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.

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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.

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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.

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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