with 4/6 functionalities and 6/17 of resources reaching consensus in VR2.

Conclusions A consensus process was used to determine consensus for functionalities and resources needed to support CCCare-P. Most standard inclusions (e.g. disease activity indices) were non-contentious and thus minimally influenced by the consensus process. Conversely, complex items (e.g. mental health assessments) were markedly more influenced.

IDDF2021-ABS-0075

ANALYTICAL AND CLINICAL PERFORMANCE OF AUTOMATED IMMUNOTURBIDIMETRIC ASSAY FOR DETECTING FECAL CALPROTECTIN

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Background The purpose is to evaluate the ability of a new automated immunoturbidimetric assay for detecting fecal calprotectin(FC), to compare its analytical and clinical diagnostic performance with ELISA assay, and to analyze whether it is suitable for distinguishing the severity of intestinal inflammation.

Methods According to the clinical diagnosis, 413 patients were divided into two groups: mild inflammation group(MIG), including normal control, polyps, irritable bowel syndrome and non-progressive adenoma; severe inflammation group (SIG), including progressive adenoma, Crohn's disease, ulcerative colitis and cancer. Each patient's fecal samples were tested for calprotectin by turbidimetric immunoassay and ELISA. The FC results are calculated and compared.

Results The data range of turbidimetric immunoassay was 0-3500 μ g/g feces, while that of ELISA was 0-4500 μ g/g feces. There were 141 cases in MIG and 272 cases in SIG. The mean concentration of feces calprotectin in MIG was significantly lower than that in SIG ($P < 0.01$) (IDDF2021-ABS-0075 Figure 1). Passing bablok regression showed that there

Abstract IDDF2021-ABS-0075 Figure 1

Abstract IDDF2021-ABS-0075 Figure 2

Abstract IDDF2021-ABS-0075 Table 1

Cut-off μ g/g feces	Sensitivity% 95%CI	Specificity% 95%CI	+LR 95%CI	PPV% 95%CI	NPV% 95%CI
49.90	81.99 (76.9-86.4)	79.43 (71.8-85.8)	3.99 (2.9-5.5)	88.5 (84.7-91.4)	69.6 (63.6-74.9)
94.19	70.22 (64.4-75.6)	95.74 (91.0-98.4)	16.5 (7.5-36.2)	97.0 (93.5-98.6)	62.5 (58.1-66.7)

was a good correlation between the two methods (IDDF2021-ABS-0075 Figure 2). At the 50 mg/kg cut-off value of turbidimetric immunoassay manufacturer's guides, the sensitivity of 82.0% (95%CI :76.8% to 86.3%) and specificity of 80.1% (95%CI: 72.4% to86.2%) could be calculated, and the PPV was 88.8% (95%CI :84.1% to 92.3%)and the NPV was 69.8%(95%CI :62.0% to 76.6%). When the cut-off value was increased, the PPV increased but the sensitivity decreased, and it was not suitable for screening test (IDDF2021-ABS-0075 Table 1).

Conclusions We found immuno turbidimetric assay showed good analytical performance compared with ELISA for detection of fecal calprotectin. The immuno turbidimetric assay also showed good clinical performance being suitable for detecting severe intestinal inflammatory diseases, and had a shorter measuring time which made it suitable for laboratories with a high throughput of samples.

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DETECTION OF HELICOBACTER PYLORI CAGA, VACA, ICEA VIRULENCE GENES IN PATIENTS WITH GASTRIC CANCER

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Background Helicobacter pylori (H. pylori) infection causes chronic gastritis, peptic ulcer, gastric cancer and MALT-lymphoma. The association between genotypes of H. pylori and