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.

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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.

Conclusions These results demonstrate that a high dose of Aspirin 300 mg carries no significant increase in risk for developing IDA when given for a year post CABG.

PTH-84 GI SAFETY PROFILE OF THE USE OF DOACS IN COMBINATION WITH ANTIPLATELETS IN CARDIOLOGY PATIENTS

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Background DOACs, such as apixaban (Ap), rivaroxaban (R), edoxaban (E) and dabigatran (D), are increasingly used instead of warfarin in atrial fibrillation, acute coronary syndrome and the prophylaxis/treatment of venous thromboembolism. Unlike warfarin, DOACs are used at a fixed dose and do not require close monitoring but the pivotal trials have shown an increased risk of GIB as compared to warfarin¹. A recent meta analysis showed that the risk of GIB events related to DOACs (except Rivaroxaban) is not significantly greater than with warfarin². There is therefore a need for more real world data.

Aims To review the real world safety profile of DOACs in combination with antiplatelets in patients who have been admitted to the cardiology wards.

Method For the period Jan 2015-Dec 2017 (36 months), we extracted the following data for all patients admitted under the cardiology team from our electronic databases: patient demographics; medication on discharge; patients having a gastroscopy (OGD); indication, finding and outcome at endoscopy.

Result During the study period, 4871 patients were admitted with a diagnosis of acute coronary syndrome (ACS). 729 (15%) patients (456 M, mean age 62yrs; 273 F, mean age 66yrs) died during their admission, 2 of whom had an OGD for GIB prior to death but neither was on a DOAC. The remaining 4142 patients (2677 M, mean age 63.8yrs; 1465 F, mean age 67.5yrs) were on the following at discharge: monotherapy Aspirin (A) 1763, Clopidogrel (C) 555, Ticagrelor (T) 1095, R 83, Ap 12, E 3; dual therapy A+C/T/DOAC 1573; triple therapy (A+C/T+DOAC) 69

Clopidogrel + (Aspirin/DOAC/Ticagrelor)- 508

Ticagrelor + (Aspirin/DOAC/Clopidogrel)- 1089

There were 449 gastroscopies (11%) done during the study period and for 6 months thereafter. The indications were: GIB – 68 (15%) (46M mean age 62, 23F, mean age 66), anaemia 215 (48%), dyspepsia 157 (35%).

Out of 68 patients with suspected GIB, there were 3 cases of active bleeding at the time of the OGD – X1 DU (on A), X1 Mallory Weiss tear, X1 duodenitis (both on A+T). There was 1 oesophagitis without active bleeding and the remaining 64 OGDs did not show any abnormality. There were no cases of acute GIB in patients on DOACs in this cohort.

Including the 2 patients who had a GIB and died (mortality 0.05%), there were in total 5 cases of acute GIB at the time of OGD (0.12% severe GIB risk).

Conclusion Allowing for the retrospective nature of the study, the short follow up for some patients and the lack of information on the concurrent use of PPIs, our real world study shows a very low GIB risk for cardiology patients on antiplatelets +/- DOACs (0.12%). The mortality in this cardiology cohort was also very low. This compares well with the published 1% risk for GIB for patients on DOACs for all other indications². Our results are therefore very reassuring.

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PTH-85 GASTRODUODENAL TUBERCULOSIS: A GLOBAL LITERATURE REVIEW AND MANAGEMENT ALGORITHM FOR CLINICAL DECISION MAKING

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Introduction Gastroduodenal tuberculosis (GDTB) is a rare form of tuberculosis. Clinical decision making around management remains unclear and complex.

Our aim was to review case reports on GDTB patients and their outcomes following intervention and formulate an algorithm to support clinicians when managing GDTB patients.

Methods A broad literature search across multiple databases (PubMed, Web of Science, Science Direct, Google Scholar, Cochrane Library) was conducted with the following keywords: pyloric, gastric outflow obstruction, gastroduodenal and tuberculosis. Data on patient demographics, presentation, endoscopy findings, intervention and outcome were extracted from publications meeting the inclusion criteria. A positive outcome included: improvement in symptoms, weight gain or resolution at follow up endoscopy. Descriptive statistics were applied.

Results Our search identified 29 relevant papers compiled of data from 63 patients. The average age of patients was 35 years, with 56% (n= 23) of cases being male. A positive outcome was seen in 26/28 patients (93%) treated with Anti-Tuberculous Treatment (ATT) alone and 26/31 patients (84%) managed surgically followed by ATT. The average time in months to resolution of symptoms was 6.67 months for ATT alone and 8 months for surgery followed by ATT. A higher proportion of those who had surgery followed by ATT were diagnosed with operative histology (29%, n=31) compared to those treated with ATT alone (3.6%, n=28). These results were interpreted and a management algorithm was proposed. (Figure 1).

Conclusions This is the largest analysis of case reports reporting patient outcomes following intervention for GDTB worldwide. ATT alone has a significant role in management of GDTB across varied presentations and disease severity. We recognise the importance of the diagnostic method and its impact on the choice of management. The role of endoscopic intervention for GDTB requires further research.