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UEGF – United European Gastroenterology Federation
Wienerbergstr. 11/12A
1100 Vienna, Austria
Tel.: +43-1-997 16 39
Fax: +43-1-997 16 39-10
E-Mail: office@uegf.org

UNITED EUROPEAN GASTROENTEROLOGY FEDERATION

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P1144 ENDOSCOPIC RESECTION OF DUODENAL TUMORS: AN EFFICIENT TECHNIQUE USING OCTREOTIDE FOR DELAYED BLEEDING

S. Tanabe[1], K. Higuchi[1], T. Sasaki[1], C. Katada[1], M. Azuma[1], K. Ishido[1], T. Ae[1], A. Naruke[1], A. Sato[1], W. Koizumi[1]. [1]*Gastroenterology, Kitasato University, Sagamihara, Japan*

INTRODUCTION/OBJECTIVES: Data on endoscopic resection (ER) of duodenal tumors are sparse. Endoscopic treatment of the duodenum is known to carry high risks of perforation and delayed bleeding. We used octreotide, a somatostatin analogue, in patients who underwent conventional endoscopic mucosal resection and studied the safety of ER.
AIMS & METHODS: The study group comprised 24 patients who underwent ER for duodenal tumors from March 2004 through April 2010. ER was carried out using standard injection and cutting techniques or by endoscopic aspiration mucosectomy (EAM). Argon plasma coagulation was additionally performed if the resection was incomplete on macroscopic inspection. Six recently treated patients were given octreotide (300 μg) by subcutaneous injection on the day of ER and the following day. We retrospectively studied the rate of en bloc resection and the presence or absence of recurrence and complications (perforation and delayed bleeding).
RESULTS: Resection was done by standard injection and cutting in 18 patients and by EAM in 6. The histopathological diagnosis after resection was adenoma in 12 patients, adenocarcinoma in 5, carcinoid in 4, hamartoma in 2, and lipoma in 1. The mean tumor diameter was 18 mm (range, 3 to 40 mm). The rate of en bloc resection was 83.3% (20/24). There was no recurrence during a mean follow-up period of 12 months. Delayed bleeding occurred in 4 (22.2%) of 18 patients who did not receive octreotide, as compared with none of 6 patients who received octreotide. No patient had perforation. There were no side effects associated with the use of octreotide.
CONCLUSION: Our results showed that standard injection and cutting techniques and EAM are effective treatments for duodenal tumors, with no local recurrence. The concurrent use of octreotide might inhibit delayed bleeding.
Disclosure of Interest: None Declared *Gut 2010; 59 (Suppl III)* A337

P1145 ENDOSCOPIC AND ENDOSONOGRAPHIC STAGING IN THE MANAGEMENT OF CANCER OF THE STOMACH AND THE OESOPHAGO-GASTRIC JUNCTION

G.-J. Töppler[1], H. Röper[1], S. Cameron[1], L. Füzesi[2], A. Beham[3], G. Ramadori[1]. [1]*Gastroenterology and Endocrinology,* [2]*Pathology,* [3]*General and Visceral Surgery, University of Göttingen, Göttingen, Germany*

INTRODUCTION/OBJECTIVES: Staging of the primary tumor in patients with advanced adenocarcinoma of the stomach or the oesophago-gastric junction under chemotherapy is not generally recommended [ESMO clinical recommendations; Ann Oncol 2009]. RECIST criteria do not detect local tumor regression adequately. Standards for endoscopic staging throughout therapy have not yet been established.
AIMS & METHODS: We here report on 20 consecutive patients with locally advanced esophago- or gastric adenocarcinoma which were treated with EOX or EOF (Epirubicin, Oxaliplatin, Capecitabine or 5-FU). After two cycles of chemotherapy, therapeutic efficacy was assessed by gastroscopy (EGD), endosonography (EUS), ultrasonography (US) and CT-scan. EGD staging criteria included luminal occlusion, the aboral length of tumor involvement, tumor exulceration, formation of polypoid tissue or superficial ulcers, and gut motility. EUS-staging criteria included uT-staging of the different layers of the esophago-gastric wall as well as of the adjacent lymph-nodes. Surgery was then performed within 2 to 4 weeks after the end of the third chemotherapy cycle.
RESULTS: In all patients, an early response to chemotherapy was observed by EGD and EUS, including regression of tumor size (length and depth), and appearance: former exulcerative tissue became rather polypoid and less vulnerable, and motility was regained in areas were tumor regression was observed. For the assessment of local tumor behaviour under chemotherapy, CT-scan was of limited help, as it was only able to monitor lymphadenopathy. Only in 3/20 cases there was a concordance between the EUS and CT-scan, as verified by histopathological review of the surgical specimen.
CONCLUSION: EGD and EUS monitor early tumor response of the primary to chemotherapy adequately in all our cases of locally advanced esophago- or gastric adenocarcinoma. Endoscopic measures are helpful for the assessment of early treatment response, and might help to direct therapeutic strategies.
REFERENCE(S): ESMO clinical recommendations; Ann Oncol 2009.
Disclosure of Interest: None Declared *Gut 2010; 59 (Suppl III)* A337

P1146 CLINICAL OUTCOMES OF ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) FOR EARLY GASTRIC NEOPLASMS IN ELDERLY PATIENTS: ANALYSIS OF 586 LESIONS

T. Toyokawa[1], I. Fujita[1], R. Miyasaka[1], K. Watanabe[1], J. Horii[1], T. Murakami[1], J. Tomoda[1]. [1]*Department of Gastroenterology, Fukuyama Medical Center, Fukuyama, Japan*

INTRODUCTION/OBJECTIVES: Endoscopic submucosal dissection (ESD) has been established as a standard treatment for early gastric neoplasms in Japan. Recently, ESD has gained momentum worldwide. As the aging population has increased, the elderly patients to perform ESD for the treatment of early gastric neoplasms have steadily increased. We investigated the clinical outcomes of elderly patients with early gastric neoplasms who underwent ESD.
AIMS & METHODS: The aim of this study was to evaluate the effectiveness of and problems encountered with ESD for the treatment of early gastric neoplasms in elderly patients. Subjects were 514 patients (586 lesions) with early gastric neoplasms performed ESD from May 2003 to December 2009 at Fukuyama Medical Center and Mitoyo General Hospital. The patients were classified into two groups as follows: an elderly group (75 years of age or over) and a non-elderly group (younger than 75 years of age). We compared the characteristics of patients and lesions, treatment results, procedure-related complications and prognosis between the two groups. Statistical analysis was performed using Mann-Whitney *U*-test and Chi-square test, $p < 0.05$ was considered to be statistically significant.
RESULTS: The elderly group included 200 patients (229 lesions) and the non-elderly group included 314 patients (357 lesions). The ratio of female was significantly higher in the elderly group than in the non-elderly group. The underlying incidences of hypertension and heart disease and the rate of antiplatelet agent use were significantly higher in the elderly group. The location, size and types of lesions were not significantly different between the two groups. The en-block resection rate (92% vs 90%) and curative resection rate (80% vs 82%) were high in both groups. The operation time was similar among the two groups. The bleeding rate was significantly higher in the elderly group; however no significant complications such as perforation or pneumonia related to the procedure were observed among the two groups. The rates of residual disease or recurrences in both groups were very low (2.6% vs 0.84%), the differences were not significant. The death rate from other diseases was significantly higher in the elderly group during the follow-up period.
CONCLUSION: In this study, the treatment of early gastric neoplasms with ESD was as effective in elderly patients as in non-elderly patients. However, the problems that bleeding rate and the death rate from other diseases are higher in elderly patients and they have more underlying diseases were clarified. Therefore, the indications for ESD in elderly patients should be carefully considered.
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P1147 GASTRIC JUICE PH AS INDICATOR OF NEOPLASTIC RISK CONDITIONS

G. Pezzicoli[1], F.M. Maselli[1], M. Pucatti[1], F.A. Tucci[1], C. Esposito[1], A. Tucci[2], **A. Andriulli**[2]. [1]*Etromapmax Pole, Lesina (FG),* [2]*Gastroenterology, San Giovanni R. (FG), Italy*

INTRODUCTION/OBJECTIVES: Gastric juice is commonly thrown away during upper endoscopy. However, it may represents a precious source of clinico-pathological information.
AIMS & METHODS: To evaluate the usefulness of gastric juice pH as indicator of neoplastic risk conditions correlated with hypochlorhydria.
216 patients undergoing EGDS were studied (99M, 117F, age 47±17). In each of them, gastric juice pH was assessed by means of a novel device (Endofaster) performing gastric juice analysis in real-time (during endoscopy). Basal gastrinemia and a complex program of biopsies (2 in the antrum, 2 in the corpus, 4 in the fundus) and histological evaluation (H&E + himmunohistochemisty + argyrophil stains) were performed. Gastric acid secretion (BAO-PAO) was also studied in a subgroup of 24 patients and in 22 controls. The following 8 parameters evaluated were: glandular atrophy and intestinal metaplasia (IM) of the antral and oxyntic mucosa; endocrine cells hyperplasia (G, ECL, antral non-G); hypergastrinemia.
RESULTS: Are reported in table. The pH was strongly correlated ($r = 0.67$ $p < 0.01$) with the presence of the pathological conditions considered; the percentage of patients with one or more of these conditions increased as pH increased. According to the criterion of hypo-achlorhydria (pH≥4 or no gastric juice) utilized by Endofaster, one or more pathological conditions were present in 81% of patients with hypo-achlorhydria and in only 9% of those normochlorhydric ($p < 0.01$).
An inverse correlation was detected between pH and BAO ($r = -0.72$; $P < 0.01$). Patients with atrophy of the oxyntic mucosa showed lower gastric acid secretion (BAO = 0.14±0.27; PAO = 7.60±10.17; mEq/h) than healthy controls (BAO = 2.80±1.31; PAO = 23.25±8.38) ($P < 0.01$).

	pH < 3 155 pts (71.8%)	3 ≤ pH < 4 8 pts (3.7%)	4 ≤ pH < 5 5 pts (2.3%)	5 ≤ pH < 6 6 pts (2.7%)	pH > 6 14 pts (6.5%)	no gastric juice 28 pts (13.0%)
% antral atrophy	5.2	0	20	16.7	7.1	28.6
% antral IM	3.2	0	40	50	21.4	25
% G hyperplasia	0.6	12.5	20	16.7	21.4	35.7
% non-G hyperplasia	1.2	12.5	20	0	28.6	10.7
% oxyntic atrophy	0.6	0	20	33.3	57.1	46.4
% oxyntic IM	0	0	20	0	7.1	25
% ECL hyperplasia	0.6	0	20	16.7	28.6	46.4
% hypergastrinemia	1.9	0	20	16.7	21.4	25
% of pts with 1 or more pathological conditions	7.7	25	60	83.3	85.7	82.1

CONCLUSION: Hypochlorhydria represents a sensitive indicator of gastric risk conditions. The perendoscopic assessment of pH improves and extends optical analysis because it allows the identification of hypochlorhydric patients. The awareness of this condition "during" endoscopy may improve the identification of affections that often escape the diagnosis (...by alerting the endoscopist and the pathologist to design a more appropriate bioptic program and histological evaluation in the suspect patients).
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P1148 ENDOSCOPIC SUBMUCOSAL DISSECTION FOR GASTRIC NEOPLASMS IN CONSECUTIVE 971 CASES WITH SPECIAL REFERENCE TO LATERALLY POSITIVE MARGIN FOR TUMOR CELLS

H. Yajima[1], H. Isomoto[1], H. Nishiyama[2], T. Murata[2], S. Fukuda[2], K. Gotou[2], A. Matsumoto[2], K. Okamoto[2], Y. Akazawa[1], N. Yamaguchi[1], K. Ohnita[1], K. Ikeda[1], H. Oda[1], F. Takeshima[1], S. Shikuwa[1], K. Nakao[1]. [1]*Gastroenterology and Hepatology, Nagasaki University Hospital, Nagasaki city,* [2]*Gastroenterology and Hepatology, National Hospital Organization Nagasaki Medical Center, Omura city, Japan*

INTRODUCTION/OBJECTIVES: Endoscopic submucosal dissection (ESD) has been developed for en bloc resection of gastric tumors. Theoretically, it can be rarely associated with positive tumor margins, in particular lateral side. There is little information on this issue, and the retrospective study in large series was conducted.
AIMS & METHODS: ESD was performed on consecutive cases of mucosal or slight submucosally invasive neoplasms, which were diagnosed preoperatively. The therapeutic efficacy, technical feasibility, clinical outcomes with special reference to lateral positive margin for neoplastic cells.
RESULTS: The target lesions consisted of 858 gastric cancer and 113 gastric adenoma. The mean size of the adenoma was 15.9 mm (maximum, 70 mm) and the mean resection size was 35.1 mm (maximum, 120 mm). The mean size of the cancer was 20.3 mm (maximum, 80 mm) and the mean resection size was 40.4 mm (maximum, 110 mm). En bloc resection rate of adenoma was 92.0% (104/113), and its rate of cancer was 95.9% (823/858). We experienced 31cases of en bloc resection with laterally positive cases (one case was adenoma, the others were cancer); 20 patients were followed-up with no recurrent tumors. Endoscopic therapy was added to 6 patients. Salvage surgery was performed to 5 patients. Large-sized or ulcerative scar-positive neoplasms