nutrition while one patient required palliative bowel decompression. Tube placement was successful in all patients. In 23 patients, PTEG was performed by approaching the left side of the neck. One patient required a right side approach. A specialized 15 Fr size tube (45 cm in length) was used during initial placement. The mean postoperative length of stay was 18.9 (6 - 48) days. Postoperative adverse events included accidental tube dislodgement in 3 patients, thyroid gland mispuncture in 2 patients, left inferior thyroid artery injury in one patient and tracheoesophageal fistula in one patient. There was no procedure-related mortality and only one patient died within 30 days after the procedure due to underlying comorbidities. Ten patients were discharged with some oral intake and 2 patients recovered full oral intake, enabling removal of the tube.

Conclusions PTEG is feasible in patients requiring long term gut access but is not suitable candidates for PEG. It is a relatively safe procedure and should be offered as a more comfortable alternative to nasogastric tubing.

IDDF2019-ABS-0061 TECHNICAL FEASIBILITY OF A NEWLY DESIGNED BENDABLE FORCEPS FOR DIFFICULT ENDOSCOPIC TISSUE SAMPLINGS

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Background Biopsies with conventional forceps beyond the operating range are difficult and cumbersome. Thus, we developed a new forceps and evaluated its technical feasibility.

Methods A bendable forceps was constructed with two channels and a two-stage knob. The bending motion-related structures were designed to improve the range of motion (figure 1). For performance comparisons, we established a scoring system for the evaluation of the forceps, with 2 special cases. All procedures were performed by 5 expert endoscopists.

Results Biopsies with the bendable forceps were easy and faster than those performed with conventional forceps in the 9 cases. The mean evaluation scores were 6.2 ± 0.4 and 1.96 ± 0.2 for the bendable and conventional forceps, respectively ($P < 0.001$).

Abstract IDDF2019-ABS-0061 Figure 1 Bendable forceps

Conclusions This preliminary study showed that the newly developed bendable forceps allowed for a wide range of motion and is more effective than conventional forceps for endoscopic biopsies in complex GI lesions.

IDDF2019-ABS-0062 GASTRIC HYPERPLASTIC POLYPS ARE ASSOCIATED WITH AN INCREASED RISK OF COLORECTAL NEOPLASIA IN THE CHINESE POPULATION

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Background There are rare studies which evaluated the relationship between gastric hyperplastic polyps and synchronous colorectal neoplasia. To address this issue, we performed this retrospective, case-control study.

Methods Patients with sporadic gastric hyperplastic polyps who underwent colonoscopy simultaneously were consecutively enrolled. Each patient was compared with two randomly selected age and sex-matched controls without gastric polyps who also underwent colonoscopy in the same period in Changzhou No.2 people's hospital between January 2015 and December 2017. The urease breath test or rapid urease test was used to determine H. pylori. Data of patient's demographics and characteristics of the gastrointestinal polyps were collected.

Results This study involved 106 patients with gastric hyperplastic polyps and 212 age and sex-matched controls without gastric polyps among 4200 patients who underwent gastroscopy and colonoscopy simultaneously. There was no significant difference in tobacco smoking, alcohol drinking, Diabetes, H. pylori infection and blood lipids between the two groups ($P > 0.05$). In the gastric hyperplastic polyp group, the prevalence of colorectal neoplasia which included adenoma and cancer was 29.2%; however, in the controls, the prevalence of colorectal neoplasia was 18.4%. There was a significantly higher rate of colorectal neoplasia (OR = 1.83, 95% CI = 1.06–3.16) in the gastric hyperplastic polyp group than in the control group. There was no significant difference in the size, number and distribution of colorectal neoplasia between the

two groups ($P>0.05$). Further stratification analyses reveal that a significantly increased risk of colorectal neoplasia associated with hyperplastic polyps was evident among men (OR = 3.03, 95% CI = 1.39–6.61) and subjects with *H. pylori* infection (OR = 1.88, 95% CI = 1.01–3.54), compared with the control group.

Conclusions The risk of colorectal neoplasia increases in patients with sporadic gastric hyperplastic polyps, especially in male and *H. pylori* infection patients, and a screening colonoscopy is necessary for these patients to detect colorectal neoplasia.

IDDF2019-ABS-0065 **A SYSTEMATIC REVIEW IDENTIFIES INADEQUACIES IN THE REPORTING OF CROSSOVER TRIALS IN PROTON PUMP INHIBITORS CROSSOVER TRIALS**

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Background Proton pump inhibitors (PPI) were widely used in acid-related diseases. Crossover design was frequently used in clinical trials of PPIs for its efficiency. Few studies were found to assess the quality of reporting of crossover trials for PPIs. Therefore, we aimed to review crossover trials for PPIs and evaluated the quality of reporting of these crossover trials.

Methods We searched Pubmed for all crossover trials related to PPIs published between January 1999 and June 2018 and evaluated the quality of reporting. Furthermore, two scores with the same range which have been published to evaluating the risk of bias were applied and the relationship and agreement between the two scores were analyzed.

Results In total, 74 articles which met our inclusion criteria were included, consisting of 2336 study participants in total. Most of the trials (71.6%) had a washout period of larger or equal than eight days, but only 8 of them making justification. Only 14 of 74 studies evaluated the carry-over effect. In more than 50% articles, sample size calculation has not been mentioned. There was a significant difference in sample size between trials with and without sample size estimation (36 (24,45) vs 21(12,30), $p<0.001$). Paired data test (40.6%) and analysis of variance with random effect or mixed model (40.5%) were the most two frequently used statistical methods for primary analysis. Median Gewandter score was higher than the median Ding score (8(6,9) vs 7(5,8), Wilcoxon signed-rank test, $p<0.001$). Although the Spearman coefficient between the scores were 0.72 ($p<0.001$), the Kappa coefficient was low with 0.357 (95% CI: 0.196–0.519, McNemar test, $P<0.001$) based on groups using both seven as a cutoff. In general, no significant improvement found over time in most evaluating aspects. A recommendation table for reporting crossover trials in PPIs was given according to the deficiencies from the results.

Conclusions These findings demonstrated general deficiencies in crossover trials for PPI. In particular, evaluation of carry-over effects should be enhanced. Currently, no strong consensus was reached on reporting of crossover trials, requiring guidelines for proper reporting of crossover trials.

IDDF2019-ABS-0071 **ANALYSIS OF THE EFFECT OF SUBMUCOSAL INJECTION ON ENDOSCOPIC RESECTION OF AMPULLARY ADENOMA**

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Background Endoscopic papillectomy (EP) is currently well accepted for treating ampullary adenoma alternating surgery. Submucosal injection should be performed or not before EP is still uncertain because of the structure and special location of duodenal papilla.

Objective To investigate and analyze the effect of EP on submucosal injection of ampullary adenoma.

Methods 43 patients who underwent EP at Digestive Endoscopy Center of Beijing Friendship Hospital from September 2012 to January 2018 were retrospectively recruited, including 23 males and 20 females, aged from 28 to 79 years. The patients were subdivided into two groups, 22 patients in the submucosal injection group including 12 males and 10 females, and 21 patients in the control group including 11 males and 10 females. Patient demographics, baseline blood test, tumor characteristics, en bloc resection rate, complete resection rate, complication rate and other endoscopic treatment data were collected. The primary endpoint was postprocedure pancreatitis.

Results There were no significant differences in gender ($\chi^2=0.903$, $P=0.342$), age ($t=0.142$, $P=0.383$) and tumor size ($t=0.938$, $P=0.435$) between two groups. En bloc resection rate and complete resection rate were 91.67% and 95.83% respectively in the submucosal injection group, and were 80% and 100% in the control group. There were no significant differences with regard to en bloc resection rate ($\chi^2=1.124$, $P=0.289$) and complete excision rate ($\chi^2=0.641$, $P=0.423$) between two groups. No perforation or severe postoperative pancreatitis occurred in all the patients. Intraoperative bleeding occurred in 3 cases (13.6%) of the submucosal injection group and 3 cases (14.3%) of the control group, and 2 cases of hyperamylasemia in the submucosal injection group and none in the control group. No significant differences exist between the two groups according to intraoperative bleeding ($\chi^2=0.006$, $P=0.940$) and hyperamylasemia ($\chi^2=1.318$, $P=0.251$).

Conclusions Our data suggest that routine submucosal injection in patients undergoing endoscopic papillectomy may not be necessary and large-scale prospective multicenter randomized studies are required to identify the subgroup of patients who would benefit.

IDDF2019-ABS-0075 **SERUM METABONOMIC ANALYSIS AND ESTABLISHMENT OF DIAGNOSTIC MODEL OF PANCREATIC CANCER ASSOCIATED DIABETES**

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Background For the lack of effective screening tool on new-onset diabetic mellitus for pancreatic cancer (PC), the current study aimed to establish a diagnostic model based on serum