Abstract PTH-80 Figure 1

Introduction This study was performed to compare the performance of Glasgow-Blatchford Bleeding Score, the Rockall score and AIMS 65 score in predicting ICU admission, early mortality and one-month mortality in patients with upper gastrointestinal bleeding (UGIB).

Methods A cross-sectional hospital based study conducted at MSIBC in Ibn Sina hospital and covered 100 consecutive patients diagnosed with upper gastrointestinal bleeding (UGIB) from March to June 2020. Data was collected by direct interview using structural questionnaire. Analysis was done using SPSS version 25.0ere.

Results The mean age of the participants was 52.1 ± 14.3 years. The gender ratio was M:F 2.7:1

When compared with the two other scores; AIMS 65 reported the best ability to predict low risk UGIB patients, hospital admission, intensive care unit admission, re-bleeding in hospital death and 30 days mortality.

The Glasgow Blatchford score reported the best ability to predict the need for blood transfusion.

Conclusions The use of the AIMS65 risk score should be encouraged in the context of UGIB.

Glasgow Blatchford score should be used to predict the need for blood transfusion.

PTH-81 CHARACTERISATION OF APPROPRIATE LONG-TERM PROTON PUMP INHIBITOR THERAPY IN PRIMARY CARE: A SINGLE-CENTRE UK AUDIT

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Introduction Proton pump inhibitor (PPI) therapy is ubiquitous within primary care¹. Most licenced indications for PPIs necessitate short-term interventions (e.g. 4-8 weeks). Inappropriate

Abstract PTH-81 Table 1

	N (%)
Long Term PPI Therapy	1683 (100%)
Gender	
Female	865 (51.4%)
Male	818 (48.6%)
Age (years)	
18-35	52 (3.1%)
36-65	563 (33.5%)
>65	1068 (63.4%)
Duration of Therapy	
≥8 weeks	1683 (100%)
≥2 years	1518 (90.2%)
≥5 years	1301 (77.3%)
≥10 years	899 (53.4%)
Regimen	
Continuous	1653 (98.2%)
Intermittent	30 (1.8%)
PPI Medication	
Omeprazole	850 (50.5%)
Lansoprazole	717 (42.6%)
Esomeprazole	60 (3.6%)
Pantoprazole	43 (2.6%)
Rabeprazole	13 (0.8%)
PPI Indications	
Appropriate	553 (32.9%)
Long-Term GI ^a	122 (7.2%)
NSAID/Antiplatelet Co-Prescription	390 (23.2%)
Mixed ^b Long-Term	41 (2.4%)
Inappropriate	1130 (67.1%)
Short-Term GI ^a	738 (43.9%)
Indeterminate	392 (23.3%)

^a Gastrointestinal

^b Combined Long-Term GI and Co-Prescription

use of PPIs can have adverse effects. This is the first UK-based audit to assess whether long-term PPI therapy is appropriately indicated in adult primary care patients.

Methods A cross-sectional audit of a single GP practice (n=60000) based in Horsham, Sussex. All patients aged ≥ 18 years and on PPI therapy for ≥ 8 weeks were defined as long-term PPI users. Appropriate long-term PPI therapy indications were defined based on relevant NICE and MHRA guidance. Data collected on 16/11/2020 through an electronic patient record system (SystmOne) using comprehensive medical coding stratagems.

Results In total, 1683 long-term PPI users were identified (51.4% female; mean age 69.8 years). Long-term PPI users were stratified based on age (years): 18-35 (3.1%), 36-65 (33.5%), >65 (63.4%) and duration of therapy: ≥ 8 weeks (100%), ≥ 2 years (90.2%), ≥ 5 years (77.3%), ≥ 10 years (53.4%). 98.2% (n=1653) were receiving continuous PPI therapy. The most prescribed PPI medication was Omeprazole (n=850, 50.5%). Only 32.9% (n=553) of patients on long-term PPI therapy had an identifiable appropriate long-term PPI therapy indication. The most common long-term PPI therapy indication was drug co-prescription (23.2%, n=390). 43.9% (n=738) had an identifiable short-term PPI therapy indication. 23.3% (n=392) had indeterminate indications for long-term PPI therapy (see Table 1).

Conclusions This audit demonstrates that most long-term PPI users, within this practice, have inappropriate indication(s) for long-term therapy, are older adults and are on a 10-year minimum duration of therapy. These findings highlight the need to develop and employ strategies to improve PPI stewardship.

REFERENCE

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PTH-82 ALCAM, ACTIVATED LEUKOCYTE CELL ADHESION MOLECULE, IN CLINICAL GASTRIC CANCER

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Introduction ALCAM, activated leukocyte cell adhesion molecule (also known as CD166) is a cell surface adhesive 'soil receptor', conferring heterotypic and homotypic cell-cell adhesions, and has been shown to have a possible role in cell-cell adhesion and has been indicated in the development and progression of certain solid tumours. We explored the clinical and prognostic significance of ALCAM in clinical gastric cancer.

Methods A cohort of three hundred and sixteen gastric cancers (including one hundred and eighty two pairs of tumour and normal tissues) were freshly collected from patients immediately after surgery resection of primary gastric cancer. The ALCAM gene transcripts were quantified in both normal and tumour tissues and the transcript levels were analysed against clinical outcome, clinical and pathological factors of the patients. Statistics were Log rank survival analyses, logical regression and Mann-Whitney U tests.

Results Tumour tissues, particularly late stage tumours had higher levels of ALCAM than normal tissues. Patients bearing tumours with high levels of ALCAM transcripts had a significantly shorter overall survival (55.9 ± 3.5 months *versus* 43.4 ± 2.7 months, low *versus* high levels, $p=0.043$, Hazard Ratio (HR 1.67)). Likewise, patients with high levels of ALCAM had shorter disease free survival (Hazard Ratio 1.43). High levels of ALCAM in gastric tumours seen in those that had invaded whole muscular layer and serosa of the stomach. It was discovered that ALCAM levels were markedly correlated with the levels of the Her family members ($p<0.0001$ for all 4 family members EGFR (Her1 or ErbB1), Her2 (ErbB2), Her3 (ErbB3) and Her4 (ErbB4)) and that together with Her4, ALCAM had an independent value in predicting the death of the patients.

Conclusions Activated leukocyte cell adhesion molecule, ALCAM, has an important prognostic value in patients with gastric cancer and may present as a potential anti-cancer target in this cancer type.

PTH-83 IRON DEFICIENCY ANAEMIA IN PATIENTS POST ISOLATED CABG SURGERY ON ASPIRIN 300MG

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Introduction Iron deficiency anaemia is a common cause for referral to outpatient gastroenterology, with a considerable burden in term of investigations for the underlining cause. Patients on NSAID, including Aspirin, are at increased risk of peptic ulcer disease, gastritis, duodenitis and GI blood loss complicated by IDA. This study aims to audit the incidence of IDA between patients on 300 mg Aspirin post-CABG in ARI.

Methods At our institution, the cardiothoracic department tends to start many patients on Aspirin 300mg post CABG and to continue for the first year. Patients undergoing CABG during 2017 and 2018 were identified from the record by the cardiothoracic department. Data is extracted from the electronic patients' record for demographics, the timing of surgery, time and incidence of IDA, was patient on PPI or not and the occurrence of GI bleeding. We used the reference value from our lab as standard for the definition of anaemia. (Men, Women)

Results A total of 355 patients discharged on Aspirin, 304 were male (85.6%) with a mean age of 66.8 (range 35 to 85) years. 168 (47.3%) patients were on high dose Aspirin 300 mg, and 187 (52.67%) patients were on Aspirin 75 mg. PPI covers were 79 patients (47.02%) and 92 patients (49.19%) respectively for each group.

The number of patients developed IDA were: 15 patients (nine patients 5.3%, on Aspirin 300 mg and six patients, 3.2% on Aspirin 75 mg). Four of the six patients on Aspirin 75 mg were on DOAC; one patient was on Warf rain, Aspirin and Clopidogrel and one on Aspirin and Ticagrelor. Five patients (33.33%) were not on PPI. All patients developed IDA within the first year of treatment except one patient. Incidence of GI bleeding for all patients on Aspirin was four patients (1.2%) during the study period.