

# **Asian EUS Group**

## **Guidelines for standardized reporting in publications of EUS-guided biliary interventions**

### **Voters**

#### Steering Committee Members

1. Lawrence Ho Khok Yu, Singapore
2. Anthony Teoh Yuen Bun, Hong Kong
3. Vinay Kumar Dhir, India
4. Mitsuhiro Kida, India
5. Dong Wan Seo, Korea
6. Wang Hsiu Po, Taiwan
7. Nonthalee Pausawasdi, Thailand

#### Advisor

8. Kenjiro Yasuda

#### Teaching Faculty

9. Raymond Tang
10. Vikram Bhatia
11. Sundeep Lakhtakia
12. Rajesh Puri
13. Nilay Mehta
14. Pankar Desai
15. Kazuo Hara
16. Masayuki Kitano
17. Koji Matsuda
18. Ichiro Yasuda
19. Akio Katanuma
20. Ji Kon Ryu
21. Ida Normiha Binti Hilmi
22. Jonard Co
23. Frederick Dy
24. Ang Tiing Leong
25. Charles Vu
26. Thawatchai Akaraviputh

#### Local members

27. Rinaldi Lesmana
28. Nwe Ni
29. Majid Abdulrahman Hamad Almadi
30. Dharmabandhu Nandadeva Samarasekera
31. Ghias Un Nabi Tayyab

#### Sub-Committee

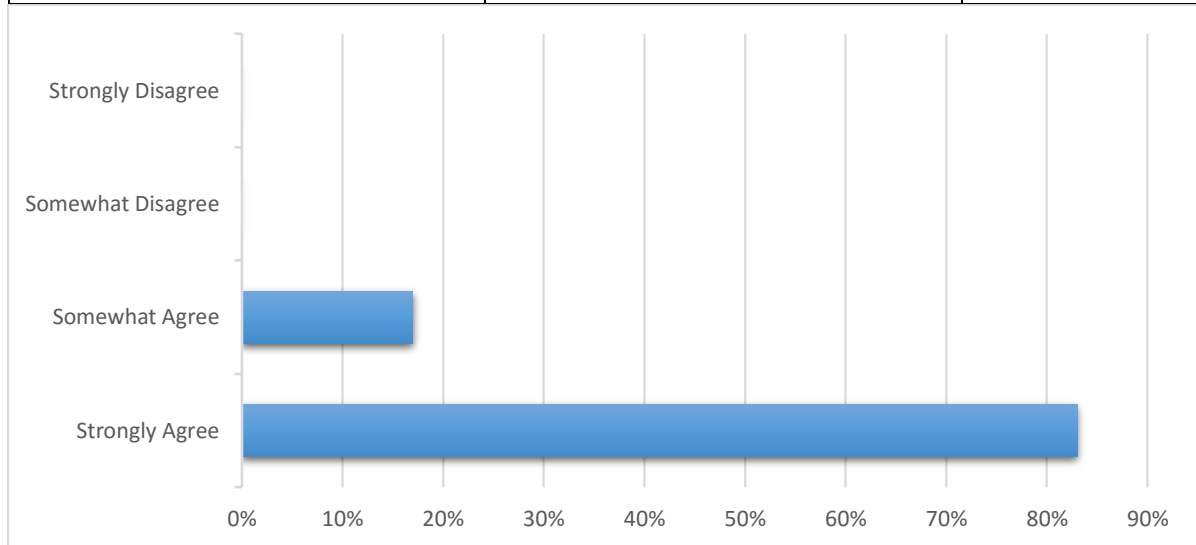
32. Tae Hyun Kim
33. Charing Chong

#### Non Member

34. Dr Ahmad Fauzi

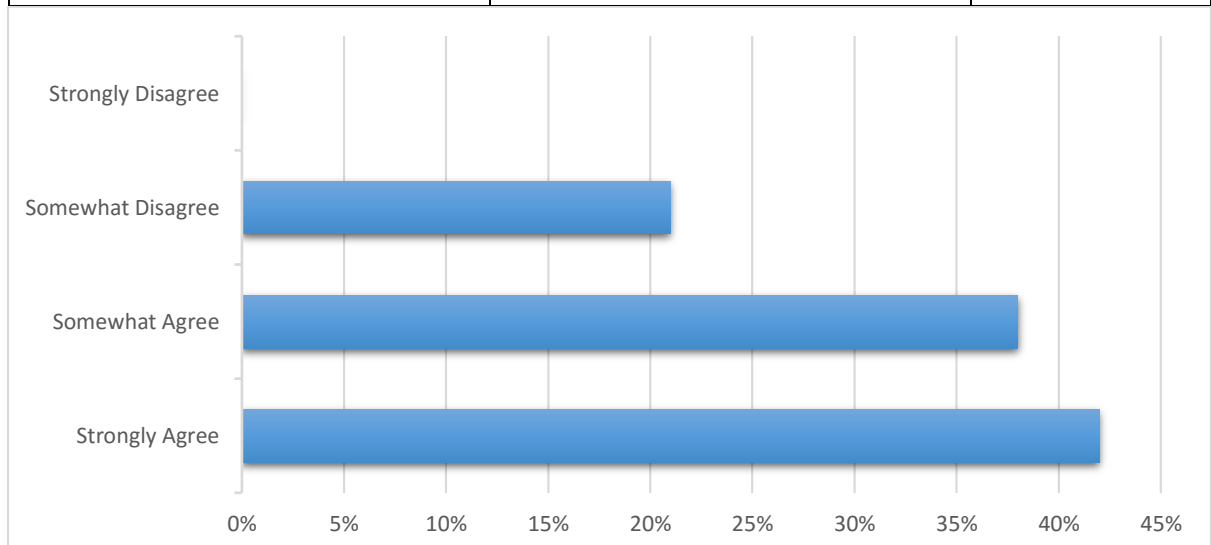
## Q1 EUS-BD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
83%	17%	0%	0%	24
100%		0%		



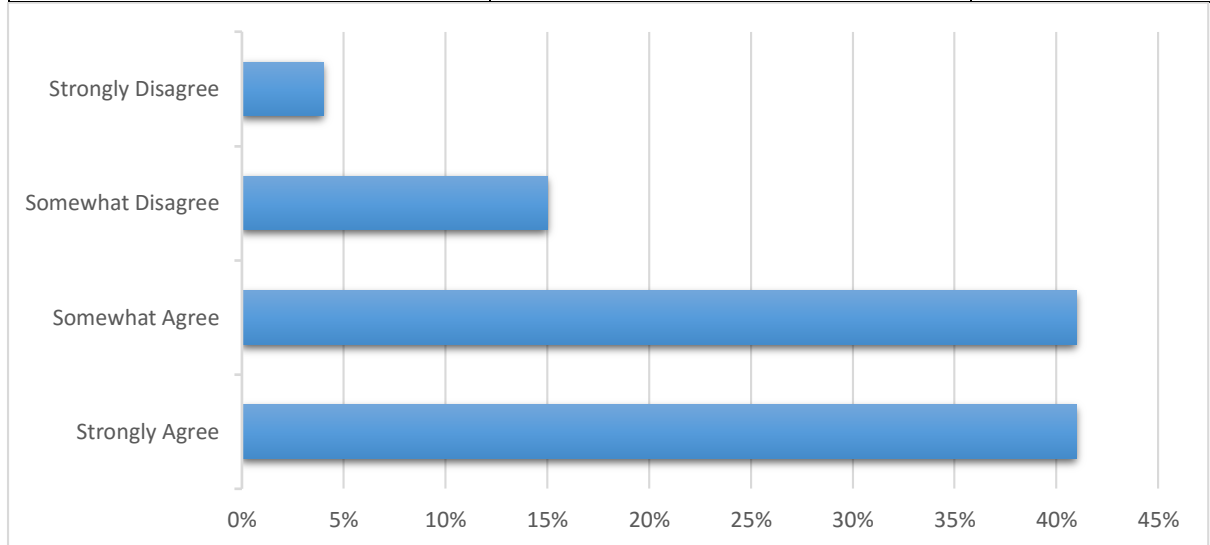
## Q2 EUS – TPD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
42%	38%	21%	0%	24
80%		21%		



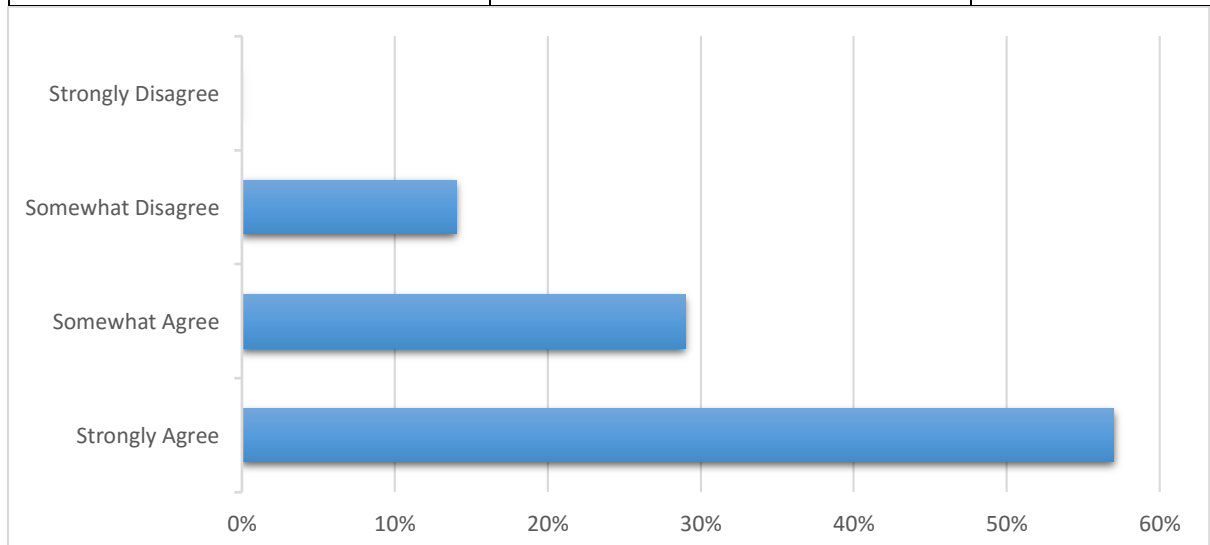
### Q3 EUS – TLD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
41%	41%	15%	4%	27
82%		19%		



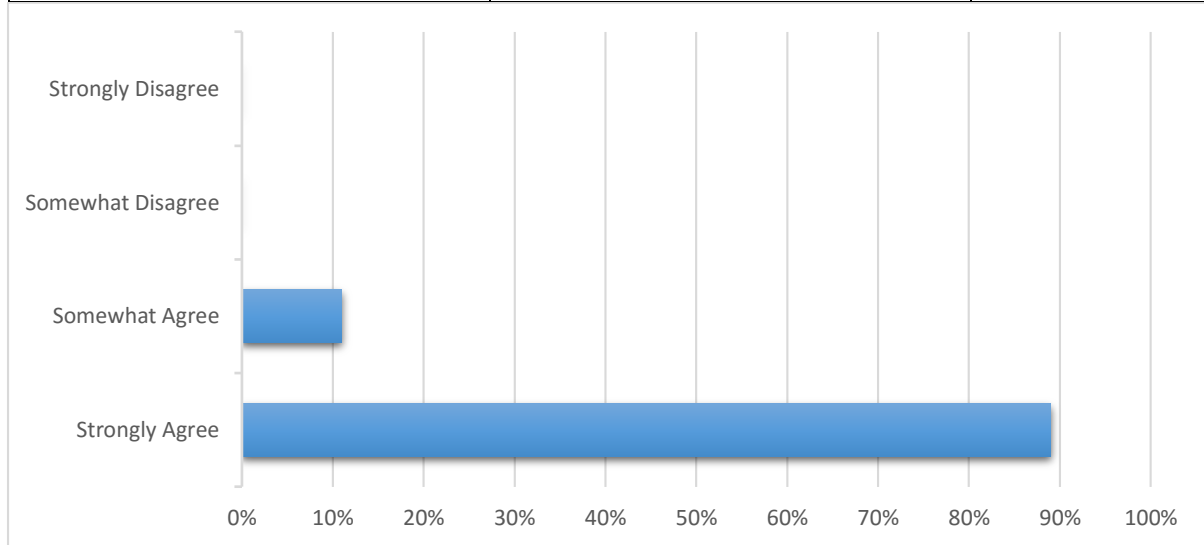
### Q4 EUS-TMD (Revised from EUS-TLD)

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
57%	29%	14%	0%	28
86%		14%		



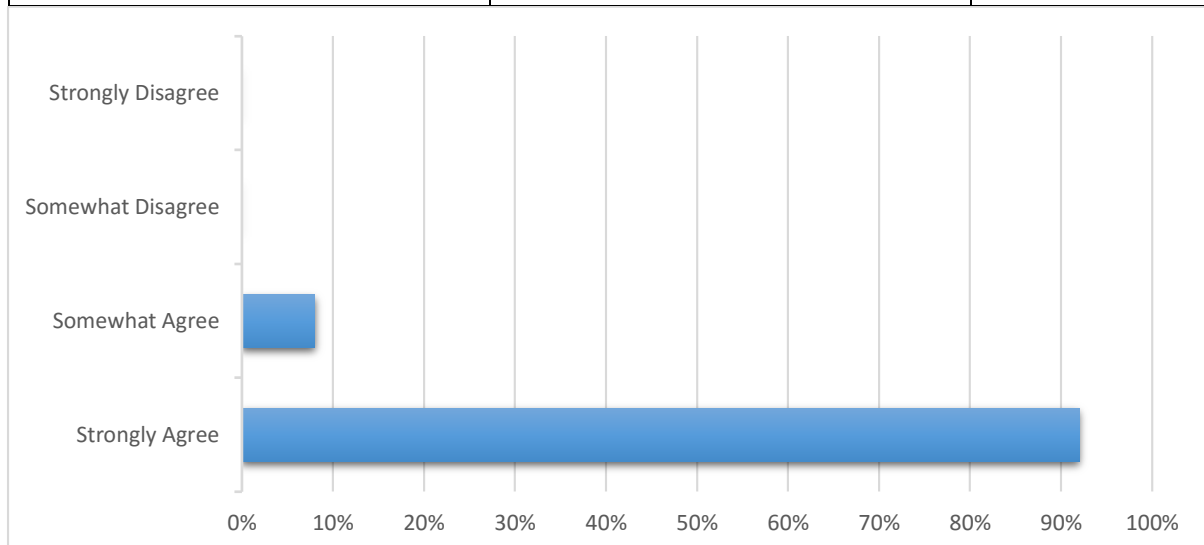
## Q5 EUS-CDS

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
89%	11%	0%	0%	27
100%		0%		



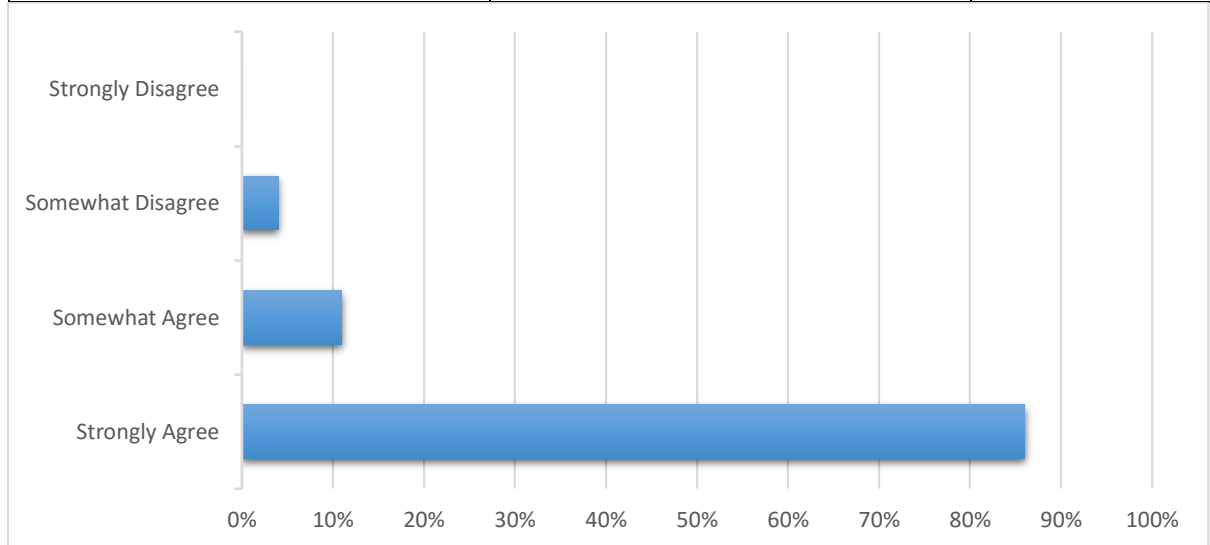
## Q6 EUS-HGS

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
92%	8%	0%	0%	25
100%		0%		



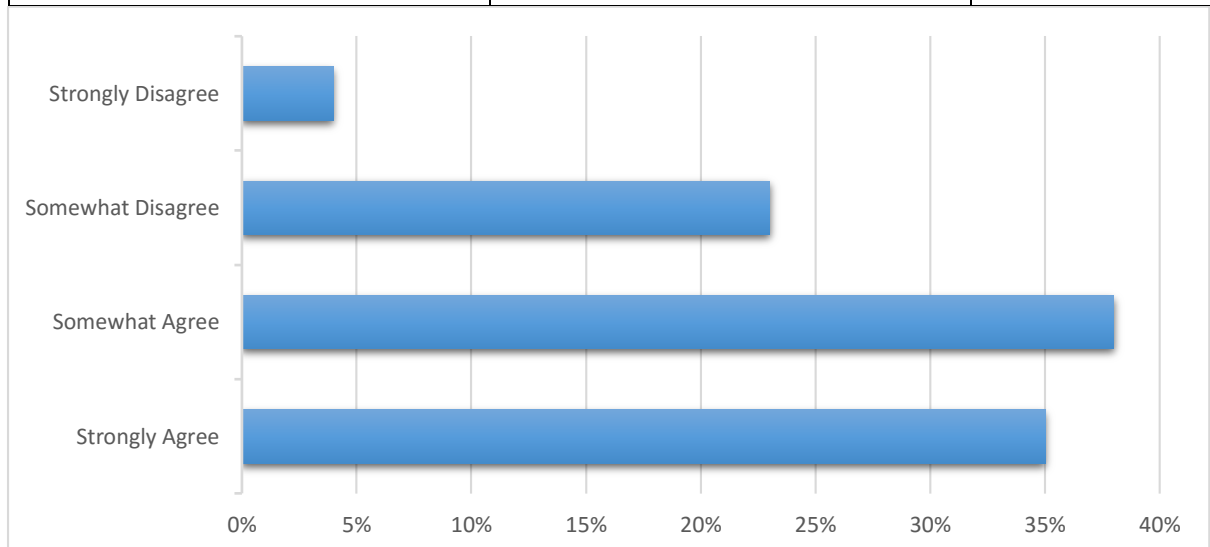
### Q7 EUS-BGD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
86%	11%	4%	0%	28
97%		4%		



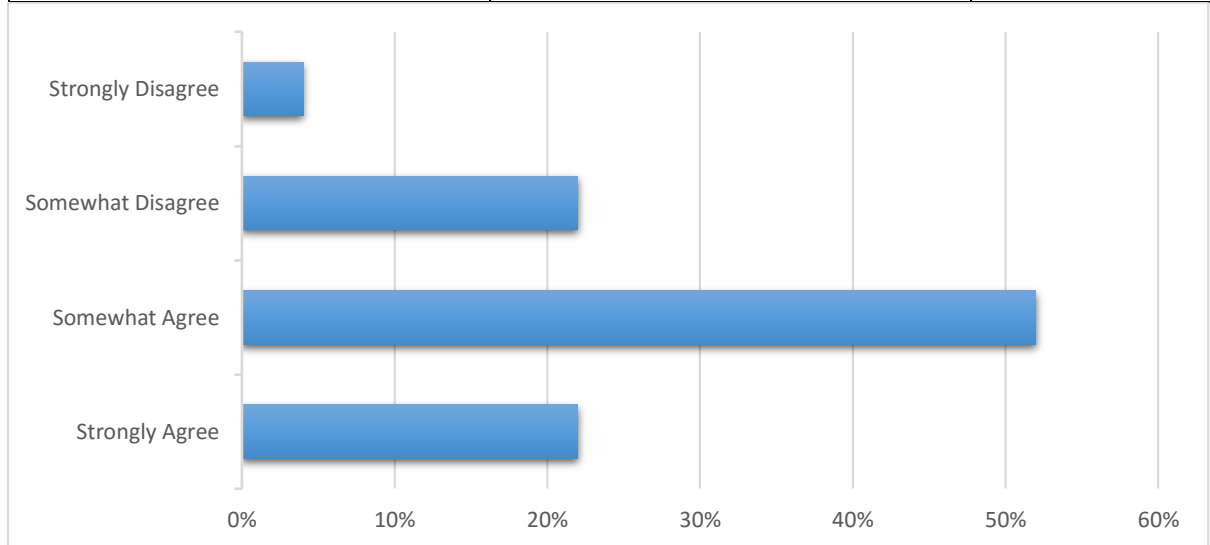
### Q8 EUS-AGD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
35%	38%	23%	4%	26
73%		27%		



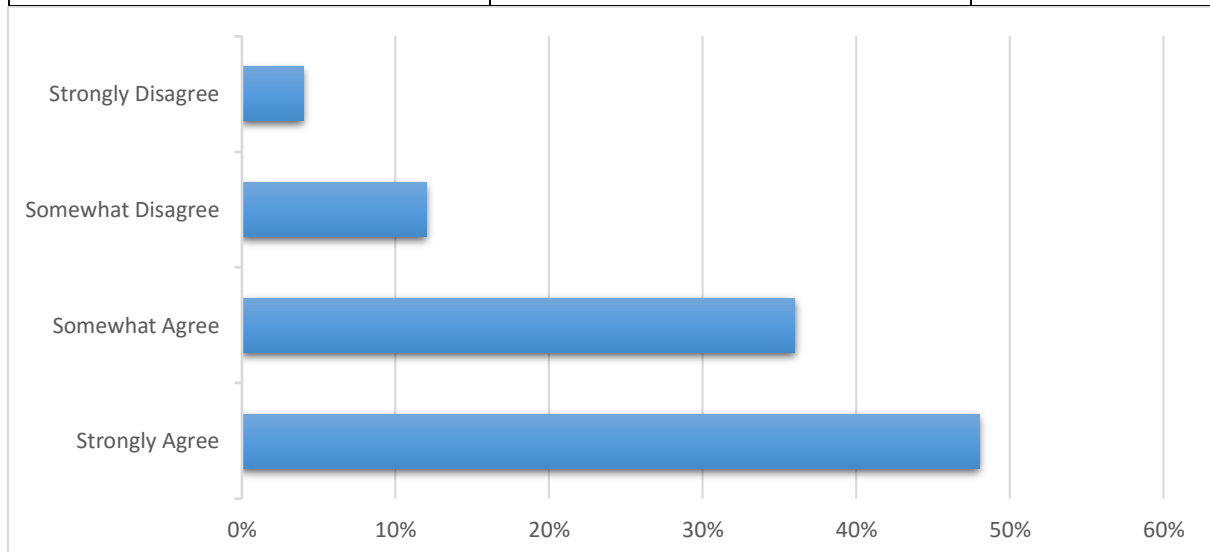
**Q9 EUS-AG (Revised from EUS-AGD)**

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
22%	52%	22%	4%	27
74%		26%		



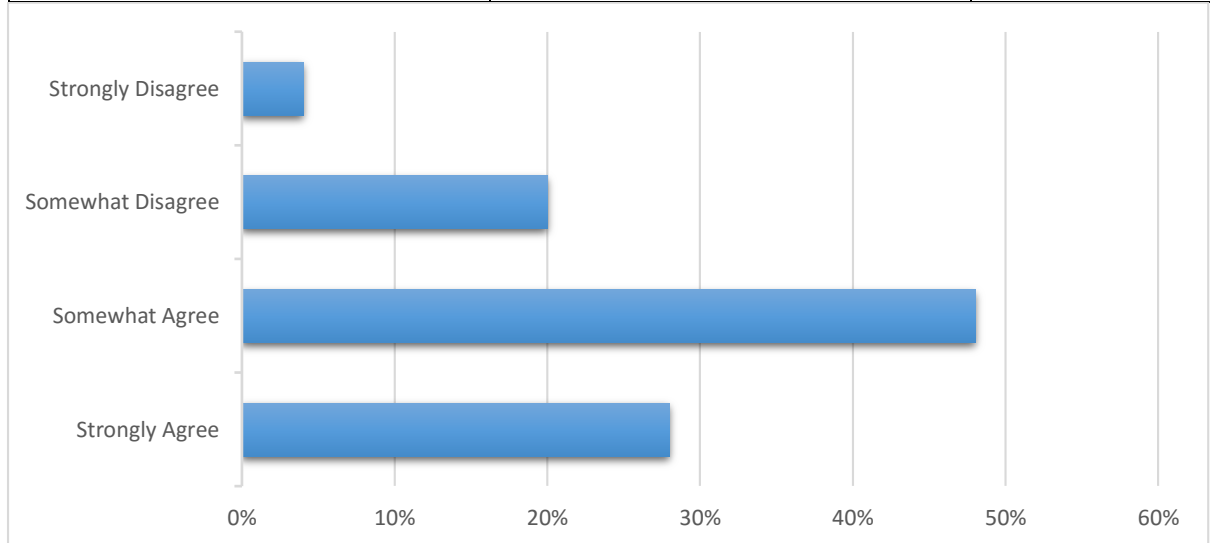
**Q10 EUS-RVD**

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
48%	36%	12%	4%	25
84%		16%		



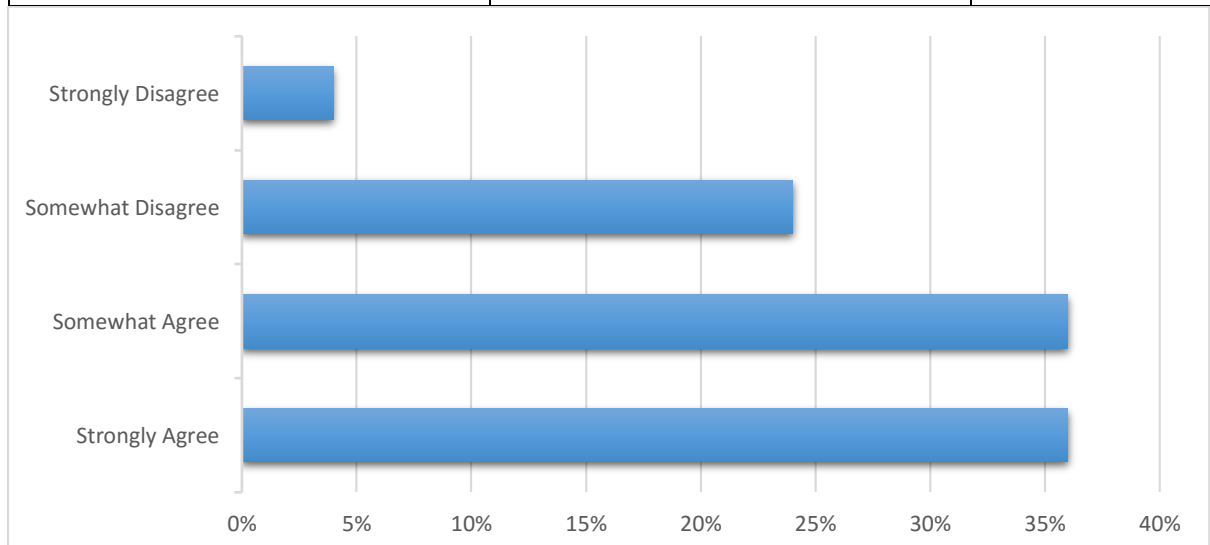
### Q11 RVD-TD

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
28%	48%	20%	4%	25
76%		24%		

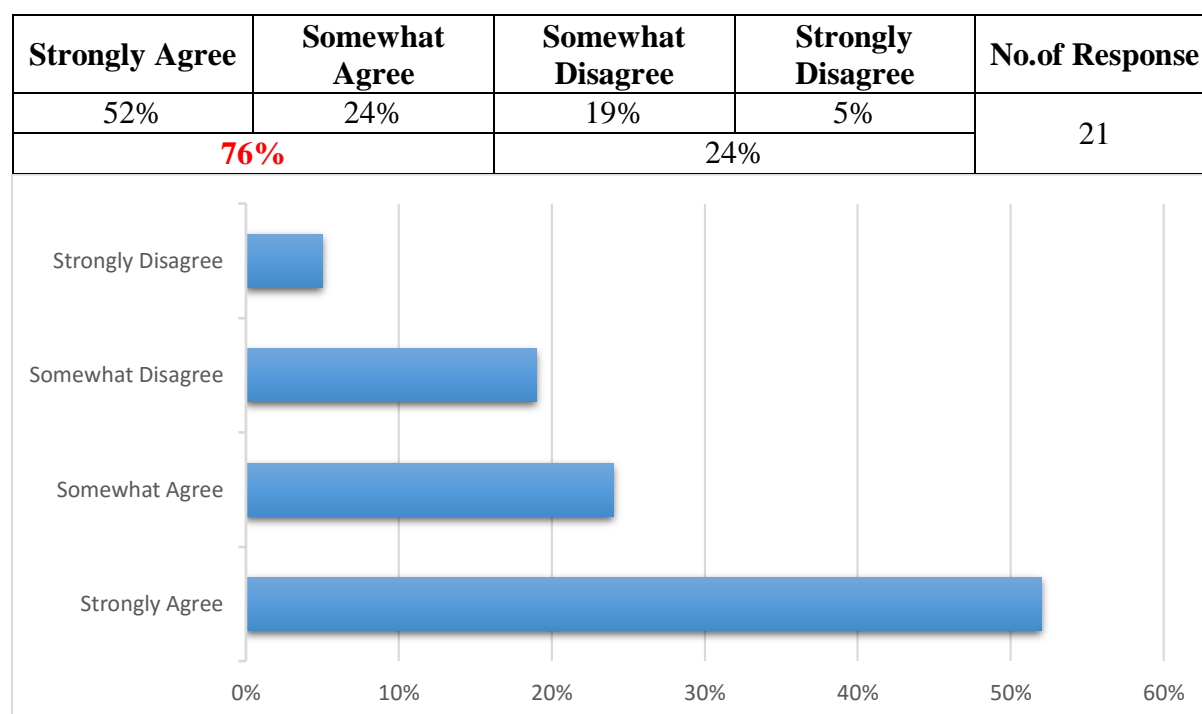


### Q12 RVD-TH

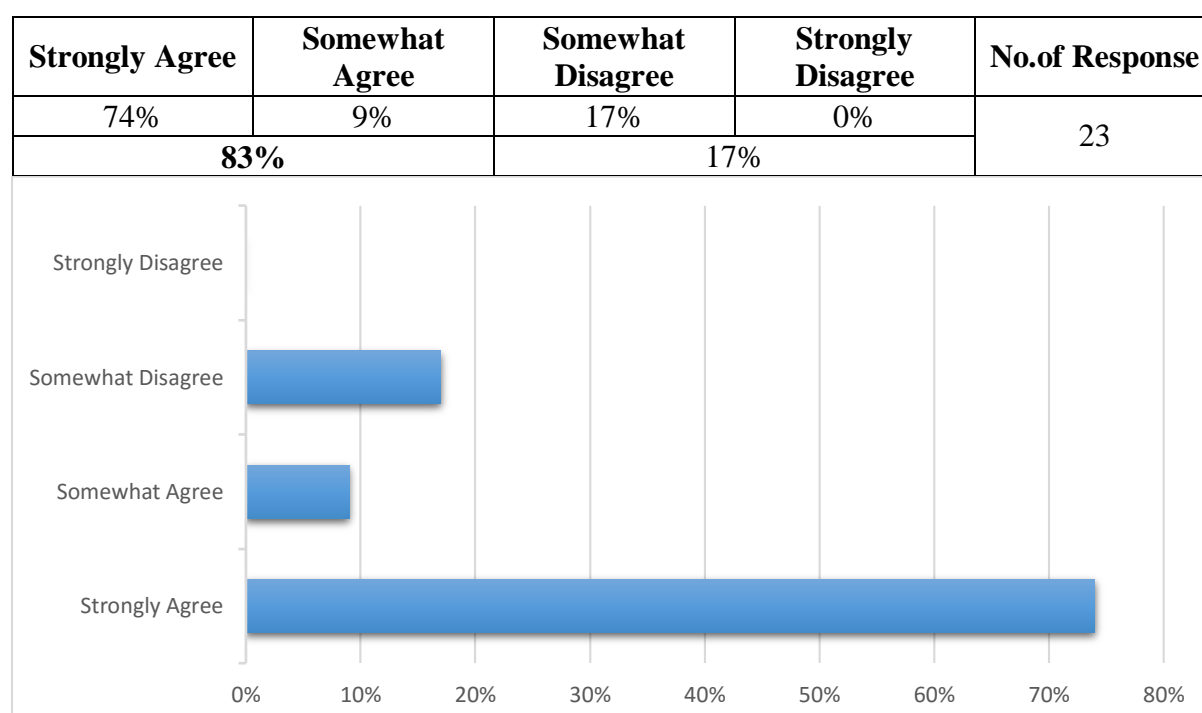
Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
36%	36%	24%	4%	25
72%		28%		



**Q13 Retrospective multicenter data collection should be avoided due to lack of uniformity in procedural variables and data collection at individual centers**

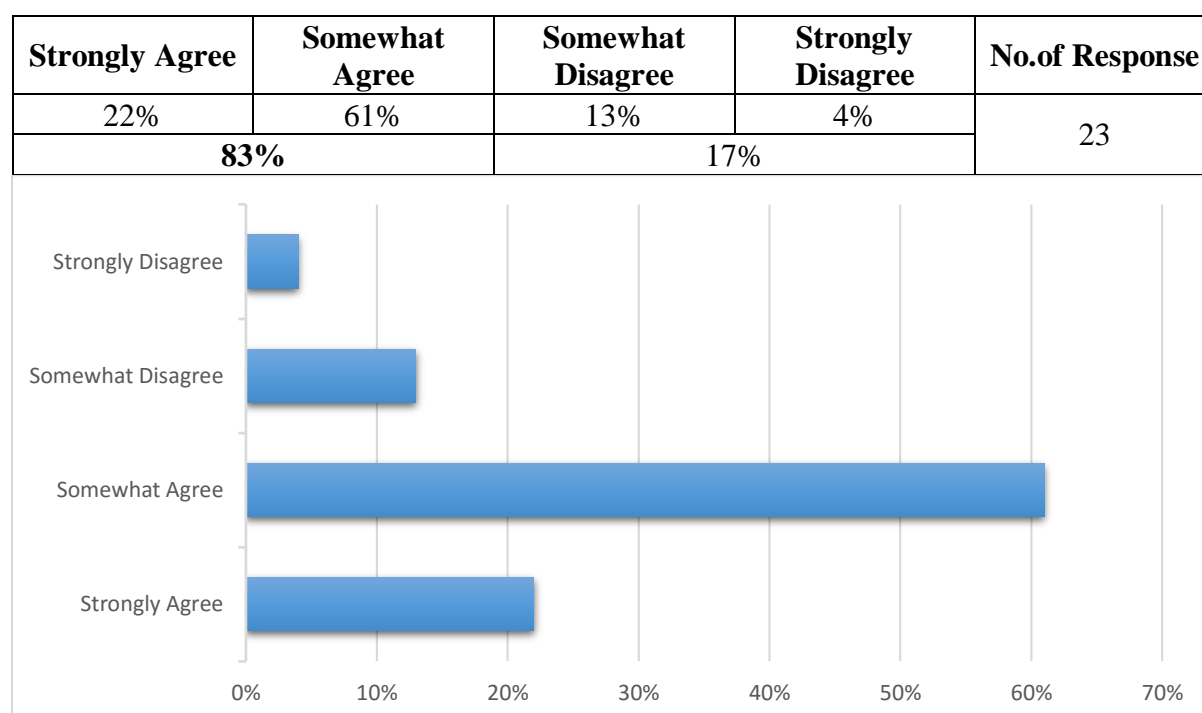


**Q14 Expertise of participating centers should be clearly defined by specifying the number of procedures done per year at each center**

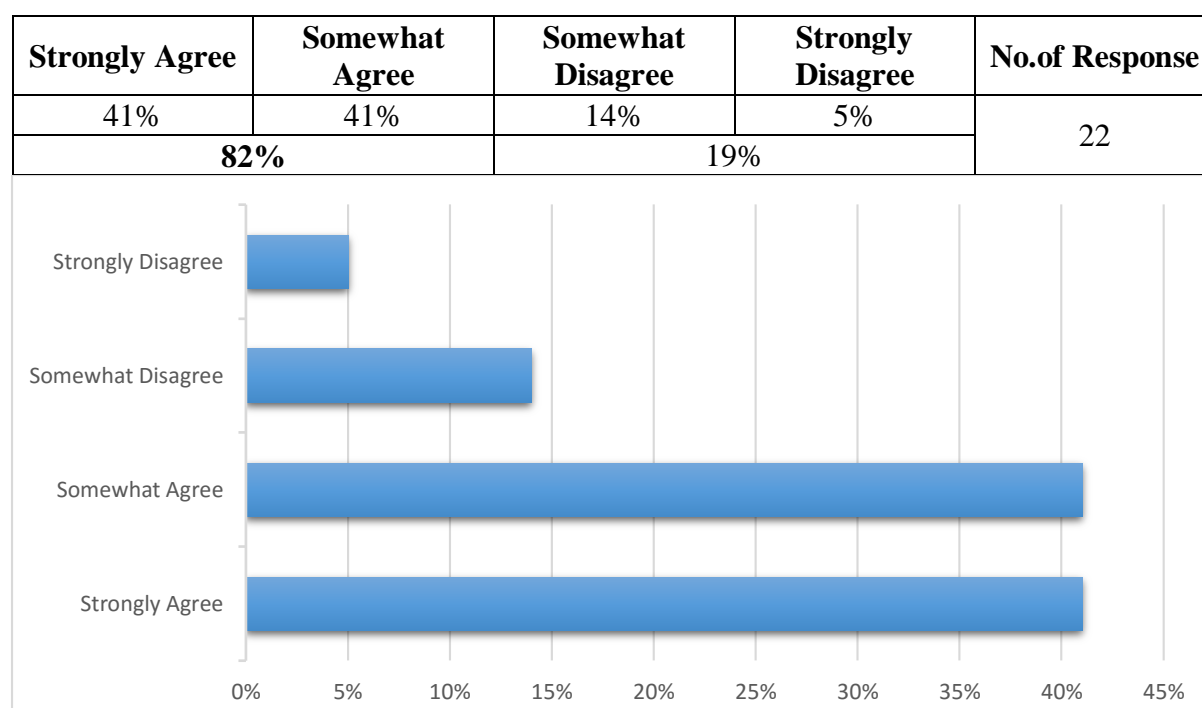




**Q15 Centers doing fewer than 10 cases per year are unlikely to develop expertise for several years. Thus each expert center should contribute at least 10 cases per year of study recruitment**



**Q16 Studies should mention the proportion of EUS-BD cases vis-à-vis ERCP cases at each Institute**



**Q17 Studies should concentrate on one or two EUS-BD procedures. Multiple procedures in one study do not allow a fair conclusion about individual procedures**

Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	No.of Response
50%	40%	10%	0%	20
90%		10%		

