Results 60 patients underwent colonoscopy for colonic tumors. The average age was 55.60 years old, 53.3% were females, 85% had a family history of colon cancer and 50% were smokers. A significant association of Pap stain in detecting malignancy ($p=0.002$) was noted with a sensitivity of 79.2% and specificity of 66.6%.

Conclusions The results show good sensitivity of using Pap stain in that it is able to correctly identify 79.2% for patients who truly have colonic tumors with specificity of 66.6%. There is a significant association between Pap stain and H&E stain in detecting malignancy ($p=0.002$) in that a positive Pap stain is highly associated with colon cancer detection (PPV=90.5%) and only 44.4% will be truly negative for those who have no colon cancer.

IDDF2019-ABS-0324 APPROPRIATENESS OF PRESCRIBING PROTON PUMP INHIBITOR IN A TERTIARY CARE SUPERSPECIALITY HOSPITAL IN INDIA

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Background Proton Pump Inhibitor (PPI) is the commonest prescribed drug in gastroenterology practice due to its proven effectiveness for a variety of indications. Long-term use contributes to adverse events. There is a large unmet need to evaluate the appropriateness of prescribing PPI therapy.

Methods A cross-sectional study was conducted over three months at a Gastroenterology outpatient department of a tertiary care teaching hospital. Adult patients who were prescribed PPI were interviewed. Patient medication charts were reviewed and demographic details, PPI use, dose, regimen and valid indication for PPI prescription was noted in accordance with international guidelines and best evidence.

Results Three forty-one (male 240; 70.4%) patients were included. Their median age was 35 (range 18–78) years. 191(56%), 84(24.6%) and 56 (16.4%) of the patients received oral Rabeprazole, Pantoprazole and Esomeprazole respectively. Rest were prescribed a combination of PPI with prokinetic (Domperidone/Itopride). The commonest indication was Gastroesophageal Reflux Disease followed by Pancreatitis. Overall, 10(2.9%) of the patients were receiving PPIs without an appropriate indication out of which 3 were on self-medication. 85(24.9%) patients had a previous PPI prescription, and 256(75.1%) were initiated on PPI therapy during their current visit. The median duration of therapy was 4.5 weeks.

Conclusions Majority of the patients (97.1%) had an identifiable and appropriate PPI indication. Accurate PPI prescribing can reduce the incidence of adverse events and contribute to overall cost savings. Nevertheless, patients should be educated and warned regarding self-medication and inappropriate use. Meanwhile, doctors need to reevaluate drugs at follow up, reduce dose and stop accordingly.

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THE USE OF HEMOSPRAY IN UPPER GI BLEEDING: A SINGLE CENTER EXPERIENCE IN A DEVELOPING COUNTRY

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Background Hemospray and other endoscopic hemostatic sprays are relatively new techniques for upper GI bleeding. Due to its cost, physicians are wary of its use and efficacy. Hemostasis in upper gastrointestinal bleeding can be obtained depending on the type of lesion and extent of bleeding through the following Methods injection of saline diluted epinephrine solution, the application of various types of clips, or using argon plasma- coagulation and other thermic coagulation procedures. Despite these available techniques, about 30% of patients with upper GI bleeding cannot achieve hemostasis endoscopically. Hemospray is the only available sprayable powder in the Philippines so far, and it is being considered as an alternative method. Hence this study aimed to report on the experience of a single tertiary center in the Philippines on the use of Hemospray in upper GI bleeding.

Methods The endoscopy database of The Medical City Hospital was reviewed retrospectively from July 2017 to February 2019 and eight cases were included in this study. The main clinical presentation of the eight patients was overt upper GI bleeding, presenting as gross hematemesis and melena, and were treated with Hemospray (Cook Medical). Bleeding was secondary to gastric cancer (2), gastric polyp (3), esophageal varix (2) and metastases to stomach (1) that were all unresolved by conventional therapeutic gastroscopy manoeuvres including epinephrine injection, rubber band ligation, and thermic coagulation. (figure 1)

Abstract IDDF2019-ABS-0328 Figure 1

Results In all of the cases presented, hemostasis was achieved abruptly by use of Hemospray. Average time until cessation of bleeding was less than one minute. Among the successful cases, two re-bled after a certain time after hemostasis. Average time until recurrence of bleeding was 36 hours. The average length of hospital stay was 14.5 days. No complications related to Hemospray occurred within the next 48 hours postprocedure.

Conclusions Hemospray may be considered as an effective and safe method for the endoscopic management of acute upper

gastrointestinal bleeding. Hemospray achieved immediate and short term hemostasis in all cases. However, rebleed is possible in less than 48 hours after.

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EXPECTATION OF ASIA-PACIFIC PHYSICIANS AND PATIENTS TOWARDS IDEAL ERADICATION RATE OF ANTI-H. PYLORI REGIMENS

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Background The aims of the study were to survey (1) the ideal eradication rate for anti-*H. pylori* regimens from the expectation of Asia-Pacific physicians and patients (2) to investigate the expectation gaps of ideal eradication rate between physicians and patients.

Methods A questionnaire was disseminated to physicians who attended the Asia-Pacific Digestive Week 2015 meeting. In addition, a questionnaire was disseminated to *H. pylori*-infected patients in Taiwan. Reported ideal eradication rates from the physicians and patients were collected and analyzed.

Results A total of 754 physicians and 973 patients participated in the survey. The ideal eradication rate for anti-*H. pylori* regimens anticipated by Asia Pacific physicians was 91.5%. Physicians from Malaysia had the highest expectation at 93.2%. The expectation of physicians and patients towards ideal eradication rate of anti-*H. pylori* regimens were 91.1% and 93.1% respectively in Taiwan. The expectation on ideal eradication rate among patients was higher than that of physicians (93.1% *vs* 91.1%, *P*<.001).

Conclusions It is time for Asia-Pacific physicians to implement more efficacious ideal anti-*H. pylori* regimens to meet the expectations of their patients and themselves.

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INTRALUMINAL BRACHYTHERAPY (ILBT) BOOST FOLLOWING CONCURRENT CHEMORADIATION IN PATIENTS OF INOPERABLE OESOPHAGEAL CANCER – A SINGLE INSTITUTE EXPERIENCE

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Background Definitive concurrent chemoradiation is the standard of care for patients with inoperable oesophageal cancer. Intraluminal brachytherapy (ILBT) given as boost following concurrent chemoradiation increases the dose to tumor with sparing of adjacent normal structures. The aim of the present study was to analyse the response to concurrent

Abstract IDDF2019-ABS-0331 Figure 1 Isodose curves

chemoradiation followed by ILBT as a boost in inoperable oesophageal cancer patients.

Methods Twenty-two patients of carcinoma of the middle and lower oesophagus were included in the study. All patients received external beam radiotherapy of 40 Gy in 20 fractions over 4 weeks with concomitant chemotherapy with weekly cisplatin and 5-fluorouracil. Barium swallow and upper gastrointestinal endoscopy were performed for response assessment at 2 weeks post chemoradiation. The dose of brachytherapy was two fractions of 6 Gy delivered one week apart. Universal plastic bougie was inserted and a margin of 2 cm was given to residual tumor in superior and inferior direction. The dose was prescribed at 8 mm from midline and treatment was delivered by a high dose rate ⁶⁰Co source (figure 1). Response evaluation was done at 1 and at 3 months after treatment completion.

Results The patient and tumor characteristics are shown in table 1 (table 1). The treatment was well tolerated and all patients completed the prescribed course of therapy. The swallowing ability improved in all patients except one patient after a month of therapy. No patient developed grade 3 or higher toxicity. Dysphagia score at one month follow up was grade I in 10 patients and grade 2 in 3 patients. None of the patients had grade 3 or 4 dysphagia after treatment. The median follow-up was 11 months. Three patients had progression of disease with worsening of dysphagia. Four patients had dysphagia due to stricture which was relieved by endoscopic dilatation.

Abstract IDDF2019-ABS-0331 Table 1 Patient and tumor characteristics (n=22)

Median age	59
Range	42–70
Gender	
Male	14
Female	8
Tumor length	
Mean	7.05 cm
Range	2.8–10.6 cm
Median number of chemotherapy cycles	3