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.