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