Conclusion This study showed there was no statistically significant difference in the outcomes of rebleeding, need for surgery, mortality or length of hospital stay when PPIs were administered intermittently compared to by infusion. Conservative margins of non-inferiority were used due to the potential clinical implications, despite this non-inferiority was shown with regard to re-bleeding and mortality. The assessment of the quality of the evidence supports the validity of the findings. Given the delivery of PPI via infusion is more costly, timely and inconvenient for patients, the determination of non-inferiority supports a change in practice.

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Conclusion A multisociety care bundle for AUGIB has been developed for adoption in acute departments to facilitate timely delivery of evidence-based interventions and drive quality improvement in AUGIB.

Introduction Endoscopic submucosal dissection (ESD) is a technique first developed in Japan to enable en-bloc endoscopic resection of early gastric neoplasia. The high prevalence of gastric neoplasia allowed for greater opportunity to train and refine the technique in the Far East. The same is not applicable to the West where the prevalence of gastric neoplasia is low. In this study, we aim to review the efficacy and safety of ESD for early gastric neoplasia from three large European referral centres.

Methods Data was prospectively collected on an electronic database. We analysed this database and patient’s electronic record. Parameters related to ESD outcome were collected.

Results A total of 175 gastric neoplasia were resected between 2009 and 2017 (152 ESD, 23 hybrid ESD), 51.4% were in proximal stomach. Mean size was 29 mm. Only 13 (7.42%) were sub-epithelial lesions. Table 1 shows outcomes and