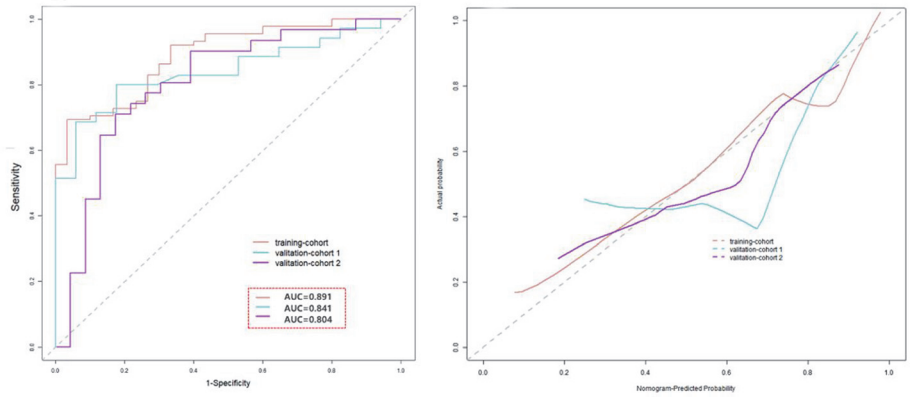
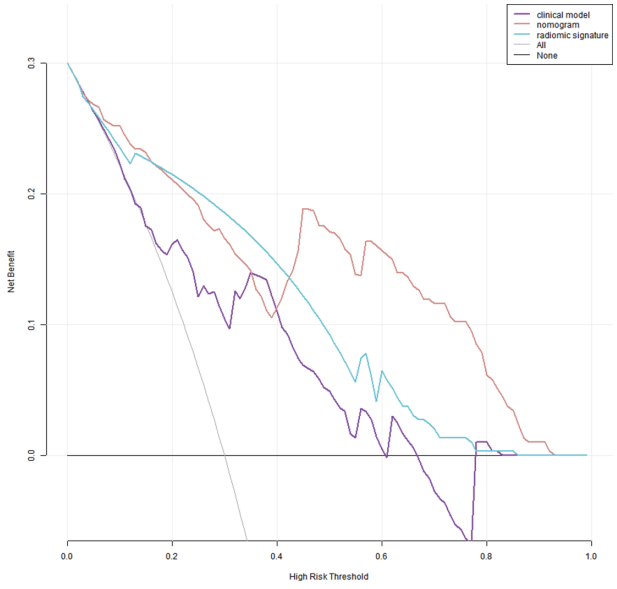


Abstract IDDF2021-ABS-0039 Figure 2



Abstract IDDF2021-ABS-0039 Figure 3

Results In the training and two test cohorts, the radiomics signature showed an acceptable discrimination for predicting primary nonresponse to infliximab therapy (an area under the curve [AUC], 0.861, 0.827, and 0.769, respectively; all $P<0.05$); after adding the clinical predictors (albumin and body mass index) to radiomic signature for developing a radiomic-clinical nomogram (IDDF2021-ABS-0039 Figure 1. Radiomic-clinical nomogram), its prediction performance (AUC, 0.891 ,0.841, and 0.804, respectively; all $P<0.05$; IDDF2021-ABS-0039 Figure 2. ROC analysis of the prediction performance of the radiomic-clinical nomogram) was significantly improved comparing with radiomics signature alone. Decision curve analysis demonstrated that the radiomic-clinical nomogram provided a better net benefit to predicting primary nonresponse to infliximab than radiomics signature and the clinical factors model (IDDF2021-ABS-0039 Figure 3. Decision curve analysis of radiomic-clinical nomogram, radiomic signature and clinical factors model).

Conclusions The radiomic-clinical nomogram may be a promising tool to allow accurately identify CD patients at high risk of primary nonresponse to infliximab therapy.

IDDF2021-ABS-0044 COMPARABLE EFFICACY OF CURCUMIN AND PROTON PUMP INHIBITOR FOR FUNCTIONAL DYSPEPSIA: A RANDOMIZED DOUBLE-BLINDED CONTROLLED TRIAL

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Background Curcumin has been claimed to have gastrointestinal benefits including dyspepsia—a common disorder that could be managed in a primary care setting with behavioral and dietary modification as well as over-the-counter medications. This study aimed to compare the efficacy of curcumin versus omeprazole in improving patient-reported outcomes.

Methods This randomized controlled trial comprised of three arms of four large (250 mg of curcumin or placebo) and one small (20 mg of omeprazole or placebo) capsules: curcumin only (C), omeprazole only (O), and curcumin+omeprazole (C+O). The large capsules were taken four times daily and the small capsules were taken twice daily for 28 days. Eligible participants with dyspepsia symptoms, assessed by using the Short-Form Leeds Dyspepsia Questionnaire (SF-LDQ), underwent gastroscopy by certified gastroenterologists; those with pathologic dyspepsia including Helicobacter pylori infection were excluded. Functional dyspepsia symptoms were assessed by using the Severity of Dyspepsia Assessment (SODA) scores at baseline, day 28, and day 56. Demographics and clinical characteristics were analyzed by using descriptive statistics. Comparative improvement of SODA scores across the three arms, adjusted for potential confounders, were analyzed by using generalized estimating equations (GEE) regression.

Results A total of 207 participants; C (69), O (69), C+O (69), were recruited, of which 151; C (49), O (49), C+O (53) completed the study. The overall mean age was 49.7 ±11.9 years and 73.4% were female. Demographics, clinical characteristics, baseline SODA, and SF-LDQ scores were comparable across the three groups. The SODA pain intensity reduction (C: -6.22 and -9.59; O: -6.98 and -10.62; C+O: -

5.41 and -8.23) and SODA non-pain symptoms improvement (C: -2.45 and -4.77; O: -2.55 and -4.59; C+O: -2.41 and -4.65) were not significantly different across the three groups at day 28 (p=0.491 and 0.964) and 56 (p=0.259 and 0.462), respectively. No serious adverse events were observed.

Conclusions Curcumin and omeprazole have comparable efficacy for functional dyspepsia with no obvious synergistic effect.

IDDF2021-ABS-0048 THE STUDY ON ARTIFICIAL INTELLIGENCE (AI) COLONOSCOPY IN AFFECTING THE RATE OF POLYP DETECTION IN COLONOSCOPY – A SINGLE-CENTER RETROSPECTIVE STUDY

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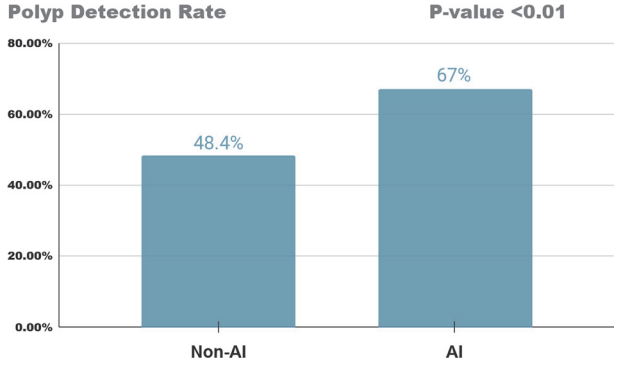
10.1136/gutjnl-2021-IDDF.118

Background The application of high technology in endoscopy affects the outcomes significantly. Artificial Intelligence (AI) in Colonoscopy (CLN) may help increase the polyp detection rate (PDR). The aim of this study was to evaluate if the application of AI CLN (ENDO-AID) could increase the PDR.

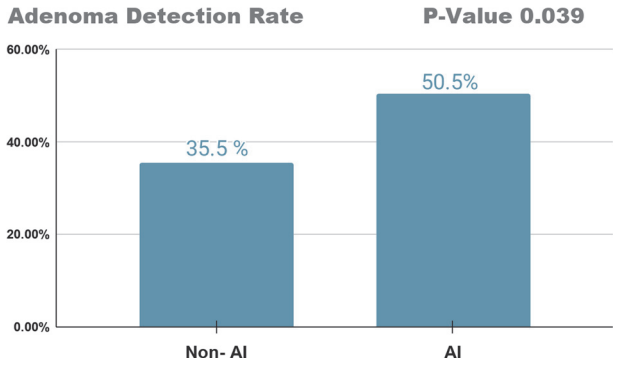
Methods A single-center retrospective study was performed in Tin Shui Wai Hospital. PDR in CLN from 11/2020 to 2/2021 after the application of ENDO-AID/Artificial Intelligence (AI group) was compared to the cases from 4-11/2020 before the application of the practice (non-AI group). Procedures were performed by one endoscopist with experience in performing CLN> 3,000. Variables, such as patient's demographic data, indications for CLN, incidence of PDR, Boston Bowel Preparation Scale BBPS, withdrawal time, post CLN complication rate between the 2 groups, were compared. Categorical and continuous variables were analyzed by using the $\chi 2$ test (Fisher exact test if needed) and Mann-Whitney test respectively. Results were considered to be significant if p-value <0.05.

Results Total 184 patients with CLN done were recruited. 93 patients (50.5%) were in the non-AI group while 91 patients (49.5%) were in the AI group. The mean age of the non-AI was higher than the AI group (65.6 vs 60.0, P = 0.04*), otherwise, there was no significant difference in sex (P= 0.44), indications (e.g. follow up CLN for polyp/cancer, per-rectal bleeding, altered bowel habit, history of colectomy done, etc.)(P > 0.05), BBPS (8.18 vs 8.05, P=0.289), withdrawal time (7.03 min vs 7.48 min , P=0.243), completion rate (97.8% vs 97.8%, P=1.0) and complication rate (0% in both groups, P=1.0) between groups (IDDF2021-ABS-0048 Table 1)

In the contrary, PDR was significantly higher in the AI group than the non-AI group (67.0% vs 48.4%, P-value < 0.01*) (IDDF2021-ABS-0048 Figure 1. PDR between groups). Besides, the adenoma detection rate was also significantly



Abstract IDDF2021-ABS-0048 Figure 1



Abstract IDDF2021-ABS-0048 Figure 2

Abstract IDDF2021-ABS-0048 Table 1 Comparisons between groups

		Non AI group (93)	AI group (91)	P-value
Polyp	No	48	30	<0.01*
	Yes	45 (48.4%)	61 (67.0%)	
Adenoma	No	60	45	0.039*
	Yes	33 (35.5%)	46 (50.5%)	
Age	Mean Age	65.6	60.0	0.04*
Sex	Female	38	48	0.44
	Male	55	43	
BBPS	Mean score	8.18	8.05	0.289
Complication	Yes	0	0	1.0
	No	93	91	
Complete CLN	Yes	91 (97.8%)	89 (97.8%)	1.0
	No	2 (one poor bowel prep, one obstructive CA)	2 (one obstructive CA, one due to stricture)	
Withdrawal Time	Mean Time (min)	7.03	7.48	0.243
Indications	FU polyp	14	13	0.88
	FU CA	12	9	0.52
	PRB	22	14	0.16
	Altered bowel habit	16	20	0.46
	Colectomy done	12	9	0.52
	Abdominal pain	7	8	0.75
	Others	10	18	0.09