n=4), while they were 1(20.8%, n=5), 2A (62.5%, n=15) and 2B(16.7%, n=4) in the the titanium ring clamp group. The complete resection rates of both groups were 100%. None of the patients had an intraperative or delayed hemorrhage in the nylon rope group. And in the titanium ring clamp group, there were 5 patients had immediate bleeding during procedures which could be controlled by another titanium ring clamps soon. No delayed hemorrhage occurred in the titanium ring clamp group.

Conclusions It is more reliable, safe and effective to be treated by endoscopic electric coagulation combined with nylon rope than with titanium ring clamp in colorectal long-pediced polyps.

**IDDF2020-ABS-0093**  
**STATIN USE AND RISK OF POST-ENDORSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS**  
Nikko Theodore Raymundo*, Enrik John Aguila, Marie Antoinette Lontok. Institute of Digestive and Liver Diseases; St. Luke’s Medical Center Global City, Philippines  
10.1136/gutjnl-2020-IDDF.73

**Background** Post-endoscopic retrograde cholangiopancreatography (ERCP) pancreatitis (PEP) is one of the most feared complications of ERCP. Much attention has been given on the pharmacologic prevention of this serious adverse event. Evidence suggests that statins may exhibit anti-inflammatory properties in the pancreas, but studies have conflicting results on its role on the prevention of PEP. This study aims to investigate whether the use of statins has a protective effect against PEP.

**Methods** A comprehensive, computerized literature search from the PubMed Central, Embase, Cochrane Library, and OVID was performed with the following search terms: statins, lipid-lowering drugs, post-ERCP pancreatitis, pancreatitis, PEP, and prevention. Four cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model. The Cochrane Review Manager Software version 5.3 was used for all analyses.

**Results** Four cohort studies comprising of 5832 patients were analyzed. In the random effects model, the pooled odds ratio (OR) of PEP occurrence was 0.73; 95% CI (0.36–1.45). The pooled data of the four studies showed a trend towards a beneficial effect of statin use and decreasing risk of PEP but did not show a protective effect of the statin. Likewise, there was a substantial degree of heterogeneity (I²=87%). Subgroup analysis was done, which include two studies on chronic statin use defined as use for more than six months. It showed a pooled OR of PEP recurrence of 0.41; 95% CI (0.30–0.57) using the random effects model, thereby signifying a protective effect of the drug. The subgroup analysis has also resulted to a statistical homogeneity of the trials (I² = 0%).

**Conclusions** Chronic statin use for more than six months has a protective effect against PEP. This meta-analysis has shown the potential role of statins as prophylactic agents for PEP. However, further prospective randomized studies are recommended to confirm this relationship.

**IDDF2020-ABS-0094**  
**USE OF GASTRIC ACID SUPPRESSANTS AND RISK OF DISEASE ACTIVITY EXACERBATION IN ADULT PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS**  
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2Department of Clinical Epidemiology, College of Medicine, University of the Philippines, Philippines  
10.1136/gutjnl-2020-IDDF.74

**Background** Gastric acid suppressants such as proton pump inhibitors (PPI) and histamine 2 receptor antagonists (H2RA)
are common gastrointestinal medications used to manage symptoms of acid-related diseases. Studies have shown that these medications are associated with increased risk of pneumonia, vitamin deficiency, osteoporosis and fractures. Few studies have described the potential risk of inflammatory bowel disease (IBD) exacerbation among patients on gastric acid suppressants but little is known on its association. This study aims to investigate the effect of the use of gastric acid suppressants (PPI and H2RA) in the risk of IBD (Crohn’s disease and ulcerative colitis) exacerbation.

Methods A comprehensive, computerized literature search from the electronic database of MEDLINE, Google Scholar, Cochrane Library, and OVID was performed with the following search terms: gastric acid suppressants, proton pump inhibitors, histamine 2 receptor antagonists, inflammatory bowel disease, Crohn’s disease, ulcerative colitis, outcomes, and disease activity exacerbation. Two cohort studies were selected and validated using the Newcastle-Ottawa criteria. Trial results were combined under a random effects model using pooled relative risks (RRs). The Cochrane Review Manager Software version 5.3 was used for all analyses.

Results Two cohort studies comprising of 36,293 patients were analyzed by pooling adjusted RRs using random effects model. Disease activity exacerbation was associated with the use of gastric acid suppressants with pooled adjusted RR 1.14 [95% CI, 1.08–1.20, I^2=0%] with no heterogeneity. The pooled adjusted RR of IBD activity exacerbation with PPI use was 1.12 [95% CI, 1.05–1.19, I^2=0%] for any IBD, while the pooled adjusted RR of disease activity exacerbation with HR2A use was 1.21 [1.04–1.40, I^2=42%] for IBD, with moderate heterogeneity. The effect of acid suppression was more marked in patients with Crohn’s disease, RR 1.44 [0.89–2.33, I^2=77%], but this was statistically insignificant with marked heterogeneity; than in ulcerative colitis RR 1.12 [1.05–1.20, I^2=0%].

Conclusions Use of gastric acid suppressants such as PPIs and H2RAs may be associated with increased risk of disease activity exacerbation in patients with IBD. This meta-analysis confirms the need for further prospective studies in examining this relationship.

**Background** Larger colonic polyps require advanced resection techniques such as endoscopic mucosal resection (EMR) for safe and effective removal. There has been a steady accumulation of scientific evidence with regards to the technical aspects and long-term outcomes of colonic EMR compared with surgery. This study aims to determine the predictive factors of different clinical outcomes post-EMR and the diagnostic yield of JNET classification.

**Methods** A retrospective cohort study was done on all patients who underwent colorectal EMR at the St. Luke’s Medical Center Global City within a 4-year period from 2015 to 2018. The diagnostic yield of JNET classification and clinical outcomes namely R0 resection, complications and recurrence of lesions were studied.

**Results** A total of 282 patients were studied. The R0 resection rate was 96.3% for lesions resected en bloc. 15.2% had a complication, most commonly intraprocedural bleeding which were successfully managed endoscopically. 10.7% had recurrence post-EMR on their surveillance colonoscopy. The JNET classification exhibited good sensitivity for Type 1 (71.8%) and Type 2A (91.9%) and good specificity for Type 1 (96.9%) and Type 2B (95.5%). Accuracy was high at 91.02% for Type 1, 80.24% for Type 2A and 89.22% for Type 2B.

**Conclusions** EMR is an important advancement in the field of therapeutic endoscopy with good clinical outcomes sparing patients from surgery. A larger lesion size of ≥20 mm is associated with both positive resection margin and post-EMR complications. Main predictors of recurrence include a non-granular morphology of a resected polyp and piecemeal resection. The JNET classification has a high diagnostic accuracy rate; hence is a good endoscopic tool for characterization of lesions.

**Analysis of Predictive Factors for R0 Resection, Immediate Bleeding and Recurrence of Colorectal Adenomas After Endoscopic Mucosal Resection**

**Erik John Aguila**, Jonard Co, Juliet Cervantes, Patricia Anne Cabral-Prodigalidad, Arsenio Caburnay, Marie Antoinette Lontok. St. Luke’s Medical Center Global City, Philippines

<table>
<thead>
<tr>
<th>Abstract IDDF2020-ABS-0096 Table 1</th>
<th>Risk factors associated with clinical outcomes post-EMR</th>
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<tbody>
<tr>
<td><strong>Positive Resection Margin</strong></td>
<td><strong>Complications (Bleeding or Perforation)</strong></td>
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<tr>
<td>- Gross lesion size ≥20 mm</td>
<td>- Use of hybrid EMR technique</td>
</tr>
<tr>
<td>- Presence of submucosal fibrosis</td>
<td>- Gross lesion size ≥20 mm</td>
</tr>
<tr>
<td>- Histopathologic size ≥20 mm</td>
<td>- Non-granular morphology of a laterally spreading tumor</td>
</tr>
<tr>
<td>- Moderately differentiated adenocarcinoma on histopathology</td>
<td>- Histopathologic size &gt;20 mm</td>
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<tr>
<td></td>
<td>- Use of saline and methylene blue as lifting agents</td>
</tr>
</tbody>
</table>

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