Abstract IDDF2018-ABS-0144 Figure 1

are required to elucidate the precise role of SOPOC during ERCP.

IDDF2018-ABS-0147 EFFICACY AND SAFETY OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN NONAGENARIANS: A COMPARATIVE STUDY

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Background Little information is available on the long-term outcome of endoscopic retrograde cholangiopancreatography (ERCP) for pancreaticobiliary diseases in nonagenarians (≥ 90 years). This study was to evaluate the efficacy and the safety of ERCP in the treatment of patients 90 years of age and older.

Methods Consecutive nonagenarian patients who underwent therapeutic ERCP between May 2005 and January 2017 at a tertiary-care centre were retrospectively reviewed. One hundred and fifty-five patients aged 90 years and older were identified (Group A). Matched by gender and ratio 1:2, 310 patients under 65 years were assigned to control group (Group B). Clinical features, endoscopic findings, interventions, long-term results of ERCP for a mean follow-up of 12 months were assessed and compared between the two groups.

Results Group A had a higher incidence of concomitant diseases, acute cholangitis, and acute cholecystitis, as compared to group B ($p < 0.05$). There was no significant difference in the technical success rate and procedure time between the two groups. The rate of post-ERCP pancreatitis was significantly less in the group A compared to the group B ($p < 0.05$). The occurrence of haemorrhage, perforation, and other

complications was not statistically different among the two groups. The mortality directly related to the ERCP procedure was zero.

Conclusions ERCP is safe and effective for the management of pancreaticobiliary diseases in patients aged 90 years or older.

IDDF2018-ABS-0150 RISK OF HEPATOCELLULAR CANCER AND DEATH/TRANSPLANT BETWEEN INACTIVE HEPATITIS B AND HBEAG-NEGATIVE CHRONIC HEPATITIS B WITH ANTIVIRAL AGENTS

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Background Nucleos(t)ide analogues (NUCs) treatment in HBe-negative chronic hepatitis B (CHB) patients would maintain a similar virologic and biochemical state compared to inactive hepatitis. And, sustained reduction of hepatitis B viral load by NUCs is helpful in lowering the risk of HCC. The purpose of this study was to evaluate the cumulative incidence of hepatocellular carcinoma (HCC) and death/transplantation in patients with inactive patients compared with HBeAg-negative CHB patients treated with NUCs.

Methods We performed a retrospective analysis of data from 3202 consecutive adult patients with non-cirrhotic CHB, inactive hepatitis ($n=2,677$) and HBeAg-negative hepatitis treated with NUCs between January 2000 and December 2013. Data were collected from patients for median 5.4 years and analysed by a multivariable Cox proportional hazards model for the entire cohort and propensity score-matched cohort.

Results During the study period, 127 (4.0%) developed HCC, 156 (4.8%) died or received transplantation. The annual risk of developing HCC and death/transplantation of inactive