patients on PN who have not received NST or dietitian intervention during the period from Mar 2016 – Mar 2017. Energy, protein, and micro-nutrients consumption adequacy were compared between the intervention and control groups. Patients without body weight and nutrition intake records were excluded. Independent t-test and chi-square test were used to compare the variables between both groups. A p-value of <0.05 was considered statistically significant.

Results The patients in the intervention group had a significantly higher energy and protein intake than that of the control group (1279±353kcal versus 934±261kcal; 58±16g versus 43±12g). In terms of nutritional intake adequacy, the percentage of targeted energy and protein requirement achieved is significantly higher in the intervention group (81±21% and 90±28% of their energy and protein requirements respectively), compared to 64±21% and 75±23% in the control group. Adequacy of micronutrient consumption is also significantly higher in the intervention group, 86.6% of patients in the intervention group achieved adequate intake of micro-nutrients from PN compare to 8.1% of patients in the control group.

Conclusions Nutrition care provided by the NST is promising to ensure the nutrition well-being of hospitalized malnourished patients. This review suggests that NST intervention can improve both macro- and micronutrient intake adequacies in patients on parenteral nutrition support. Further clinical outcomes studies on the benefits of NST are recommended.

IDDF2021-ABS-0011 ENDOSCOPIC ULTRASONOGRAPHY IS USEFUL IN PREDICTING PERFORATION OF ENDOscopic RESECTION FOR GASTRIC SUBMUCOSAL TUMORS ORIGINATING FROM THE MUSCULARIS PROPRIA

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Background Predicting the risk of perforation during the endoscopic resection (ER) of gastric submucosal tumors (SMTs) originating from the muscularis propria (MP) could remind us to be more cautious and be prepared ahead of time. Moreover, we could select the appropriate patients for the inexperienced endoscopists. But for now, the predictive model was rare. Therefore, we conducted this study to figure out important parameters in the endoscopic ultrasonography (EUS) images to predict perforation, and try to build predictive models.

Methods From May 1st, 2013, to January 15th, 2021, consecu- tive patients with gastric SMTs originating from MP and received ER in our hospital were retrospectively reviewed. The patients were classified into two groups based on whether they had perforation (the case group) or without (the control group). To evaluate the depth of the SMT locates using the quantification index, we came up with a parameter called the ratio of inner distance to outer distance (I/O ratio). Logistic multivariate analysis was used to identify potential variables and predictive models.

Results 199 EUS procedures (194 patients) were finally chosen for analysis. The median age of the patients was 53 years old, and 88 (44.22%) were males. The en bloc resection rate had no difference in the two groups, while patients in the case group had longer procedure time, higher probability of infection, and longer postoperative hospital stay. Multivariate analysis showed that age, I/O ratio, and the pathology of the tumors were risk factors for perforation, and we further built two models to predict perforation, with an AUC of 0.836 (for Model 1) and 0.755 (for Model 2).

Conclusions EUS was useful in predicting perforation of ER for gastric SMTs originating from MP, and we have identified two models to predict perforation, which might serve as a useful tool in clinical practice.
stenosis in the future. Pre-endoscopic treatment for AIS has high safety and definite short-term efficacy, which can improve the prognosis and the quality of life of patients. The long-term effect needs to be further followed up.

**Background** Sometimes it was a great challenge to distinguish Crohn’s disease (CD) and intestinal tuberculosis (ITB); we conducted this study to identify a simple and useful algorithm for distinguishing them.

**Methods** We retrospectively reviewed the medical history of the patients who were diagnosed as ITB or CD. We firstly identified ITB patients, and then the patients diagnosed with CD were matched by age, sex, and admission time in a 1:1 ratio. Patients who were admitted between May 1, 2013 and April 30, 2019 were regarded as training cohort, and patients admitted between May 1, 2019 and May 1, 2020 were regarded as validation cohort. We used multivariate analysis to identify the potential variables, and then we used R package part to build the classification and regression tree (CART), and validated the newly developed model.

**Results** In total, the training cohort included 84 ITB and 84 CD patients, and the validation cohort included 22 ITB and 22 CD patients. Multivariate analysis showed that positive T-SPOT, ≥4 segments involved, longitudinal ulcer, circular ulcer, and aphthous ulcer, were confirmed as independent discriminating factors. Using these parameters to build the CART model made an overall accuracy rate was 88.64%, with sensitivity, specificity, NPV, and PPV being 90.91%, 86.36%, 90.48%, and 86.96%, respectively.

**Conclusions** We developed a simple and novel algorithm model covering laboratory, imaging, and endoscopy parameters with CART to differentiate ITB and CD with good accuracy.