## Appendix 1  Chapter structure, task forces, and key questions.

<table>
<thead>
<tr>
<th>Chapter/Topic complex</th>
<th>Task forces (spokespersons in bold)</th>
</tr>
</thead>
</table>
| **Task force I**  
Submucosal tumors |  
– List etiologies and their frequency according to location.  
– What are the diagnostic yield and accuracy of endoscopic forceps biopsy, EUS-FNA, and EUS-TCB in patients with SMTs?  
– What are the indications for EUS-FNA or EUS-TCB in patients with SMTs?  
– What are the sensitivity, specificity, and diagnostic accuracy of FNA?  
Polkowski  
Dumonceau |
| **Task force II**  
Diffuse esophageal/gastric wall thickening |  
– List etiologies and their frequency according to location.  
– What are the yields of bite-on-bite biopsies, EUS-FNA, and EUS-TCB?  
– What is the impact of EUS-FNA or TCB on patient management?  
– When and how should EUS-guided sampling be performed?  
Gines  
Polkowski, Dumonceau |
| **Task force III**  
Pancreatic solid masses |  
– List etiologies and their frequency according to location.  
– What are the indications for FNA?  
– How does EUS-FNA compare with percutaneous FNA?  
– What are the sensitivity, specificity, and diagnostic accuracy of FNA?  
– What is the impact of EUS-FNA on patient management?  
Larghi  
Frossard, Fernández-Esparrach |
| **Task force IV**  
Pancreatic cystic-appearing lesions |  
– List etiologies.  
– What are the indications for FNA of a pancreatic collection (referral to Sendai consensus and new data since then)?  
– Aspirated fluid samples: in what proportions should they be divided for pathological/biochemical/microbiological examinations?  
– What dosages should be performed?  
– What is the role of cyst wall brushing?  
– What is the impact of FNA on patient management?  
Dumonceau  
Pujol |
| **Task force V**  
Mediastinal lesions unrelated to lung or esophageal cancer |  
– List etiologies of mediastinal lesions unrelated to lung or esophageal cancer.  
– What is the diagnostic yield of EUS-FNA in this setting?  
– How does FNA compare with endosonographic features in terms of accuracy?  
– What is the impact of EUS-FNA of mediastinal lesions of unknown origin?  
– What are the indications and contraindications regarding FNA (location...)?  
Dumonceau  
Gines |
| **Task force VI**  
Esophageal cancer |  
– What should be the place of FNA among other staging techniques, including EUS without FNA and PET/CT, taking into account performance, invasiveness, complications, and cost?  
– What is the performance of EUS-FNA in primary lymph node staging?  
– What is the performance of EUS-FNA in re-staging after neoadjuvant chemoradiotherapy?  
– What is the impact of EUS-FNA on patient management?  
– How does the cost–effectiveness of EUS-FNA compare with that of other techniques?  
– Determine technical points specific to FNA and microscopic examination of lymph nodes:  
  • What is the optimal EUS-FNA protocol?  
  • Should stenotic tumors be dilated to allow for a complete EUS/EUS-FNA staging?  
Polkowski  
Dumonceau, Gines, Giovannini |
| **Task force VII**  
Gastric cancer |  
– What is the aim of EUS-FNA in staging of gastric cancer?  
– What is the impact of FNA on patient management?  
Larghi  
Vilmann |
| **Task force VIII**  
Rectal cancer |  
– What is the impact of EUS-FNA on patient management during the initial staging of rectal cancer?  
– What is the impact of EUS-FNA on patient management for the diagnosis of perirectal masses in patients with a history of rectal cancer?  
Gines  
Dumonceau |
| **Task force IX**  
Miscellaneous |  
– What is the impact of FNA on patient management in the case of isolated lymph nodes, adrenal gland masses, or solid focal liver lesions?  
– What is the incidence of false-positive cytology results for cancer?  
– Which factors may be associated with false-positive cytology results?  
– How can we prevent false-positive results?  
– How frequent is needle tract seeding?  
Gines  
Dumonceau |

EUS, endoscopic ultrasound; FNA, fine needle aspiration; TCB, trucut biopsy; SMT, submucosal tumor; PET/CT, positron emission tomography/computed tomography.
<table>
<thead>
<tr>
<th>Topic complex</th>
<th>Number of initial references according to the predefined key questions</th>
<th>Number of relevant references for the guideline after evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task force I</td>
<td>124</td>
<td>32</td>
</tr>
<tr>
<td>Task force II</td>
<td>103</td>
<td>6</td>
</tr>
<tr>
<td>Task force III</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>Task force IV</td>
<td>499</td>
<td>9</td>
</tr>
<tr>
<td>Task force V</td>
<td>172</td>
<td>20</td>
</tr>
<tr>
<td>Task force VI</td>
<td>281</td>
<td>13</td>
</tr>
<tr>
<td>Task force VII</td>
<td>1774</td>
<td>2</td>
</tr>
<tr>
<td>Task force VIII</td>
<td>914</td>
<td>3</td>
</tr>
<tr>
<td>Task force IX</td>
<td>297</td>
<td>23</td>
</tr>
</tbody>
</table>