Abstracts of distinction

Endoscopy

ATU-8 IMPROVED PATIENT SELECTION FOR PEG INSERTION IN ENGLAND BETWEEN 2007–2019

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Introduction A percutaneous endoscopic gastrostomy (PEG) tube provides long term enteral nutrition to patients with impaired swallowing and a functional gastrointestinal tract. 30-day mortality following PEG insertion is 8.9%, largely due to underlying conditions in this patient group. Following description of poor outcomes in patients with dementia, we examined changes in PEG indications in England.

Methodology A retrospective study of the Hospital Episode Statistics database for all patients who had a PEG inserted between 2007 and 2019 was conducted. The indications for PEG were identified using International Classification of Diseases-10th revision codes and changes in the prevalence of different indications examined. In particular, we reviewed the interval between stroke diagnosis to PEG insertion as a subgroup analysis.

Results A total of 87,682 patients were identified with a PEG insertion: 58% male, median age 69 (IQR 57- 79). 38.5% (n=33,776) of PEGs were inserted for a stroke, 25.9% (n=22,688) for other neurological conditions (including motor neurone disease, multiple sclerosis, Parkinson's disease, muscular dystrophy and cerebral palsy), 20.7% (n=18,107) for head and neck cancers, 1.9% (n=1630) for oesophageal cancers, 1.6% (n=1369) for traumatic brain injury and 1.3% (n=1112) for dementia. The prevalence of dementia and stroke as indications for PEG insertion reduced over the study period: dementia- 2.2% (n=147) to 0.5% (n=28), p<0.001, stroke- 42.8% (n=2851) to 32.8% (n=1781), p<0.001. The prevalence of other neurological conditions as indications for PEG insertions increased from 23.6% (n=1573) to 28% (n=1518) and head and neck cancer increased from 18.1% (n=1204) to 23.7% (n=1286) over the study period (p<0.001). The median interval from stroke diagnosis to PEG insertion increased from 21 (IQR 12-36) days in 2007 to 28 (13-45) days in 2019.

Conclusion The number of patients undergoing PEG insertion for a diagnosis of dementia or stroke fell over the study period and the time interval to PEG insertion after stroke increased. This population based data suggests that patient selection for PEG insertion has improved considerably over the study period in England.

IBD

ATU-2 A MULTI-CENTRE STUDY OF INFLIXIMAB TREATMENT FOR CORTICOSTEROID-REFRACTORY CHECKPOINT INHIBITOR INDUCED ENTEROCOLITIS

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Introduction Immune Checkpoint Inhibitors (CPI) have changed the treatment landscape for many cancers, but also cause severe inflammatory side effects including enterocolitis. CPI-induced enterocolitis is treated empirically with corticosteroids, and infliximab (IFX) is used in corticosteroid-refractory cases. However, robust outcome data for these patients are scarce.

Methods We conducted a multi-centre (six cancer centres), cohort study of outcomes in patients treated with IFX for corticosteroid-refractory CPI-induced enterocolitis between 2007 and 2020. The primary outcome was corticosteroid-free clinical remission (CFCR) with CTCAE grade 0 for diarrhoea at 12 weeks after IFX initiation. We also assessed cancer outcomes at one year using RECIST criteria.

Results 127 patients (73 male; median age 59 years) were treated with IFX for corticosteroid-refractory CPI-induced enterocolitis. Ninety-six (75.6%) patients had diarrhoea CTCAE grade >2 and 115 (90.6%) required hospitalisation for colitis. CFCR was 41.2% at 12 weeks and 50.9% at 26 weeks. In multivariable logistical regression, IFX-resistant enterocolitis was associated with rectal bleeding (OR 0.19; 95% CI 0.04-0.80; p=0.03) and absence of colonic crypt abscesses (OR 2.16; 95% CI 1.13-8.05; p=0.03). Cancer non-progression was significantly more common in patients with IFX-resistant enterocolitis (64.4%) as compared to patients with IFX-responsive enterocolitis (37.5%; p=0.013).

Conclusion This is the largest study to date reporting outcomes of IFX therapy in patients with corticosteroid-refractory CPI-induced enterocolitis. Utilizing pre-defined robust endpoints, we have demonstrated that fewer than half of patients achieved CFCR. Our data also indicate that cancer outcomes may be better in patients developing prolonged and severe inflammatory side effects of CPI-therapy.