Purpose
Determine feasibility and efficacy of microforceps biopsy (MFB) histological samples vs. traditional analysis of fine needle aspiration (FNA) fluid/tissue samples.

Key Points
- Sample Size: 42 patients with pancreatic cysts
- Fluid and tissue samples were obtained utilizing both EUS-guided FNA and an MFB device (Moray® micro-forceps) respectively
- Both cytological and histological analyses were completed
- Cyst Location:
  - Head: 16 of 42 (38.1%)
  - Body: 17 of 42 (40.5%)
  - Tail: 9 of 42 (21.4%)
- MFB tissue acquisition yield was 90.4% (38/42) vs. EUS-FNA tissue (fluid) acquisition yield was 88.1% (37/42)
- Diagnostic tissue yield was evaluated at 3 levels:
  - Differentiation of mucinous and/or non-mucinous cysts
  - Detection of high risk for malignancy
  - Specific cyst type diagnosis
- Results:
  - Mucinous vs. Non-mucinous Cyst Identification: MFB histological yield was 61.9% (26 of 42) vs. FNA cytological yield was 47.6% (20 of 42).
  - Risk of Malignancy: MFB yielded 71.5% (30/42) vs. FNA yield of 54.7% (23 of 42).
  - Cyst Classification: MFB yielded 35.7% (15 of 42) vs. FNA yield of 4.8% (2 of 42).
    - 6 IPMNs
    - 3 SCNs
    - 2 PDACs
    - 1 cPNET
    - 1 Acinar cystadenoma

Conclusions
- The study concludes that:
  - EUS-guided MFB provided diagnostic tissue from a pancreatic cyst at a rate superior to cyst fluid cytology.
  - The study showed that the Moray® micro-forceps were not affected by size, location or septations of the cyst and provided a specific diagnosis of the subtype of pancreatic cyst significantly better than cytology.

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