**Background** Feasibility and safety of EUS-guided radiofrequency ablation (EUS-RFA) for unresectable pancreatic cancer (UPC) has been reported in only few small non-comparative studies.

**Aim** Compare radiological response and pain medication used between EUS-RFA plus chemotherapy versus chemotherapy (CMT) alone as primary treatment of UPC in prospective comparative study.

**Methods** Patients with UPC with ECOG below 3 were recruited. Patients treated with EUS-RFA plus concurrent CMT were classified as group A. Control group was patients treated with CMT alone with matching clinical parameters (group B). All relevant parameters were compared (figure 1A).

**Results** From July 2017 to August 2018, 28 patients (mean age 66.14±10 years, M:F = 1:3) at King Chulalongkorn Memorial hospital were recruited. No statistical difference of baseline parameters (table 1). 34 EUS-RFA procedures were performed in 14 patients with median number of procedure 3 times (range 1–4 times), median total ablation time 270 seconds (range 90–962 seconds), and adverse event (AEs) rate 8.8% (3/34). Three AEs were post-procedure infection (length of stay (LOS) 7 days), bleeding puncture site (LOS 7 days) and mild pancreatitis (LOS 2 days). No delay of scheduled chemotherapy. 3 patients drop out due to disease progression in group A (n=11) and 1 patient loss to follow up in group B (n=13). Outcomes of both groups were compared (figure 1B). Morphine equivalent analgesia dose reduction was significantly better in group A, 22.5 mg/day (range 0–60) versus 0 mg/day (-20 to 30) (p=0.003), respectively, as well as median percentage dosage reduction (50% (0 to 100) versus 0% (-100

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**Abstract IDDF2019-ABS-0171 figure 1** A) Demographic data and baseline characteristics of patients with unresectable pancreatic cancer receiving EUS-guided radiofrequency ablation plus chemotherapy (group A) versus chemotherapy alone (group B); B) Outcomes of patients with pancreatic cancer receiving EUS-guided radio frequency ablation plus chemotherapy (group A) versus chemotherapy alone (group b)
to 42.9), p=0.001), respectively. No enlargement of mean maximal target lesion diameter (mm) in group A (before vs. after; 61.37±20.1 vs. 64.25±22.0 (P = 0.099), but significant increase in group B (50.12±11.1 vs. 55.42±18 (p=0.017), respectively). No significant difference of 6-month survival rate.

Conclusions EUS-RFA plus concurrent CMT significantly reduce morphine dosage requirement than CMT in UPC. RFA additionally stabilized the tumor maximal target diameter whereas CMT failed.

Gut microbiota shift and low fibre intake in post gestational diabetes women

1Zubaidah Hasain*, 2Nor Azmi Kamaruddin, 3Nor Adin Mohamed Ismail, 4Tong Seng Fah, 5Nurul Huda Razali, 6Norliza Mohd Mohktar, 7Raja Affendi Raja Ali. 1Department of Physiology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia; 2Department of Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia; 3Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia; 4Department of Family Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia; 5Dietetic Programme, Faculty of Health Sciences, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

Results There were 2 prospective observational studies (1–2) [N=30] and 1 retrospective study (3) [N=39]. Patients were refractory to conventional treatment with steroids and/or anti-TNF therapy. CNI (ciclosporin or tacrolimus) was used for induction of remission in majority of cases, or as rescue agent in those failing induction with Vedolizumab [subgroup of 1 study, N=7].

In 2 studies, IV cyclosporine or Tacrolimus was started; a week later, CNI-responsive patients were given VDZ induction/maintenance and CNIs were stopped after 8–12 weeks per protocol. In another study, VDZ was initiated on average 30days after CNI, with average combination CNI+VDZ of 64 days.

Conclusions Preliminary studies of combination CNI and VDZ in patients with ASUC appear promising. Further prospective trials are needed for the confirmation of the utility and efficacy of this treatment strategy in the management of ASUC.