EUS and ERCP partnership

Dear Editors,

We have read with great interest this commentary by Vila *et al*.[1] on the reciprocal roles of EUS and ERCP.

The complementarity between the two techniques nowadays is progressively (and inexorably) taking shape, changing the essence of biliopancreatic endoscopy itself. In this context, biliary drainage is the most evident paradigm of the overmentioned interconnection: transpapillary, by a fistulotomy, performing a choledocoduodenostomy, reaching the gallbladder through the antrum or the duodenum, or accessing the left lobe of the liver through the gastric wall. We just can do it, and what does it matter the technique we use to reach our goal?

In spite of the enthusiasm brought by this whirlwind of innovations and new therapeutic possibilities, with this letter, we would like to remain down to earth, for once, keeping our focus on a troublesome, but fundamental issue. Which kind of informed consent should we propose to our patients? As evidences are supporting the "biliopancreatic endoscopy concept," in case of malignant biliary obstruction is still acceptable to reschedule a second procedure (with a second sedation, longer hospital stays, and inconvenient costs) if failing the standard ERCP approach (*e.g.* pancreatic cancer causing a duodenal stricture with inaccessible papilla)?

As happened in surgery in the last years, do we have to change the way of thinking endoscopy and related informed consent in biliopancreatic endoscopic procedures? Is it time to move to a "goal-based" informed consent, overcoming the concept of "technical-based" ones?

This is just the first of several questions to those the interventional endoscopy and ultrasound group (I-EUS) tried to answer. Our aim was to create a common document addressing this issue once and for all, creating a consent form focused on the aim of the procedure, namely biliary drainage, more than on technical aspects (ERCP *vs*. EUS, choledocoduodenoscopy *vs*. hepaticogastrostomy, etc.) as we are still used to.

Thus, nine endoscopists from eight centers constituted an *ad hoc* I-EUS commission. Each endoscopist reported his local experience and shared needs and key points to be reported in the document. A modified Delphi process[2] (required agreement: >80%) was used to summarize and define the final consent form. Structured discussion and voting were used to achieve consensus, and one expert endoscopist (L. C.) served as facilitator. The final document was finally approved by all the three expert supervisors (A. A., C. F., and I. T) and shared with the entire I-EUS community.

Thanking again the authors for their lucid analysis on EUS and ERCP connection, we felt the need of sharing our experience in order to propose a practical path to actually make these two procedures as two sides of the same coin. This was just another step toward not to speak anymore about EUS and/or ERCP and to start speaking about a new concept: the biliopancreatic endoscopy.

Financial support and sponsorship
All authors have approved the final draft submitted.

Conflicts of interest

- Andrea Anderloni is a consultant for Boston Scientific, Olympus
- Cecilia Binda, Marco Spadaccini, and Luigi Cugia have no conflict of interest.

Cecilia Binda[1], Marco Spadaccini[2,3], Luigi Cugia[4], Andrea Anderloni[2]

[1]Gastroenterology and Digestive Endoscopy Unit, Cesena Hospitals, AUSL Romagna, Forlì-Cesena, Italy; [2]Division of Gastroenterology, Humanitas Clinical and Research Center – IRCCS, Rozzano, Digestive Endoscopy Unit, Milano, Italy; [3]Department of Biomedical Sciences,

Humanitas University, Pieve Emanuele (Milano), Italy; [4]Gastroenterology and Digestive Endoscopy Department, Azienda Ospedaliero Universitaria Sassari, Sassari, Italy

Address for correspondence
Dr. Andrea Anderloni,
Humanitas Clinical and Research Center – IRCCS, Digestive Endoscopy Unit, Via Manzoni 56, 20089 Rozzano Milano, Italy.
E-mail: andrea.anderloni@humanitas.it

Received: 2021-03-31; **Accepted:** 2021-07-13;
Published Online: 2021-11-04

REFERENCES

1. Vila JJ, Fernández-Urién I, Carrascosa J. EUS and ERCP: A rationale categorization of a productive partnership. *Endosc Ultrasound* 2021;10:25-32.
2. Custer RL, Scarcella JA, Stewart BR. The Modified Delphi Technique - A Rotational Modification. Journal of Vocational and Technical Education. 1999;15(2).

Access this article online

Quick Response Code:

Website: www.eusjournal.com

DOI: 10.4103/EUS-D-21-00083

How to cite this article: Binda C, Spadaccini M, Cugia L, Anderloni A. EUS and ERCP partnership. Endosc Ultrasound 2022;11:426-7.