Gut microbiome diversity and utilising resources. Whilst multiple CRC risk scoring systems currently exist and are utilised to stratify patients into low and high risk groups for priority of

Conclusions Our results signify how non-tumor intrinsic properties in the desmoplastic microenvironment can be exploited to reestablish immunosurveillance, providing readily translatable combination strategies to empower HCC immunotherapy (figure 1).

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IDDF2019-ABS-0299 GUT MICROBIOME DIVERSITY AND SPECIFIC MICROBIAL GENERA CORRELATE WITH THE SEVERITY OF NON-ALCOHOLIC LIVER DISEASE IN INDONESIA

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Background The prevalence of nonalcoholic fatty liver disease (NAFLD) is increasing. In Indonesia Hasen, I et al. (2002) reported the prevalence of 30.6%. This study evaluated the first time the profile of gut microbiota and correlation with severity of NAFLD in Indonesia.

Methods We included 37 subjects age 18–60 years. The characteristic data of the patients and the food recalls were recorded. Abdominal ultrasound, liver transient elastography with controlled attenuation parameter (CAP) were performed. Next generation 16s rRNA metagenomic sequencing was conducted using stool samples. The Spearman correlation test was used to examine the correlation between specific microbial taxa with the severity of NAFLD based on fibrosis and steatosis degree.

Results The subjects included 62.2% (n=23) females and 37.8% males (n=14), mean age 50 ± 7.93 years old. They were divided based on fibrosis and steatosis degree into non-significant and significant fibrosis using cut off 7 kPa, mild and moderate-severe steatosis based on cut off 270 dB/m. From all subjects, we got 73% vs 27% non-significant and significant fibrosis, 51.4% vs 48.6% mild and moderate-severe steatosis. At the phylum level, the proportion of Bacteroidetes did not change in fibrosis or steatosis group. The proportion of Proteobacteria and Firmicutes was different in fibrosis and steatosis groups. Actinobacteria unknown bifidobacteriales bifidobacteriaceae bifidobacterium Bifidobacterium adolescentis correlate positively with non significant fibrosis (r = 0.532; p=0.004). Firmicutes clostridia clostridiales lactobacillus lactis clostridiales cl. leptum correlate positively with significant fibrosis (r = -0.693; p=0.026 vs r = -0.732; p=0.016). In the group of steatosis, we got Bacteroidetes bacteroidia bacteroidales rikenellaceae alstipes alstipes underdonkii and Firmicutes clostridia clostridiales oscillospiraceae unknown oscillospiraceae scillibacter ruminantium correlate negatively with moderate-severe steatosis (r = -0.478; p=0.045 vs r = -0.518; p=0.028); Bacteroidetes bacteroidia bacteroidiales rikenellaceae alstipes alstipes putredinis correlate positively with mild steatosis (r = 0.503; p=0.028).

Conclusions The abundance of microbiota in NAFLD are not significantly different based on the group of fibrosis and steatosis, especially in phylum level. But at the lower level, some specific microbiota may correlate with the degree of fibrosis and steatosis.

Clinical Gastroenterology

IDDF2019-ABS-0042 PROSPECTIVE STUDY OF RISK SCORE STRATEGIES IN THE PREDICTION OF ADVANCED COLORECTAL NEOPLASIA AT COLONOSCOPY

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Background Current referral pathways in Australia for colorectal cancer (CRC) screening do not differentiate well between low and high-risk populations, and therefore may not be efficiently utilising resources. Whilst multiple CRC risk scoring systems currently exist and are utilised to stratify patients into low and high risk groups for priority of
colorectal screening, there remains a need to identify which system has the greatest diagnostic accuracy. Therefore, we prospectively compared three existing CRC risk score systems in their ability to predict advanced colorectal neoplasia in Australian population; the Asia-Pacific Colorectal Screening (APCS) score; Hong Kong Score (2014); and Imperiale Score (2015).

Methods Patients scheduled for colonoscopy assessment, both with or without gastrointestinal symptoms, were recruited. FOBT positive patients were included, but those who had an examination of the colon, including colonoscopy, within the last five years were excluded. Univariate and multivariate logistic regression was applied to identify significant risk factors for advanced neoplasia. For each patient, the 3 different risk scores were applied and the performance of each score in the prediction of advanced neoplasia was compared by examining the area under the curve (AUC) value.

Results A total of 361 patients undergoing colonoscopy (48.2% male, median age 60 years) were prospectively recruited. The prevalence of adenomas was 31.6%, and 10.0% for advanced adenoma including 8 CRC (2.2%). Upon multivariate analysis, age and male sex were found to be significant risk factors (P=0.001, P=0.002). For predicting the prevalence of advanced neoplasia, the APCS score had AUC 0.71 (95%CI 0.63–0.79), Hong Kong Score 0.69 (95%CI 0.61–0.78), and Imperiale Score 0.68 (95%CI 0.59–0.77). Using a non-parametric comparison of the AUCs, there was no statistical significance between the each of the scores for both symptomatic and asymptomatic populations (P=0.37 for APCS vs Hong Kong Score; P=0.32 for APCS vs Imperiale Score; P=0.43 for Hong Kong Score vs Imperiale Score).

Conclusions All three scores are equally effective in stratifying the population into low and high risk colorectal neoplasia groups, and may be used to prioritise patients for colorectal screening.

Participants will be examined endoscopically for metachronous gastric cancer at 12, 24, 36, 48 and 60 months after randomization. The primary outcome measure is the development of metachronous gastric cancer at 5 years. Metachronous gastric cancers will be confirmed through histological examination of samples obtained through biopsy, or endoscopic or surgical resection. A blinded adjudication panel consisting of three pathologists will diagnose all specimens. The histological criteria of gastric cancer will be defined as categories 4 and 5 with the Vienna classification.

Results This study was approved by Institutional Review Board of Nippon Medical School Foundation on February 25, 2019. The start of the recruitment is planned in April 2019 and will continue for a 3-year period.

Conclusions The findings of this study will be submitted to a peer-reviewed journal. Abstracts will be submitted to relevant national and international conferences. This study is registered with the University Hospital Medical Information Network (UMIN) Clinical Trials Registry (www.umin.ac.jp/ctr/; identification No.: UMIN000031302).

IDDF2019-ABS-0142 COMBINATION OF ERCP AND EUS-GUIDED BILIARY DRAINAGE (CERES) VERSUS PTBD FOR MALIGNANT HILAR BILIARY OBSTRUCTION: A MULTICENTER PROSPECTIVE COMPARATIVE COHORT STUDY (THE CERES STUDY)

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Background Combination of ERCP and EUS-BD (CERES) including EUS-guided hepatocystogastrostomy (EUS-HGS) and EUS-guided hepatocystoduodenostomy (EUS-HDS) may provide complete BD in bismuth 3 and 4 malignant hilar biliary obstruction (MHBO). This study aims to prospectively compare the efficacy of CERES versus PTBD in MHBO.

Methods Patients with MHBO were recruited. Patients presented to endoscopy and interventional radiology service received CERES (group A) and PTBD (group B) as primary BD method, respectively. Technical and clinical success rate (TSR and CSR) and time to RBO (T-RBO = time from last successful BD to biliary reintervention procedure) were recorded. The study was conducted during March 2016 until October 2018 as a multicenter study of 3 Thai hospitals (King Chulalongkorn Memorial Hospital of Thai Red Cross Society, Tha-Bor Hospital, and Roi-Et Hospital) under the Thai Association for Gastrointestinal Endoscopy (TAGE) guidance.

Results 45 patients (23M, 22F) were recruited into group A (n=23) and group B (n=22). One patient from group A was withdrawn due to loss to follow up. Demographic data and results of both groups are shown in table 1. Overall TSR, CSR, and complication rate (CR) of group A versus B were 90.9% (20/22) vs 100% (22/22) (p=not significant (NS)), 81.8% (18/22) vs 86.4 (19/22) (p=NS), and 18.2 (4/22) vs 10.9% (2/22) (p=NS), respectively. There was no statistical significance between each of the scores for both symptomatic and asymptomatic populations (P=0.37 for APCS vs Hong Kong Score; P=0.32 for APCS vs Imperiale Score; P=0.43 for Hong Kong Score vs Imperiale Score).