Abstract IDDF2021-ABS-0035 Figure 2

Abstract IDDF2021-ABS-0035 Figure 3

part of duodenum). The mean number of opium-containing analgesic tablets per patient was 5.2 ± 3.1 per day for duration of 33.1 ± 25.8 months. Vomiting (96.1%), abdominal pain (93.5%) and weight loss (85.2%) were the most common presenting features. Forty-three (71.6%) patients improved with endotherapy along with strict opium abstinence as shown in figure 3 while 17 (28.3%) patients required surgical treatment (IDDF2021-ABS-0035 Figure 3. Endoscopic dilatation of pyloric stricture).

Conclusions Opium addiction is also a cause of benign gastric outlet obstruction. Gut involvement is seen on multiple sites, with most common at the junction of the first and second part of the duodenum. A successful outcome of endotherapy is more likely in these patients.

IDDF2021-ABS-0036 PROGNOSTIC VALUE OF THE CEA, RDW-CV, RDW-SD COMBINED WITH CIP2A IN THE SERUM OF PATIENTS WITH COLORECTAL CANCER

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Background To investigate the prognostic value of CEA, RDW-CV, RDW-SD and CIP2A in the serum of colorectal cancer (CRC) patients after resection.

Methods The clinical and follow-up data of 61 CRC patients who underwent surgery in the sixth Affiliated Hospital of Sun Yat-sen University January 2012 and December. The association between the CIP2A, CEA, RDW-CV, RDW-SD and the prognosis was evaluated. The Kaplan-Meier curves were used to identify the overall survival (OS) rates of the different groups.

Results At the end of the follow-up period (2020), the median follow-up is 207 months (range, 17-260 months). The 5-year OS of patients with low level of serum CIP2A was not better than that of high level, which is contrary to other indicators (CEA, RDW-CV and RDW-SD). Cox multivariate analysis showed that the age, N stage and M stage were independent factors influencing patient survival. The CRRC (combination of CEA, RDW-CV, RDW-SD and CIP2A) has better prognostic power than other indicators (CIP2A, CEA, RDW-CV and RDW-SD) according to the receiver operating characteristic (ROC) curve analysis.

Conclusions CRRC could be used as a better prognostic biomarker for CRC than the CEA, RDW-CV, RDW-SD and CIP2A alone.

IDDF2021-ABS-0037 PROSPECTIVE EVALUATION OF AMOXICILLIN-CLARITHROMYCIN TRIPLE THERAPY IN PRIVATE CLINICAL PRACTICE IN HONG KONG FROM 2008 TO 2020

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Background There is a scarcity of local data regarding the current effectiveness of standard triple therapy in the treatment of *Helicobacter pylori* infection. To address the rising trend of bacterial resistance to antibiotics, we aim to monitor the efficacy of clarithromycin-containing triple therapy as a first-line treatment in Hong Kong and to assess the need for a longer treatment duration.

Methods 440 patients with a positive rapid urease test in oesophago-gastro-duodenoscopy (OGD) received clarithromycin-based triple therapy for a period of 7, 10 or 14 days according to treatment guidelines in the corresponding period of time. Patient demographics, indications for endoscopy and endoscopic diagnoses are detailed in Table 1 (IDDF2021-ABS-0037 Table 1). Either a 7-day or 10-day treatment course was given between the period of 2008-2013, while a 10-day course was given from 2014-2015 and a 14-day course was given from 2016 onwards. Data analysis was carried out with chi-squared tests.

Data presented as n (%). Both diagnoses were counted for those with two diagnosis, thus percentage total may exceed 100%. Other indications for endoscopy included anorexia, epigastric discomfort, globus in throat, odynophagia, weight loss, dysphagia, hiccup, raised CA72.4, raised CEA, tarry stool, and those who were asymptomatic. Other endoscopic diagnoses included oesophageal ulcer, oesophagitis, gastric polyp, duodenitis, and oesophageal squamous dysplasia.

Abstract IDDF2021-ABS-0037 Table 1 Patient demographics across period 1, period 2, period 3 and period 4 (n=282)

Period	1	2	3	4
Year	2008-2010	2011-2013	2014-2015	2016-2020
Age (mean±SD)	48.1±12.2	46.6±11.0	45.3±12.3	49.2±12.5
Female	17 (47.2%)	41 (61.2%)	40 (60.6%)	67 (59.3%)
Male	19 (52.8%)	26 (38.8%)	26 (39.4%)	46 (40.7%)
Number treated according to treatment duration				
7-day	10 (27.8%)	32 (47.8%)	n/a	n/a
10-day	26 (72.2%)	35 (53.3%)	66 (100%)	n/a
14-day	n/a	n/a	n/a	113 (100%)
Indications for endoscopy				
Epigastric discomfort	25 (69.4%)	58 (86.6%)	61 (92.4%)	104 (92.0%)
Chest pain	3 (8.3%)	0 (0.0%)	0 (0.0%)	2 (1.8%)
Acid reflux ± heartburn	1 (2.8%)	0 (0.0%)	0 (0.0%)	3 (2.7%)
Anaemia	1 (2.8%)	6 (9.0%)	2 (3.0%)	1 (0.9%)
Others	6 (16.7%)	3 (4.4%)	3 (4.6%)	3 (2.6%)
Endoscopic diagnosis				
Duodenal ulcer	15 (41.7%)	15 (22.4%)	15 (22.7%)	22 (19.5%)
Gastritis	12 (33.3%)	40 (59.7%)	42 (63.6%)	69 (61.0%)
Gastric ulcer	2 (5.6%)	3 (4.48%)	1 (1.5%)	4 (3.5%)
Normal	5 (13.9%)	8 (11.9%)	7 (10.6%)	9 (8.0%)
Others	2 (5.5%)	7 (10.5%)	1 (1.5%)	9 (8.0%)

Abstract IDDF2021-ABS-0037 Table 2 Decrease in eradication rates over Period 1, 2 and 3

Period	Year	Treatment duration (days)	Number treated	Eradication rate (%)	Overall eradication (%)
1	2008-10	7	10	90.0	94.4
		10	26	96.0	
2	2011-13	7	32	84.3	85.1
		10	35	85.7	
3	2014-15	10	66	80.3	80.3

Abstract IDDF2021-ABS-0037 Table 3 Comparison of the eradication rates between 10-day (Period 3) and 14-day (Period 4) treatment

Period	Year	Treatment duration (days)	Number treated	Eradication rate (%)	p value
3	2014-15	10	66	80.3	
4	2016-20	14	113	91.1	0.036*

*Statistical significance noted when comparing period 3 and 4

Results 282 patients (165 female, 117 male; mean age $\pm$ standard deviation, 47.5 ± 12.1 years; range, 19-78 years old) with follow-up data were included in the study. A trend of decreasing eradication rates was observed from 2008 to 2015 ($p=0.026$). These results are demonstrated in Table 2 (IDDF2021-ABS-0037 Table 2). Increasing the duration of treatment from 10 days to 14 days was found to achieve a significantly higher *H. pylori* eradication rate between 2016 to

2020. ($p=0.032$). This is reflected in the findings in Table 3 (IDDF2021-ABS-0037 Table 3).

Conclusions Clarithromycin-based triple therapy remains an effective first-line therapy for *H. pylori* eradication in Hong Kong, but a treatment duration of 14 days should be given instead of 7 or 10 days.

IDDF2021-ABS-0039 IDENTIFYING PATIENTS WITH CROHN'S DISEASE AT HIGH RISK OF PRIMARY NONRESPONSE TO INFlixIMAB THERAPY USING A RADIOMIC-CLINICAL NOMOGRAM

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Background 13%–40% of patients with Crohn's disease (CD) show a primary loss of response to infliximab therapy. This study aimed to develop and validate a novel radiomic-clinical nomogram to identify CD patients at high risk of primary nonresponse to infliximab therapy.

Methods This retrospective study included 224 CD patients (training, $n=118$; test 1, $n=52$; test 2, $n=54$) recruited from one of the two-three tertiary referral centers. The computed tomography enterography (CTE) and clinical data before infliximab treatment of CD patients were collected and the outcome of infliximab induction therapy at week 14 was classified as response or primary nonresponse. In the training cohort, 1130 radiomics features were extracted from the whole inflamed gut of CD patients on arterial-phase CTE; Least absolute shrinkage and selection operator and support vector machine methods were performed to select key features and construct a radiomics signature; moreover, a clinical factors model was developed based on the selected clinical risk factors. Subsequently, a radiomic-clinical nomogram which integrated the radiomics signature and the selected clinical predictors was developed based on a multi-variable logistic regression analysis. The predicting performance of this nomogram was validated in two external independent test cohorts.

Abstract IDDF2021-ABS-0039 Figure 1