Conclusions ILBT can deliver high tumoricidal dose with potential improvement in the therapeutic control and better sparing of surrounding normal tissues.

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SYSTEMATIC REVIEW WITH META-ANALYSIS: THE EFFICACY OF METHOTREXATE IN ULCERATIVE COLITIS

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Background Although methotrexate (MTX) is used for refractory ulcerative colitis (UC) in clinical practice, there is still controversy about whether MTX is as effective in UC as that in Crohn's disease (CD).

Aim To evaluate the efficacy of MTX in UC by performing a systematic review and meta-analysis.

Methods We searched electronic databases for prospective studies evaluating the efficacy of MTX in UC. Data from cohort studies were pooled for effect estimates. Then in the meta-analysis we conducted controlled trials comparing MTX with controls.

Results Thirteen cohort studies (401 patients) were included in the meta-analysis of proportion. Mean efficacy of MTX was 26% for induction and 39% for maintenance of remission in UC patients. Five controlled trials were included in the meta-analysis of comparison. Three studies were pooled, yielding a RR of 1.40 (95% CI, 0.97–2.02, $P=0.07$) for achieving clinical remission in UC patients who received MTX (45%, 46/102) vs. placebo or 5-amino-salicylic acid (33%, 32/96) during the follow-up of 16–30 weeks. Three studies were pooled, yielding a RR of 0.81 (95% CI, 0.49–1.35, $P=0.42$) for maintaining clinical remission in UC patients who received MTX (28%, 18/65) vs. controls (37%, 22/60) during the follow-up of 32–76 weeks. The pooled rates of severe adverse events were comparable between UC patients treated with MTX (6%, 6/104) and placebo (5%, 5/91; RR 1.02, 95% CI 0.34–3.04, $P=0.98$).

Conclusions Although MTX has been proved well tolerated and safe, the studies show no benefit of MTX for induction or maintenance of remission in UC patients.

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SERUM NUTRITIONAL MARKERS FOR ASSESSMENT OF PANCREATIC EXOCRINE INSUFFICIENCY IN CHRONIC PANCREATITIS PATIENTS

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Background Pancreatic exocrine and endocrine insufficiency is the common complication of chronic pancreatitis (CP). Diabetes due to diseases of the exocrine pancreas was described as pancreatogenic or pan-creatogenous diabetes mellitus (DM). Available tests to assess pancreatic exocrine function in clinical practice are not widely used. The objective of this study is to investigate the potential nutritional

markers for assessment of the severity of pancreatic exocrine insufficiency in CP.

Methods A retrospective analysis was performed on 158 CP patients. They were divided into two groups: CP with DM group which DM was caused by CP and receiving glucose-lowering treatment, and CP without DM group. Hemoglobin, albumin, prealbumin, calcium, phosphate, triglycerides (TG), total cholesterol (TC), high-density lipoprotein-cholesterol (HDL-C), low-density lipoprotein-cholesterol (LDL-C), apolipoprotein A, apolipoprotein B and lipoprotein (a) were analyzed and compared between these two groups.

Results Albumin, prealbumin, LDL-C were significantly lower in CP with DM group than CP without DM group (36.17 ± 3.53 vs. 38.31 ± 3.83 , $p < 0.01$; 196 ± 60.39 vs. 224.5 ± 58.07 , $p < 0.05$; 2.11 ± 0.68 vs. 2.48 ± 0.75 , $p < 0.01$; respectively). Among the 36 patients with alcoholic CP, there was no difference in serum albumin, prealbumin level between CP patients with and without DM, but LDL-C was found to be lower in the former group (2.04 ± 0.83 vs. 2.63 ± 0.68 , $p < 0.05$).

Conclusions Serum nutritional markers are associated with pancreatic exocrine insufficiency and LDL-C may be used to evaluate the degree of pancreatic exocrine insufficiency in CP.

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EXEMPLIFYING DIRECT INPATIENT COST FOR LAPAROSCOPIC MANAGEMENT OF LEFT COLONIC MALIGNANCY AT A TERTIARY CARE TEACHING HOSPITAL IN INDIA

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Background Laparoscopic management of colorectal cancer (CRC) has been gaining popularity at a rapid pace across the world. Proponents argue for better short term outcomes including shorter hospital stay, acceptable safety profile and better outcomes of laparoscopic versus open surgery. However, the direct inpatient cost for laparoscopic management of CRC remains unexplored. This assumes even more importance in resource-strapped economies like India.

Methods A cross-sectional study was carried out with a hospital discharge diagnosis of CRC (ICD-10 C18-C19) from 2015–2018. Patient details on surgery, investigations, days of hospitalization, and drugs from hospital admission to discharge were obtained precisely from the medical records department. Item costs were obtained from the hospital electronic billing section. Economic evaluation included a prevalence-based approach with a societal perspective utilizing the bottom-up technique; cost was expressed as median cost per patient.

Results 391 (male 288; 73.6%) patients were included. Their median age was 59 (range 49–69) years. The median time for hospitalization was 6 (range 5–11 days). The median inpatient cost was INR 1,86,564, with a wide range of (1,69,514 – 4,51,529); [USD 2743(2492–6640); € 2332(2118–5644)]. Surgical procedure with operation theatre contributed to 30% and was the highest among all the cost components. Consumables incurred (25%), bed charges (16%), anesthesia (8%),

investigations (7%), drugs and professional fees of 6% each and miscellaneous charges (2%) contributed to the total cost.

Conclusions The first pharmacoeconomic study for inpatients with CRC managed laparoscopically incurred modest cost. This study acts as a reference to future pharmacoeconomic studies in CRC. Its usefulness and advantages might lead to increased cost savings but needs justification by cost-benefit analysis in addition to long term outcome post-laparoscopic resection.

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UTILITY OF INFLAMMATORY MARKERS IN THE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE AND THEIR CORRELATION WITH DISEASE ACTIVITY INDICES

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Background Inflammatory bowel disease (IBD) is increasing in India. Clinical expressions of IBD are many & disease behaviour varies among populations. Various inflammatory markers are useful in monitoring disease activity and modifying therapy. Present study aims to assess the severity of IBD by disease activity indices - Mayo Score & Crohn's Disease Activity Index (CDAI) and to find their correlation with inflammatory markers.

Methods IBD patients including both Ulcerative Colitis (UC) & Crohn's Disease (CD) were interviewed and their medical records were reviewed for the required details. Inflammatory markers - Complete Blood Count, Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP), Albumin & Fecal Calprotectin (FC) were checked by the standardized laboratory assay. The disease activity scores were calculated using online calculator - www.gihep.com.

Results Among total 110 IBD patients, 56 (51%) had CD & 54 (49%) had UC. CD patients were younger than UC (34.8 vs 51 years, $p < 0.01$). Left sided colitis (55%) & combined involvement of small & large bowel (52%) were the commonest phenotypes in UC & CD respectively. Majority of UC patients (65%) had relapsing-remitting disease while among CD patients stricturing & perianal disease was present in 31% & 21% patients respectively. Serum inflammatory markers are elevated during active disease. No significant difference was noted in Hemoglobin, platelet count, ESR, albumin levels of two groups, ($p > 0.05$). CD patients had significantly high CRP ($p = 0.01$). No correlation was noted between inflammatory markers like - ESR & Platelet count with activity indices - Mayo Score ($r = 0.01$, $r = -0.008$) and CDAI ($r = -0.07$, $r = 0.002$) respectively, while CRP showed trend towards positive correlation ($r = 0.1$, $r = 0.2$) though not significant, ($p > 0.05$). FC correlated well with disease activity in UC better than in CD ($r = 0.8$, $r = 0.6$) respectively. FC (> 250 mcg/g) predicted early relapse with 80% accuracy.

Conclusions CRP is better inflammatory marker than ESR & Platelet count.

Fecal Calprotectin has good diagnostic precision in assessing disease activity & predicting an early relapse.

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CHINESE MEDICINE MAY PROLONGS THE SURVIVAL OF THE PATIENTS WITH GALLBLADDER CANCER — SIX CASE REPORT

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Objectives Analyze if the traditional Chinese medicine treatment can prolong the survival of patients with gallbladder cancer.

Subjects and Methods Review the survival of 6 patients with gallbladder cancer treated with Chinese medicine, and compare the results with the outcome of the orthodox Western medicine treatment alone.

Results Among the 6 patients with gallbladder cancer treated with traditional Chinese medicine, there were four patients who failed to undergo surgery. One of the four patients had chemotherapy plus traditional Chinese herbal medicine and survived for 13 months then lost contact. The other three patients took Chinese herbal medicine exclusively and survived for more than 4 and a half years, 21 months (Fig 1) and 12 months respectively. Among the two patients who underwent surgery, one case with multiple metastasis of lymph nodes only took the Chinese medicine after surgery and survived for 21 months. Another patient took Chinese herbal medicine exclusively after surgery and survives for more than 5 years. In other words, they all survived for at least 1 year.

Abstract IDDF2019-ABS-0348 Figure 1

Conclusions The medical community of western countries pointed out that the median survival for all patients with gallbladder cancer is 3–6 months. Adjuvant radiation and chemotherapy have not been shown to be effective. Compare with the outcome of the orthodox Western medicine treatment mentioned by the medical community of western countries, the Chinese medicine treatment may prolong the survival of patients with gallbladder cancer and deserves further research.