Table 2. Studies reporting the primary outcome of change in management after EUS intervention.

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| **Author** | **Recruitment** | **Blinded to EUS results** | **Initial treatment plan documented before EUS** | **Proportion of cases where EUS or EUS-FNA changed management** | **How EUS changed management** | **Newcastle-Ottawa Scale** | **GRADE** |
| Araujo et al [38] | Retrospective | No | No | EUS-FNA9/24 (37.5%) | Radical intent to palliative; 17/24 (70.8%) had EUS malignant features, of which 9/17 (52.9%) confirmed to have metastases | 1 | Low |
| Das et al [39] | Retrospective | No | No | EUS*see next column* | Significant difference in proportion of patients who received surgery (21.1% vs 14.7%) and neo-adjuvant therapy (11.2% vs 6.7%) after EUS  | 2 | Low |
| Findlay et al [40] | Retrospective | No | No | EUS 77/698 (11.0%) | EUS refuted T4b disease on CT (31/69 (44.9%)) and confirmed non-regional nodal metastases after FNA (3/5 (60.0%)) | 2 | Low |
| Gheorghe et al [41] | Retrospective | No | No | EUS18/41 (43.9%)  | Changed from surgery to chemoradiotherapy (n=14) or chemoradiotherapy and palliation (n=4). | 1 | Low |
| Gines et al [42] | Retrospective | Yes | Yes | EUS 24%EUS-FNA 8% | General management in simulation study using retrospective data. EUS change compared to CT (24%). Addition of FNA after CT/EUS (8%) | 3 | Low |
| Hulshoff et al [43] | Retrospective | No | No | EUS80/279 (28.7%) | Changed radiation field (n=63); curability (n=5); lymphadenectomy (n=48); FNA (n=21) | 3 | Low |
| Marsman et al [44] | Retrospective | No | No | EUS-FNA11/48 (68.2%) | Change from standard transhiatal oesophagectomy to transthoracic | 2 | Low |
| Moorjani et al [45] | Retrospective | No | No | EUS28/50 (56.0%)  | Referred for consideration of neoadjuvant chemotherapy rather than surgery alone. | 3 | Low |
| Morris et al [46] | Retrospective | No | No | EUS-FNA28/42 (66.7%) | Either had neo-adjuvant therapy or changed to palliation | 4 | Low |
| Pfau et al [47] | Retrospective | No | No | EUS13/56 (23.2%) | Changed to neo-adjuvant therapy over surgery alone | 2 | Low |
| Pouw et al [48] | Retrospective | No | No | EUS0 (0%) | No change | 4 | Low |
| Radlinski et al [49] | Retrospective | Yes | Yes | EUS11/50 (22.0%) | General change of management in simulation study. Surgeons disagreed in 11 cases. | 3 | Low |
| Russell et al [50] | Prospective | Yes | Yes | EUS29/109 (26.6%) | EMR to surgery alone (n=1); surgery alone to EMR (n=2); surgery alone to NACT (n=1); surgery alone to multimodal including palliative (n=5); NACT to EMR (n=4); NACT to surgery alone (n=7); NACT to multimodal including palliative (n=7); multimodal including palliative to surgery alone (n=2) | 7 | High |
| Shami et al [52] | Retrospective | No | No | EUS-FNA5/7 (71.4%) | Confirmed metastases precluding endoscopic therapy | 3 | Low |
| Shimodaira et al [53] | Retrospective | No | No | EUS-FNA30/47 (63.8%) | Positive FNA changed radiation field | 4 | Low |
| Subasinghe & Samarasekera [54] | Retrospective | No | No | EUS15/30 (50.0%)  | Primary surgery to CRT (n=13), primary surgery to palliation (n=1), neo-adjuvant treatment to palliation (n=1) | 3 | Low |

FNA = fine needle aspiration; EMR = endoscopic mucosal resection; NACT = neo-adjuvant chemotherapy; CRT = chemoradiotherapy