SYNAPSLIVE
LIVE BROADCAST

Prof. Marc Giovannini



EUS-STENT MASTER CLASS
- 26th February, 2021 / 8:45AM CET
- Prof. Marc Giovannini

RFA

MAR, 2021
03
WEDNESDAY
COURSE DIRECTOR

17:00-20:20 CET

MASTER CLASS OF EUS-GUIDED RFA
EUS-guided RFA of pancreatic tumors
: How to do in a large Spectrum of Indications?

*in cooperation with professional media company SYNAPSLIVE
BROADCAST

Prof. Marc Barthelet



EUS-RFA MASTER CLASS
- 3rd March, 2021 / 5PM CET
- Marc Barthelet

RFA

MAR, 2021
10
18:00 EST

11 MAR 2021 - 08:00AM KST / 12:00AM CET

ADVANCEMENTS IN PANCREATIC TREATMENTS

Free Registration
(*Only available at your mobile phone)



EUS-RFA MASTER CLASS
- 10th March, 2021 / 6PM EST
- Gregory B. Haber

RFA

TaeWoong MEDICAL

BILIARY RFA ELRA

MARCH
18
THURSDAY

CET 12PM / INDIA 4:30PM
KOREA 8PM / THAILAND 6PM



BILIARY RFA - ELRA
- 18th March, 2021 / 12PM CET
- Nageshwar Reddy

OVER
TOTAL REGISTER ATTENDEES
1,806

INVITED SPEAKES
29
APPROX.
49%
ATTENDANCE RATE

UPCOMING WEBINAR

TAEWOONG WEBINAR EUS-GUIDED DRAINAGE WITH SPAXUS™ & NAGI™ STENT

🕒 KOREA 8PM / INDIAN 4:30PM / THAILAND 6PM / HK 7PM / CET 12PM

APRIL
22
THURSDAY

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ARTICLE THAT YOU SHOULD READ IN ADVANCE

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M
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JongHo Moon



KOREA

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Sundeep Lakhtakia



INDIA



Pradermchai Kongkam



THAILAND

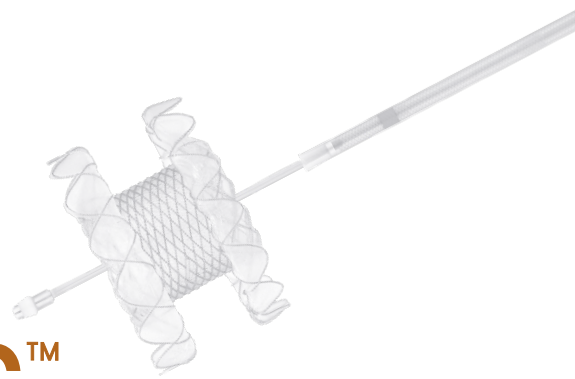


Anthony Teoh



HONG KONG

EXPERT'S INTERVIEW HOT SPAXUS™



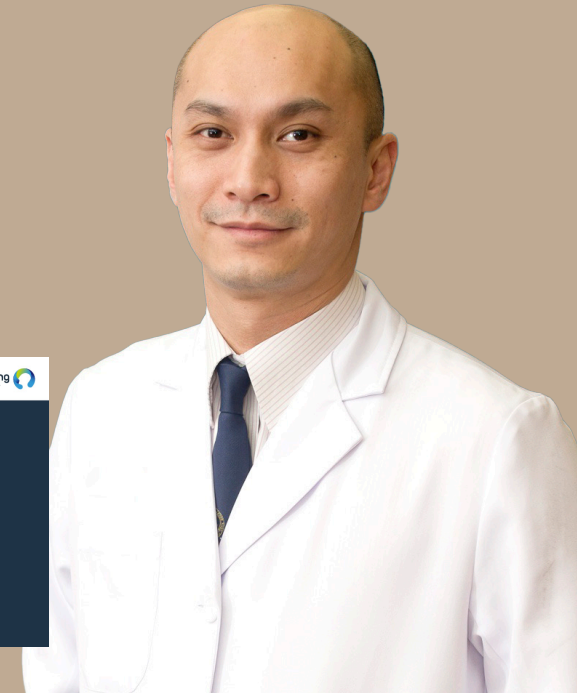
We've conducted online interviews with Prof. Teoh (Hong Kong) and Prof. Kongkam (Thailand) on their HOT SPAXUS™ experience. Please visit our online training website www.taewoongotc.com for more details and for the full interview.



HOT SPAXUS™
makes the procedure a lot more enjoyable
and easier to perform.

Teoh Yuen Bun Anthony

Department of Surgery
Faculty of Medicine
The Chinese University of Hong Kong
Prince of Wales Hospital, Shatin, N.T.



Pradermchai Kongkam

Gastrointestinal Endoscopy Excellence Center
King Chulalongkorn Memorial Hospital
Bangkok, Thailand





EXPERT'S INTERVIEW EUS-GUIDED RFA EUSRA™

World renowned leader of EUS-guided RFA, Prof. Marc Barthet was interviewed for the following questions regarding the EUSRA™ Procedure.

Please, [click the link for full interview video.](#)



Prof. Marc Barthet

Professor of the Faculty of Medicine of Marseille,
Medical doctor of public hospital
Head of the Endoscopy unit of North Hospital in Marseille, France



VOD



- What kind of patient could get clinical benefits from EUSRA™ treatment?
- What are the required characteristics for EUS-RFA needle?
- Do you think EUSRA™ is a potential product to be considered as an alternative to surgery for some patients?
- How do you evaluate EUSRA™ in terms of safety in general?



ONLINE COURSES

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MYPAGE

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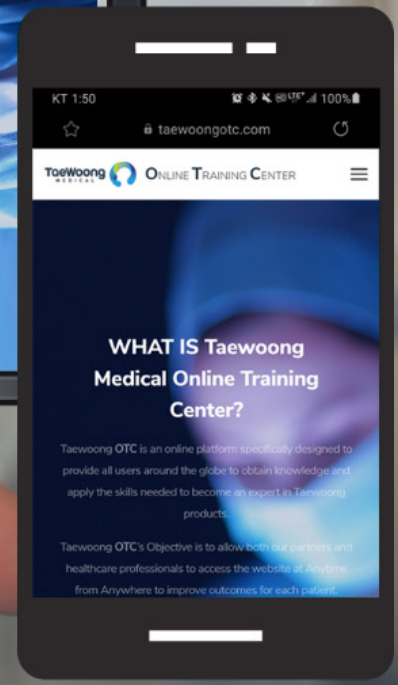
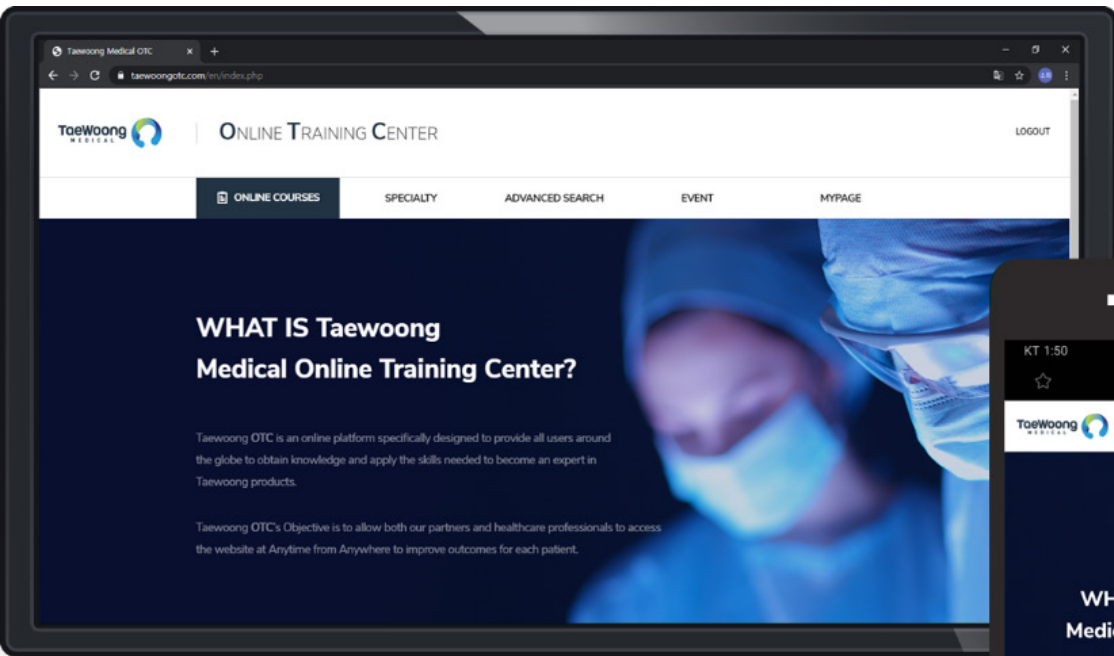
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WHAT IS TaeWoong Medical Online Training Center?

TaeWoong OTC is an online platform specifically designed to provide all users around the globe to obtain knowledge and apply the skills needed to become an expert in TaeWoong products.

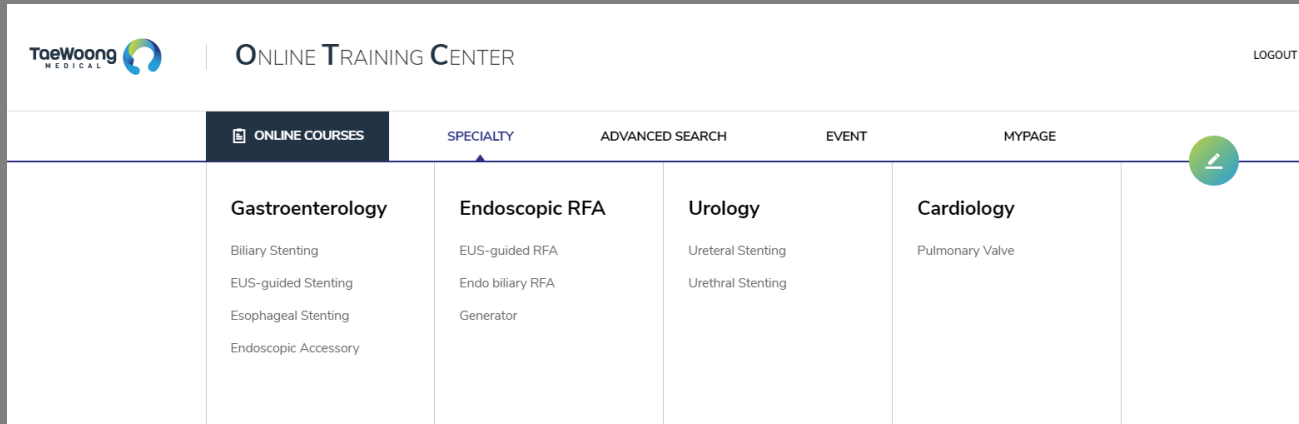
TaeWoong OTC's Objective is to allow both our partners and healthcare professionals to access the website at Anytime from Anywhere to improve outcomes for each patient.

WHAT IS TaeWoong Medical Online Training Center?

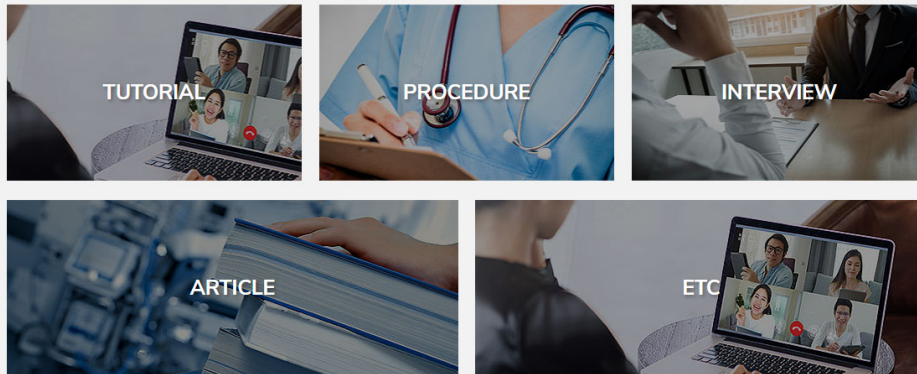
TaeWoong OTC is an online platform specifically designed to provide all users around the globe to obtain knowledge and apply the skills needed to become an expert in TaeWoong products.

TaeWoong OTC's Objective is to allow both our partners and healthcare professionals to access the website at Anytime from Anywhere to improve outcomes for each patient.

FAQ for HOW TO USE THE OTC SITE



Biliary Stenting



Can anyone access the Taewoong OTC site?

Yes, You can!

But please sign up on our website and you can log in right away.
(Automatically approved)

What is the difference between
ONLINE COURSE and **SPECIALTY**?

The **ONLINE COURSE** consists of Taewoong Medical's single products in-depth information. Currently, no related contents have been uploaded, and contents for each product will be updated sequentially in **April**.

The **SPECIALTY** is a subcategorized content divided by the type of product procedures such as tutorials, procedure videos, experts' interviews, lectures by experts, past webinar videos, and articles ETC.

ONLINE COURSES

SPECIALTY

ADVANCED SEARCH

EVENT

MYPAGE

▶ EVENT ▶ Completed event ▶ Master Class of EUS-guided RFA

EVENT

Upcoming events

Completed event

Master Class of EUS-guided RFA

Date 2021.02.23 ~ 2021.03.03

Master Class of EUS-guided RFA

EUS-guided RFA of pancreatic tumors : How to do in a large Spectrum of indications?

in cooperation with professional media company SYNAPSLIVE*BROADCAST**

- DATE: Wednesday, March 3rd 2021
- TIME: 17:00-20:20 (CET)
- COURSE DIRECTOR: Prof. Marc Barthet
- INVITED PANEL LIST: Alberto Larghi / Geoffroy Vanbiervliet / Gasmi Mohamed / Gonzalez Jean-Michel
- JOIN: <https://livestream.com/synapslive/twgm>

● **RE-PLAY LINK at OTC** : https://www.taewoongotc.com/en/specialty/tutorial_view.php?part1_idx=2&part2_idx=12&cate=4

If I want to see Taewoong Medical's past webinar, where can I find it?

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Alternatively, you can find the webinar replay link by referring to the webinar post in the **EVENT** page.



ADVANCED SEARCH

Product Line Gastroenterology Endoscopic RFA Urology Cardiology

Classification ALL Biliary Stenting EUS-guided Stenting Esophageal Stenting






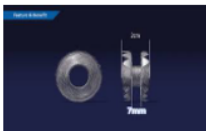



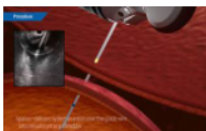

Product Name ALL Giobor Nagi Spaxus Hot Nagi Hot Spaxus

Category ALL TUTORIAL INTERVIEW PROCEDURE ETC ARTICLES

Gastroenterology EUS-guided Stenting Spaxus TUTORIAL INTERVIEW PROCEDURE ETC ARTICLES

SEARCH RESULT (11)

ALL PDF VIDEO

 <p>PDF ARTICLE</p> <p>SPAXUS™_Use of a novel lumen apposing metallic stent for drainage of the bile duct...</p>	 <p>PDF ARTICLE</p> <p>SPAXUS™_Comparison of Clinical Outcomes between Plastic Stent and Novel...</p>	 <p>PDF ARTICLE</p> <p>SPAXUS™_Efficacy of a novel lumen-apposing metal stent for the treatment of...</p>	 <p>PDF ARTICLE</p> <p>SPAXUS™_Feasibility and safety of endoscopic ultrasound-guided gallbladd...</p>
 <p>VIDEO ETC</p> <p>[WEBINAR] EUS Stenting 1st Webinar_JULY 15, 2020</p>	 <p>VIDEO ETC</p> <p>[3D Animation] SPAXUS™ Stent Features & Benefit Animation</p>	 <p>VIDEO ETC</p> <p>[3D Animation] SPAXUS™ Stent - Delivery System Animation</p>	 <p>VIDEO PROCEDURE</p> <p>[PROCEDURE] SPAXUS™ Stent - Pseudocyst Drainage</p>
 <p>VIDEO PROCEDURE</p> <p>[PROCEDURE] SPAXUS™ Stent - Gallbladder Drainage</p>	 <p>VIDEO ETC</p> <p>[3D Animation] SPAXUS™ Stent - Procedure Steps</p>	 <p>VIDEO INTERVIEW</p> <p>[INTERVIEW] SPAXUS™ Stent : Symptomatic Pancreatic Pseudocyst</p>	

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PROCEDURE



Q&A

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Click the ask a **QUESTION ICON** in the upper right corner of the screen. If you leave a question, our staff will respond ASAP.

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HOME > SPECIALTY > Gastroenterology > Biliary Stenting > ARTICLE

ARTICLE

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LCD™_Small cell- versus large cell-sized metal stent in endoscopic bilateral stent-in-...

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LCD™_Newly designed large cell Niti-S stent for malignant hilar biliary obstruction: a pil...

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ARTICLE

LCD™_High success rate of...

Original Article

Small cell- versus large cell-sized metal stent in endoscopic bilateral stent-in-stent placement for malignant hilar biliary obstruction

Jae Min Lee,^{1,2} Sang Hyub Lee,¹ Kwang Hyun Chung,¹ Jin Myung Park,³ Woo Hyun Paik,⁴ Sang Myung Woo,⁵ Woo Jin Lee,⁶ Ji Kon Ryu,⁷ and Yong-Tae Kim⁸

¹Departments of Internal Medicine and Liver Research Institute, Seoul National University Hospital, Seoul, ²Department of Internal Medicine, Gyeongsang National University College of Medicine, Gyeongsang National University Hospital, Jinju, ³Department of Internal Medicine, Kangwon National University School of Medicine, Kangwon National University Hospital, Chuncheon, ⁴Department of Internal Medicine, Hye University Hyeon Paik Hospital and ⁵Center for Liver Cancer, National Cancer Center, Goyang, Korea

Background and Aim: Although the large cell-sized biliary stent facilitates contrast stent deployment through the mesh of the first metallic stent for stent-in-stent techniques, there are concerns about its vulnerability to tumor ingrowth. The aim of the present study was to compare the clinical outcomes of endoscopic bilateral stent placement according to the cell size of a self-expandable metallic stent (SEMS).

Methods: A total of 58 patients were enrolled who underwent endoscopic bilateral stent placement of SEMS for malignant hilar biliary obstruction as a result of cholangiocarcinoma or gallbladder cancer. Finally, 43 patients who underwent successful stent placement were included in the analysis and divided into the small cell-sized stent (SCS, n = 21) and the large cell-sized stent (LCS, n = 22) groups. We retrospectively compared comprehensive clinical and laboratory data in both groups.

Results: There were no significant differences between the two groups in successful stent placement (SCS vs LCS, 100% vs 100%, respectively), early contrast drainage (SCS vs LCS, 16.2% vs 20%, respectively), F-199 contrast drainage (SCS vs LCS, 45.5% vs 45.5%), tumor ingrowth (SCS vs LCS, 0% vs 9.1%, respectively), duration of stent patency and overall survival were not significantly different between the two groups (P = 0.886 and P = 0.203, respectively).

Conclusions: Endoscopic bilateral stent placement for malignant hilar biliary obstruction shows no differences in stent patency, tumor, contrast drainage and overall course according to the cell size of SEMS.

Key words: cell size, endoscopic retrograde cholangiopancreatography (ERCP), malignant hilar biliary obstruction, self-expandable metallic stent (SEMS), stent-in-stent

INTRODUCTION

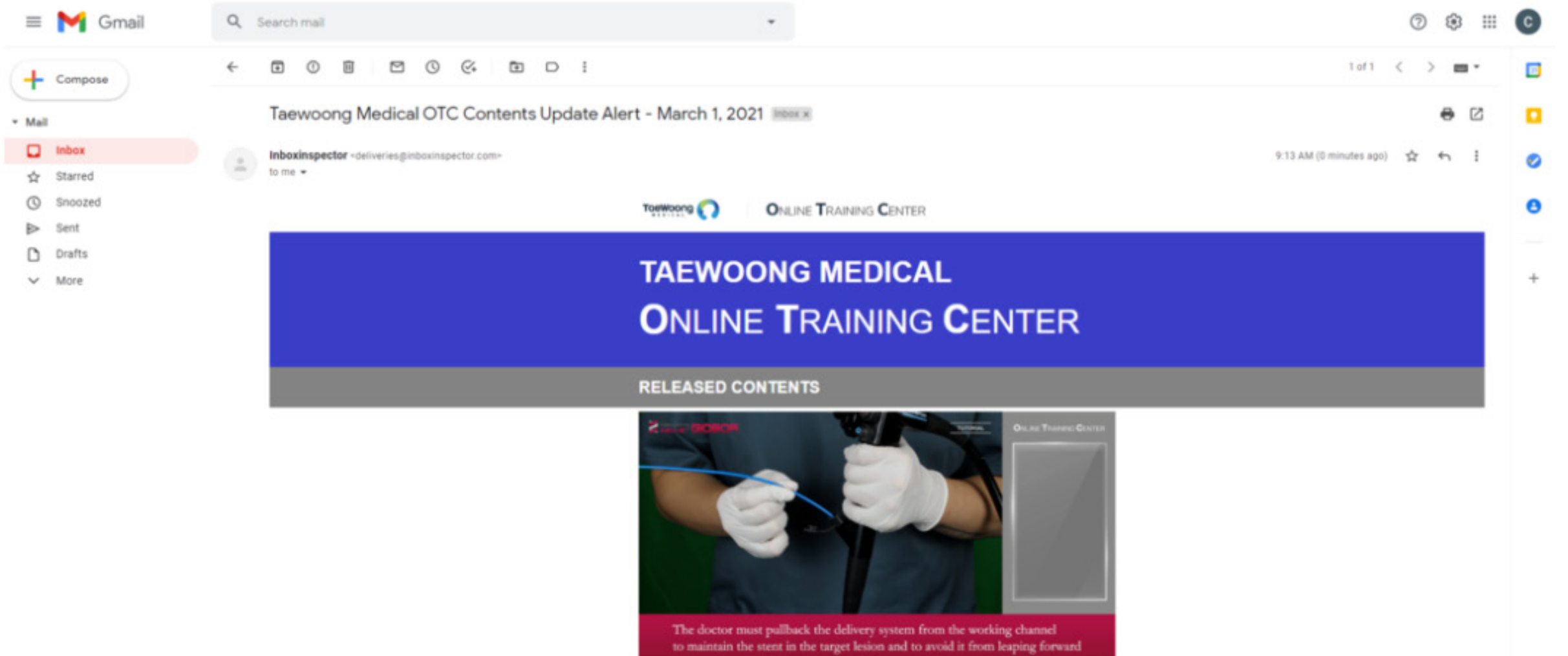
ENDOSCOPIC BILIARY DRAINAGE using a self-expandable metallic stent (SEMS) can be considered palliative treatment for unresectable malignant hilar biliary obstruction.^{1,2} Although the choice of unilateral or bilateral drainage is still controversial,^{3,4} bilateral drainage theoretically provides more normal physiological biliary flow through the biliary ductal system than unilateral drainage.^{5,6} In addition, recent studies reported that in less SEMS drainage of liver volume is associated with a sufficient drainage effectiveness or longer survival in patients with malignant hilar obstruction.^{7,8} Nevertheless, endoscopic bilateral drainage using conventional SEMS is challenging and demands technical expertise, especially for the stent-in-stent (SIS) technique.⁹

For this reason, various new SEMS have recently been developed for the SIS technique to facilitate contrasted stent deployment through the mesh of the first metallic stent. The uniform, large cell-sized biliary agent was newly designed as SEMS with low axial force (AF) and sufficient radial force (RF) to overcome the large cell size.¹⁰⁻¹² Unlike axial force, the large cell size is favorable for hilar biliary obstruction because of the acute bend in the bile duct at the hilar portion.¹³ Also, the large cell-sized stent (LCS) can be more easily used to carry over a tumor extension than the small-sized stent (SCS) in cases where SEMS is occluded by the SIS technique.¹⁴ However, there are concerns about the

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More View



Whenever new contents are updated on the OTC site, an **alert newsletter** is sent to the registered e-mail when you signed up. But, I have never received an OTC alert e-mail. **Where can I find them and How can I receive them?**

Currently, OTC update alert e-mails are being sent once a week or once every two weeks like above. If you haven't seen the e-mail, **check the promotion inbox or spam inbox. If the OTC alert e-mail is in the spam box, please report not spam.**

Use of a novel lumen apposing metallic stent for drainage of the bile duct and gallbladder : Long term outcomes of a prospective international trial

by Anthony Yuen Bun Teoh et al. [Dig Endosc. 2020 Dec 7. doi: 10.1111/den.13911.]

(CLICK) TO
ORIGINAL
ARTICLE

BACKGROUND

Long-term placement of lumen apposing metal stents (LAMS) with high lumen apposing force may result in adverse events. The aim of the current study was to assess the long-term efficacy and safety of a self-approximating LAMS with lower lumen apposing force for endoscopic ultrasound-guided choledochoduodenostomy (EUS-CDS) and -gallbladder drainage (EUS-GBD).

METHODS

Five Asian institutions participated in this study. Consecutive patients suffering from obstructive jaundice with failed ERCP or acute cholecystitis that were at high risk for cholecystectomy were recruited. We evaluated the technical and clinical success rates, adverse events rates, types of interventions through the stent and the patency profile.

RESULTS

From June 2017 to Oct 2018, a total of 53 patients received EUS-CDS (26) and EUS-GBD (27). The technical and clinical success rates were similar between the two groups (88.5% vs 88.9%, $P = 1$ and 88.5% vs 88.9%, $P = 1$ respectively). The differences in 30-day mortality rates [2 (7.7%) vs 2 (7.7%), $P = 1$] and adverse events [3 (11.5%) vs 3 (11.5%), $P = 1$] did not reach significance. Regarding long-term outcomes, two patients in each group suffered from adverse events ($P = 1$). One patient in the EUS-GBD group who was on direct oral anticoagulant suffered from stent induced bleeding.

CONCLUSION

The self-approximating LAMS with lower lumen apposing force was effective and safe with a low risk of buried stent syndrome and bleeding in the longer term. The ClinicalTrials.gov Identifier was NCT03002051.

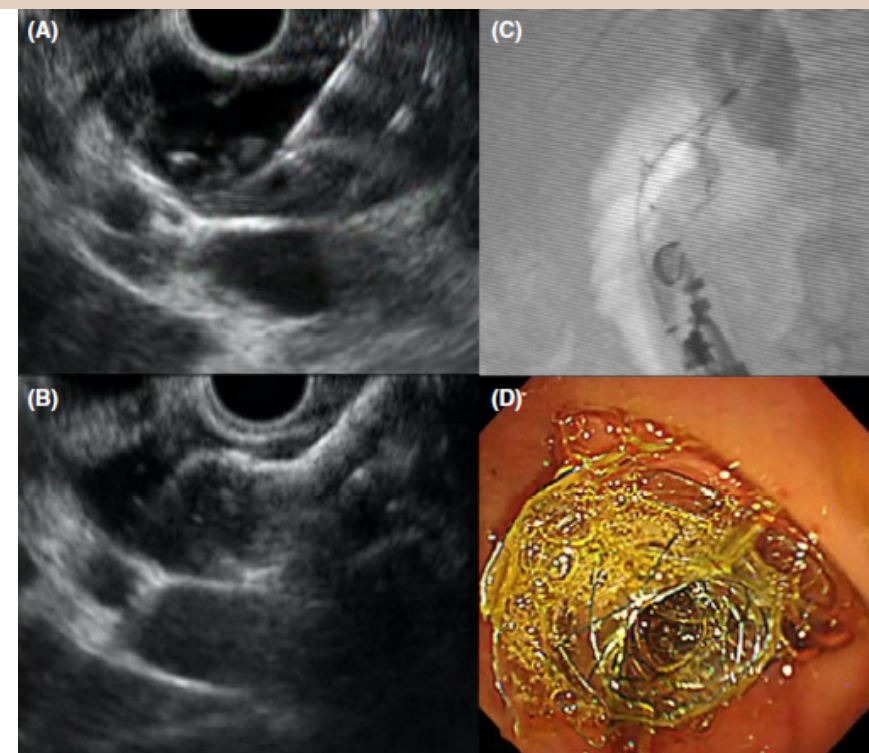


Figure 2. Endoscopic ultrasound (EUS) guided-choledochoduodenostomy (CDS) with self-approximating lumen apposing metallic stent (S-LAMS). (A) A 19-gauge needle was used to puncture the CBD. (B) EUS-guidance was used for monitoring the deployment of the distal flange. (C) Fluoroscopic view of after deployment of the distal flange. (D) Endoscopic view after complete deployment.

A novel electrocautery-enhanced delivery system for one-step endoscopic ultrasound-guided drainage of the gallbladder and bile duct using a lumen-apposing metal stent : a feasibility study

by Hae Won Yoo et al. [Endoscopy. 2020 Dec 17. doi: 10.1055/a-1301-1526.]

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BACKGROUND

The use of a lumen-apposing metal stent (LAMS) capable of one-step endoscopic ultrasound-guided transmural drainage (EUS-TD) can increase the effectiveness of the procedure. We evaluated the newly developed electrocautery-enhanced (EC) delivery system with a LAMS for one-step EUS-guided gallbladder drainage (EUS-GBD) or choledochoduodenostomy (EUS-CDS).

METHODS

In the animal experiment, an EC-LAMS was advanced into the gallbladder without prior tract dilation in four pigs. A conventional LAMS was inserted in another four pigs as a control group. After the animal experiment, 17 patients underwent EUS-TD using the EC-LAMS (EUS-GBD in 10 patients, EUS-CDS in 7). The primary outcome was the technical success rate.

RESULTS

In the animal study, the mean procedure time was significantly shorter in the EC-LAMS group than in the conventional LAMS group. In the human study, the overall technical success rate was 94.1%, with one EUS-GBD failure. The clinical success rate was 100%. The overall adverse event rate was 17.6%.

CONCLUSION

One-step EUS-GBD or EUS-CDS using the novel EC-LAMS is a feasible approach that achieves a high success rate and maintains safety.

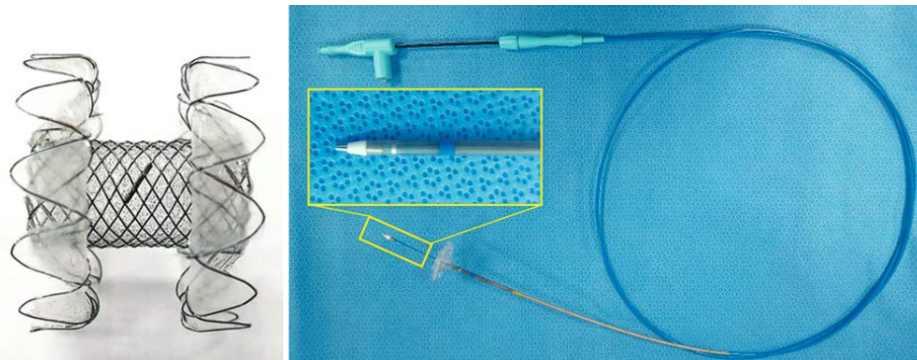


Fig 1. The lumen-apposing metal stent (LAMS) with the newly developed electrocautery-enhanced delivery system (Niti-S HOT SPAXUS).

► **Table 1** Outcomes of endoscopic ultrasound-guided biliary drainage procedures using the novel lumen-apposing metal stent with electrocautery-enhanced delivery system.

	Type of procedure		Total
	EUS-CDS (n=7)	EUS-GBD (n=10)	
Technical success, n (%)	7 (100)	9 (90.0)	16/17 (94.1)
Procedure time, mean (SD), minutes	8.6 (3.9)	10.8 (4.9)	9.88 (4.51)
Stent diameter, n (%), mm			
▪ 8×20	6 (85.7)	0	6 (37.5)
▪ 10×20	1 (14.3)	9 (90.0)	10 (62.5)
Procedure site, n (%)			
▪ Duodenum	7 (100)	7 (70.0)	14 (82.3)
▪ Stomach	0	3 (30.0)	3 (17.6)
Clinical success, n (%)	7 (100)	9 (90.0)	16/17 (94.1)

EUS-CDS, endoscopic ultrasound guided choledochoduodenostomy; EUS-GBD, EUS-guided gallbladder drainage, SD, standard deviation.

A cholecystoduodenostomy with a new type of lumen-apposing metal stent

(CLICK) TO
ORIGINAL
ARTICLE

by Benedetto Mangiavillano et al. [Dig Liver Dis. 2020 Sep 1;S1590-8658(20)30402-3.]

A 67-year-old severe obese woman was admitted to our emergency room for upper right quadrant pain associated with fever (39.5°C). Biochemical evaluation showed 32 109/L WBC. Renal function was impaired. A significant increase of the cholestasis and cytotoxicity enzymes was also observed. An abdominal ultrasound showed an hydropic gallbladder with cholelithiasis and thickened walls. A diagnosis of multi-organ failure (MOF) was done and, after multidisciplinary discussion, we decided to drain the gallbladder by endoscopic ultrasonographic (EUS). With a linear echoendoscope (GF-UCT180, Olympus, Hamburg - Germany) we performed a cholecystoduodenostomy (CDS) with a new fully-covered bi-flange shape lumen apposing metal stent (LAMS) with an electrocautery tip

((Hot-SpaxusR 20 × 10 mm; Taewoong Medical Co, Ltd, Goyang-si, Korea) (Figs. 1 and 2). The procedure was carried out without X-ray in intensive care unit (ICU). The release of the proximal flange of the stent was performed inside the channel of the scope and no adverse events were experienced (video). To our knowledge, this is the first report of an Hot-Spaxus® placement.



Fig 1. EUS appearance of the Hot-Spaxus® distal flange deployed inside the gallbladder.

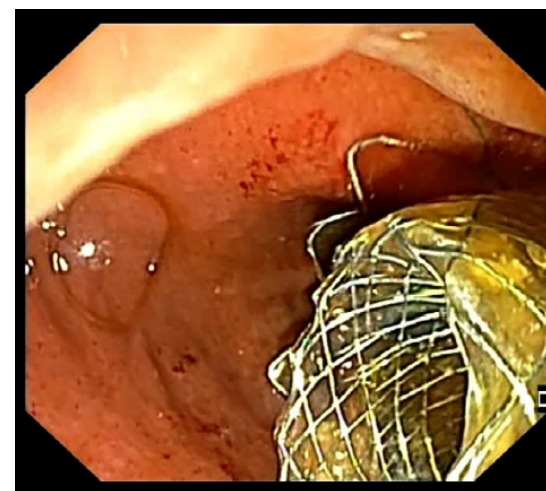


Fig 2. Hot-Spaxus® proximal flange deployed inside the duodenal lumen.

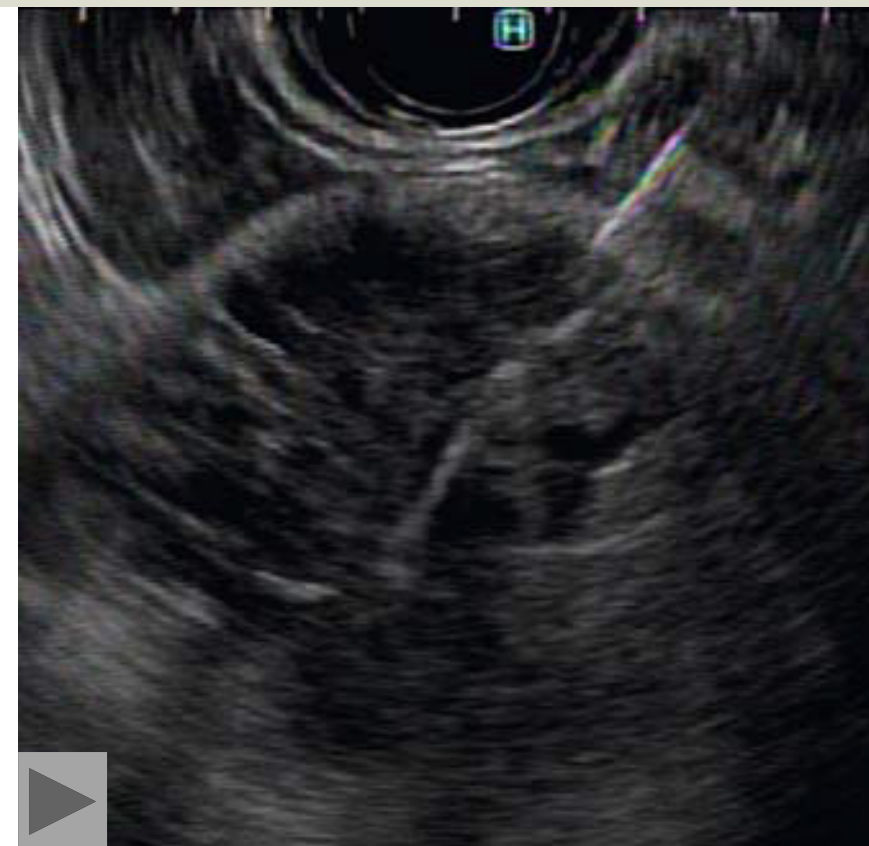
Endoscopic ultrasound-guided radiofrequency ablation of pancreatic microcystic serous cystic neoplasms: a retrospective study

by Dongwook Oh et al. [Endoscopy. 2020 Oct 15. doi: 10.1055/a-1250-7786.]

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ORIGINAL
ARTICLE

This study aimed to evaluate the feasibility and safety of EUS-RFA for serous cystic neoplasms (SCNs). 13 patients with microcystic SCNs with honeycomb appearance underwent EUS-RFA using a 19-gauge RFA needle. Before ablation, cystic fluid was aspirated until a thin layer of fluid remained.

Multi septated PCLs, including SCNs, are not good indications for EUS-guided ethanol lavage because of the presence of often hundreds of small cysts that do not permit uniform application or retention of the ablative liquid agent. To date, few studies have demonstrated the feasibility and safety of endoscopic ultrasound-guided radiofrequency ablation (EUS-RFA) for the management of PCLs. In our study, CR was not observed in any patients. A volume reduction was achieved in all patients, with a volume reduction of more than 66% (PR) being observed in 61.5% of patients. There are several plausible explanations for this response after EUS-RFA. Although there were no CRs, the volume of all SCNs was reduced and, after reduction of the SCN volume, symptoms were improved. Considering that the mortality of SCN is low and the morbidity and mortality of surgery are significant, follow-up after volume reduction may be a reasonable approach for symptomatic patients. In addition, the median follow-up period was less than 1 year (median 9.21 months; IQR 5.93 - 15.38), and this relatively short follow-up period may have affected the treatment response. Therefore, long-term follow-up after RFA is warranted for further treatment response evaluation. In conclusion, EUS-RFA for the treatment of microcystic SCNs is technically feasible and showed an acceptable rate of adverse events. Further large-scale long-term follow-up studies are encouraged to validate the efficacy and safety of EUS-RFA.



Video 1. Endoscopic ultrasound images of a microcystic serous cystic neoplasm being treated by two sessions of radiofrequency ablation.

Efficacy of EUS-RFA in pancreatic tumors: Is it ready for prime time?

A systematic review and meta-analysis

by Amaninder Dhaliwal et al. [Endosc Int Open. 2020 Oct;8(10):E1243-E1251.]

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This article performed a systematic review and meta analysis to evaluate the efficacy of EUS-RFA in treatment of locally advanced unresectable PDAC and other pancreatic tumors. Thirteen studies reporting 165 EUS-RFA procedures on 134 patients were included. Of 134 patients, 27.94% (38) had unresectable locally advanced PDAC, 40% (53) had PNETs, 3% (4) had metastasis to the pancreas and 30% (41) had other lesions. The pooled technical success rate calculated out of the total number of procedures was 100% (95% CI [99.18 – 100], I2=0%). The pooled clinical success rate calculated out of the total number of patients was 91.58% (95% CI [82.5 – 98.08], I2 = 21.5%). The pooled overall AE rates were 14.67% (95% CI [4.77 – 27.46], I2 = 56.19 %) out of which abdominal pain was the most common with 9.82% (95% CI [3.34– 18.24], I2 = 23.76 %). Low to moderate heterogeneity was noted. In non-functional PNETs, Berthet et al noted 86% had diminished by at least 50% in size or completely by 12 months following ablation . Functional PNETs exhibited a sustained attenuation of clinical symptoms such as hypoglycemia or diarrhea, rapid normalization of secreted hormone levels, and sustained significant decrease in size of the neoplasm. PNETs had a pooled clinical success rate ranging from 83% to 100%. The secondary endpoint of this meta-analysis was to analyze AEs associated with EUS-RFA.

The overall pooled incidence of AEs was 14.67% (95% CI [4.77 – 27.46], I2=56.19%). AEs were divided into early (< 7 days) and late (> 7 days). The most common early AE was self-resolving abdominal pain (9.82% (95% CI [3.34 – 18.24], I2 = 23.76 %)). There was one report of self-resolving pancreatitis. In that instance, Choi et al. recommended a 5-mm margin from the pancreatic duct to avoid pancreatitis. Delayed AEs were reported in two studies. In all patients, no correlation was found between AEs and ablation time or energy settings. Overall, EUS-RFA has exhibited both high technical and clinical success with minimal AEs in addressing locally advanced unresectable PDAC and other pre-malignant pancreatic lesions where curative surgery is not an option. In the future, EUS-RFA may become a more widely used approach to treatment of a myriad of pancreatic lesions. Further long-term multicenter prospective studies are needed to correlate our findings.

