

Title	Registry of patients undergoing endoscopic ultrasound procedures using the slim endoscopes	
Subject ID:	SLIM-____	Principal Investigator: Ji Young Bang, MD

Date of procedure: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Demographics**

Age: \_\_\_\_\_

Gender: Male:  Female:

Race: Caucasian: \_\_\_\_\_ Black: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Asian: \_\_\_\_\_  
Other: \_\_\_\_\_

Status: Inpatient:  Outpatient:

**EUS procedure**

**Procedure indication**

Indication for EUS examination:

- Cancer staging
- Tissue diagnosis
- Cyst evaluation
- Abdominal pain
- Therapeutic procedure:  CPB  CPN  Fiducial placement  Other, state \_\_\_\_\_
- Other, state: \_\_\_\_\_

Reason for using slim linear ultrasound scope:

- Unable to perform or complete EUS examination using standard echoendoscope  
If yes - Linear scope  Radial scope   
Reason for failed exam using standard echoendoscope: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- If Other reason, details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Dilation performed: Yes  No   
If yes - Dilator used: Savary  CRE balloon   
- Dilation diameter: \_\_\_\_\_ mm

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**Procedure details**

Successful EUS examination performed using slim echoendoscope with examination endpoint reached:

Yes       No

Type of procedure performed/attempted: \_\_\_\_\_

\_\_\_\_\_

If failure, state reason for failed slim echoendoscope examination: \_\_\_\_\_

\_\_\_\_\_

Total procedural duration: \_\_\_\_\_ mins

**Final diagnosis on EUS examination**

\_\_\_\_\_

**Intra-procedural adverse events**

**Intraprocedural complication:**       Yes       No

If yes, state:

Aspiration       Bleeding       Cardiovascular       Death

Perforation       Pneumoperitoneum       Respiratory

Other/give details:

\_\_\_\_\_

**Adverse event management (specify):**       Surgery       IR       Medical

Explain treatment measures: \_\_\_\_\_

\_\_\_\_\_

**Post-procedure length of hospital stay for adverse events:** \_\_\_\_\_ days

**Length of stay in ICU for adverse events:** \_\_\_\_\_ days

**Baseline and Procedure Details**

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Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplemental Table 1.** Case capsule of 23 patients who underwent EUS examinations using the slim linear echoendoscope

No.	Age/ Sex	Indication	EUS Finding	Technical Success	Procedure Time (mins)	Procedural Impact
1	80/M	Obstructive Jaundice in RYGB - inability to advance standard echoendoscope via the afferent limb	1.8cm distal bile duct adenocarcinoma on FNB	Yes	15	Established diagnosis. Precluded need for CT-guided biopsy or laparotomy
2	75/M	Severe abdominal pain with pancreatic duct dilation on CT. Cervical osteophyte precluded standard echoendoscope passage via the oropharynx	1.6 cm pancreatic neck cancer on FNB	Yes	9	Established diagnosis. Precluded need for open laparotomy as mass was not seen on CT
3	73/F	Pancreatic tail mass on CT. Severe peptic stricture precluded standard echoendoscope passage at distal esophagus.	21mm side-branch-IPMN on FNB	Yes	8	Established diagnosis. Precluded need for serial imaging/surgery
4	81/M	Mass adjacent to fourth portion of duodenum not accessible by standard echoendoscope	18 mm metastatic squamous cell cancer from tongue	Yes	22	Established diagnosis. Precluded need for exploration as there was no window for CT-guided biopsy
5	68/M	Abdominal pain of unclear etiology. Cervical osteophyte precluded standard echoendoscope passage via the oropharynx and EUS was requested to rule out chronic pancreatitis	Normal EUS exam	Yes	5	Excluded chronic pancreatitis as cause of abdominal pain
6	75/F	Stenosis at site of gastric bypass precluded passage of standard echoendoscope via afferent limb	22mm neuroendocrine tumor in pancreatic head	Yes	30	Established diagnosis and precluded need for CT-guided biopsy
7	68/F	Positive PET uptake in liver. Distal esophageal cancer precluded scope passage to the stomach.	11mm metastatic cancer in the left lobe of liver	Yes	18	Established diagnosis. Altered treatment plan by precluding need for radiation therapy.
8	80/M	Obstructive jaundice in a lung cancer patient with tracheostomy that precluded passage of standard echoendoscope	Embedded stone in the ampulla and not cancer. Patient underwent ERCP	Yes	8	Established diagnosis and altered treatment plan
9	66/F	Gastric outlet obstruction with long segment duodenal stricture. EGD with biopsies were indeterminate. Precluded standard echoendoscope passage	Duodenal wall thickening that on FNB was adenocarcinoma	Yes	30	Duodenal cancer. Established diagnosis and altered treatment plan
10	77/F	Obstructive jaundice in RYGB anatomy. Could not advance standard echoendoscope through gastrogastrostomy (LAMS) site	Biliary IPMN on EUS-FNB of a biliary papillary projection	Yes	15	Biliary IPMN. Conservative care.

11	76/F	Peri-hepatic PET positive mass on CT imaging in distal esophageal squamous cell cancer that precluded standard echoendoscope	14mm perihepatic lymph node that was biopsy proven on EUS-FNB to be metastasis	Yes	32	Established diagnosis. Precluded need for radiation therapy
12	56/M	Suspected distal esophageal cancer with negative endoscopic biopsies. Inability to pass standard echoendoscope as stricture was resistant despite dilation. PET positive in esophagus	Benign esophageal stricture on EUS-FNB and proven at 12-month follow-up	Yes	10	Established diagnosis and altered treatment plan.
13	79/M	Distal esophageal obstruction resistant to dilation using Savary. CT imaging revealed thickened stomach with poor expansion and the thickened proximal stomach precluded passage of standard echoendoscope. Prior EGD biopsies x 2 negative.	Linitis plastica (T3N1) on EUS-FNB	Yes	12	Established diagnosis and altered treatment plan
14	65/M	18mm liver mass on CT imaging in distal esophageal cancer that precluded standard echoendoscope passage.	Metastatic adenocarcinoma on EUS-FNB using SLE	Yes	12	Established diagnosis and altered treatment plan.
15	79/M	Radiation-induced mid-esophageal stricture in lung cancer that was strongly PET positive. EUS requested for evaluation of underlying malignancy.	No mass evident on EUS and FNB revealed fibrosis. Benign course at 12-month follow-up.	No	10	EUS excluded underlying cancer
16	70/M	Gastric outlet obstruction in laryngeal cancer.	Airway compromise with desaturation on passage of slim echoendoscope	No	15	Technical failure. Duodenal cancer diagnosed on long-term follow-up by imaging
17	82/F	Dilated CBD with elevated liver tests in eosinophilic esophagitis. MRI was normal.	CBD stone on EUS	Yes	6	Established diagnosis and treated by ERCP.
18	67/M	Pancreatic head mass on CT. Tear during dilation of eosinophilic esophagitis and inability to pass standard echoendoscope	EUS-guided FNB of pancreatic mass revealed cancer	Yes	10	Established diagnosis. Precluded need for CT-guided biopsy
19	74/M	Mid-esophageal stricture, post radiation for squamous cell cancer (2 years). Positive PET uptake. Unable to dilate to facilitate passage of standard echoendoscope	EUS-guided FNB of esophagus using slim linear echoendoscope revealed cancer	Yes	5	Established diagnosis (tumor recurrence) and impacted treatment plan.
20	71/F	Obstructive jaundice in RYGB anatomy. Mid bile duct stricture on MRCP. Standard EUS scope could not be passed via LAMS.	Cholangiocarcinoma on slim EUS examination	Yes	15	Established diagnosis and impacted treatment plan

21	65/M	Gastric cardia mass compressing the distal esophagus and precluded passage of standard echoendoscope. Prior EGD-biopsies x 3 were negative	EUS-FNB of gastric cardia fold revealed cancer	Yes	12	Established diagnosis and altered treatment plan
22	66/F	Gastric outlet obstruction due to duodenal stricture that precluded passage of standard echoendoscope	EUS-FNB of wall layers in duodenum revealed adenocarcinoma of duodenal bulb	Yes	15	Established tissue diagnosis
23	56/M	Gastric outlet obstruction with pancreatic mass; CT biopsy x 4 and surgical biopsy negative	15 x 10 uncinata mass. Pancreatic cancer	Yes	40	Established tissue diagnosis