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Media Contact: Gina Steiner
(630) 570-5635
gsteiner@asge.org

American Society for Gastrointestinal Endoscopy
3300 Woodcreek Drive
Downers Grove, IL 60515

P (630) 573-0600

F (630) 963-8332

www.asge.org

www.screen4coloncancer.org

For drainage of malignant biliary obstruction, plastic may be cost-effective alternative to metal stents

DOWNERS GROVE, ILL.—November 3, 2016— Preoperative biliary drainage (PBD) with stent placement has commonly been used for patients with malignant biliary obstruction. In PBD, the placement of fully covered self-expandable metal stents (FCSEMSs) may provide better patency duration and a lower incidence of cholangitis compared with plastic stents. But a new study suggests that plastic stents may provide similar outcomes at a potential cost savings. The study, “Metal versus plastic stents for drainage of malignant biliary obstruction before primary surgical resection,” is published in the November issue of *GIE: Gastrointestinal Endoscopy*, the monthly, peer-reviewed journal of the American Society for Gastrointestinal Endoscopy (ASGE).

The researchers prospectively looked at 86 patients with malignant biliary obstruction in multiple centers over a two-year period. Patients with obstructive jaundice were randomly assigned to undergo PBD either with plastic stents or FCSEMS placement.

They found that baseline characteristics were not significantly different between the two groups. Endoscopic stent placement was technically successful in all patients, and procedure-related adverse events were not significantly different between the two groups.

The authors concluded that, in patients with resectable malignant biliary obstruction, the outcomes of PBD with plastic stents and FCSEMSs were similar. Considering the cost-effectiveness, PBD with plastic stents may be preferable to FCSEMS placement.

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About Gastrointestinal Endoscopy

Gastrointestinal endoscopic procedures allow the gastroenterologist to visually inspect the upper gastrointestinal tract (esophagus, stomach and duodenum) and the lower bowel (colon and rectum) through an endoscope, a thin, flexible device with a lighted end and a powerful lens system. Endoscopy has been a major advance in the treatment of gastrointestinal diseases. For example, the use of endoscopes allows the detection of ulcers, cancers, polyps and sites of internal bleeding. Through endoscopy, tissue samples (biopsies) may be obtained, areas of blockage can be opened and active bleeding can be stopped. Polyps in the colon can be removed, which has been shown to prevent colon cancer.

About the American Society for Gastrointestinal Endoscopy

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence and innovation in gastrointestinal endoscopy. ASGE, with more than 14,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.