Background The objective of this study is to examine the incidence and risk factors for pancreatic cancer among younger adults aged 15-49 years old using global and national cancer registry data.

Methods We retrieved the Global Cancer Observatory (GLOBOCAN) 2020 for age-standardised incidence (ASI) per 100 000 of pancreatic cancer among younger individuals from 185 countries. We estimated the prevalence of various risk factors noteworthily in 2020, with higher incidence observed in male subjects and more developed regions. The associated risk factors for young-onset pancreatic cancer were tobacco use, alcohol consumption, unhealthy dietary habits, hypertension, and high cholesterol. To prevent young-onset pancreatic cancer, lifestyle modifications, metabolic diseases management, and early detection by screening among high-risk young individuals could be useful strategies.

Results From 943 citations, we included a total of 11 studies (10 observational and 1 randomized trial) evaluating 4 types of DOACs (rivaroxaban, apixaban, edoxaban and dabigatran) that fulfilled the inclusion criteria. 3 studies included patients with Child-Turcotte-Pugh (CTP)-C cirrhosis. The overall pooled rate of PVT recanalization, PVT progression, major bleeding and death were 46.0%, 12.9%, 7.9% and 10.2%, respectively. We found that DOACs were associated with a higher pooled rate of PVT recanalization (RR=1.67, 95%CI: 1.02, 2.74, I²=79%) and lower risk of PVT progression (RR= 0.14, 95%CI: 0.03-0.57, I²=0%). The pooled risk of major bleeding (RR= 0.29, 95%CI: 0.08-1.01, I²=0%), variceal bleeding (RR=1.29, 95%CI: 0.64-2.59, I²=0%) and death (RR=0.31, 95%CI: 0.01-9.578, I²=80%) were similar between DOACs and VKAs. (IDDF2021-ABS-0172 Figure 2, IDDF2021-ABS-0172 Figure 3, IDDF2021-ABS-0172 Figure 4)

Conclusions For the treatment of PVT in patients with cirrhosis, the bleeding risk was comparable between DOACs and VKAs. However, DOACs were associated with a higher pooled rate of PVT recanalization.
A SCREENING MODEL FOR OBSTRUCTIVE SLEEP APNEA ON THE BASIS OF FATTY LIVER DISEASE-RELATED PARAMETERS

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Background/Aims Obstructive sleep apnea (OSA) among patients with nonalcoholic fatty liver disease (NAFLD) has an emerging increased trend, thus noninvasive screening methods are urgently needed to screen for OSA risk in these patients. Therefore, we aimed to screen them while conducting an office-based survey of hepatic steatosis. The routine hepatic check-up methods, such as controlled attenuation parameter (CAP) and hepatic steatosis index (HSI) in patients with or without OSA, are investigated and developed the screening model to detect OSA.

Methods The medical records of all adult patients (aged ≥ 18 years) receiving routine liver sonography examination from June 2017 to June 2020 with completed CAP, polysomnography, and HSI data in our hospital were retrospectively reviewed.

Results A total of 59 patients were included in this study. Among them, 62.7% (37/59) and 74.6% (44/59) (detected by HSI and CAP respectively) had NAFLD, and 78% (46/59) were diagnosed with OSA based on standard in-laboratory polysomnography. Binary logistic regression models showed that sex (male, odds ratio 4.17 [95% CI: 1.76-298.92]), body mass index (BMI) (> 24.8, odds ratio 1.42 [95% CI: 1.09-1.86]), and HSI (> 38.3, odds ratio 1.17 [95% CI: 1.02-1.36]) significantly screening OSA risk, in descending order of odds ratio. Multivariate analysis showed that male sex, BMI, and HSI independently screen OSA and their combination best screen for OSA risk (sensitivity = 78%; specificity = 85%; and positive and negative predictive values = 95% and 52%, respectively; area under the curve = 0.83).

Conclusions Our result suggests that HSI has better screening performance than CAP. A combination of male, BMI, and HSI proposed here provides a noninvasive and rapid screening tool for OSA risk. The model can be employed while patients receive routine hepatic check-ups in clinical practice. That can be used to efficiently screen for at-risk patients, and thus facilitate earlier detection and timely treatment intervention.

Clinical Gastroenterology

NUTRITION SUPPORT TEAM FOR INTESTINAL FAILURE PATIENTS ON PARENTERAL NUTRITION: IMPROVING MACRO-AND-MICRONUTRIENTS INTAKE

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Background A nutrition support team (NST) is a multidisciplinary team of physicians, pharmacists, nurses and dietitians, who are responsible for managing patients with complex nutritional needs. NST improves the quality of treatment, clinical outcomes and reduces costs by avoiding unnecessary treatments and simplifying the treatments used. This study reviewed the outcomes achieved after the implementation of an NST on a group of patients who were given parenteral nutrition (PN) at a local acute hospital.

Methods A total of 81 patient records were retrieved for service evaluation analysis. Among the subjects, 44 of the patients on PN who were seen by the NST from Apr 2017 – Jun 2019 were compared to the historical control of 37