



## **To FNA or not to FNA? Opinions of oncologists vs. surgeons vs. gastroenterologists**

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### **INTRODUCTION:**

The importance of EUS-obtained in some cases is an area involving controversies. Various specialists are involved in the care of such patients, with sometimes differing approaches. The aim of the present study was to collect and compare the approach of decision-making involved/relevant physicians to EUS-guided FNA.

### **METHODS:**

A five-case survey (after piloting for validation) was distributed to a total of 119 gastroenterologists (GIs), surgeons and oncologists. Cases involved operable and inoperable pancreatic tumors, two different cystic pancreatic lesions and a 19mm submucosal gastric lesion. The survey asked each physician whether EUS- FNA was indicated or not, and relevant demographics.

### **SUMMARY:**

For a T2NOM0 pancreatic tumor the choice to do EUS-guided FNA was 77% among GIs, 60% of surgeons, 90% of oncologists ( $p < 0.05$ ). For inoperable pancreatic tumors (only) 70% of oncologists opted for FNA vs. 60% of surgeons and 77% of GIs ( $p < 0.05$ ). Oncologists were more likely to send patients with pancreatic cystic lesions for surgery without FNA. For a submucosal gastric 19mm lesion 63% of surgeons recommended FNA, vs. oncologists 90% ( $p < 0.05$ ). In the case of stable pancreatic simple cysts, most physicians (65%) recommended follow-up without FNAs as sufficient. Years of physician's experience, and personal experience at performing FNA had minimal effects on answers.

### **CONCLUSIONS:**

The indications for FNA are matters for multidisciplinary consenses. These data should be available to the involved specialists and the primary care physicians coordinating patient care/treatment. Specialty teams may best consider optimal available care through mutual understanding of agendas and approaches.