Conclusion: In our retrospective cohort, severe acute pancreatitis and transfer from an OSH were independent predictors for ICU admission and extended LOS in patients with acute pancreatitis. Future studies should focus on these factors as predictors of a more significant disease course and their role in the assessment of patients with acute pancreatitis.

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Predictors of Outcome of Endoscopic Therapy in the Management of Patients With Pancreas Divisum: A Systematic Review and Meta-Analysis

Bilal Aslam, MD, Lamprinos Michailidis, MD, Alla Grigorian, MD, Houssam Mardini, MD, MPH, MKA, FACG1, 2: University of Kentucky College of Medicine, Lexington, KY; 2. University of Kentucky College of Medicine, Lexington, KY

Introduction: Predictors of response to endoscopic therapy in patients with pancreas divisum are not well established. We sought to identify predictors of successful endoscopic therapy by performing a meta-analysis of the studies that assessed variables associated with improved outcomes.

Methods: Electronic database search was performed. Only full text English language studies were included. Random effect model was used to pool the effect size across studies. Studies quality was assessed using the checklist developed by the Institute of Health Economics (Alberta, Canada) to assess the quality of case series. Because multiple well-established outcomes were reported, the most objective outcome measured was used in the analysis. Data were pooled on a specific variable if two or more studies reported outcome associated with the variable. Predictors were broadly categorized into patient-related and endoscopic technique related.

Results: Twenty studies (out of 370 articles reviewed) with 831 patients met the inclusion criteria. 90% of studies were case series and utilized a wide spectrum of endoscopic therapies / combination of therapies that fell into one of three categories: minor papilla sphincterotomy, dorsal duct stenting and minor papilla endoscopic sphincteroplasty. Indications for Endoscopic therapy were acute recurrent pancreatitis, chronic pancreatitis and chronic abdominal pain. The efficacy rate of achieving “improvement” after endoscopic therapy varied significantly across studies and ranged from 16% to 94% with a pooled rate of 38.4% (95% CI: 48.5-67.6, p=0.096). Among patient-related predictors, recurrent acute pancreatitis was associated with better endoscopic outcome compared to chronic pancreatitis or chronic abdominal pain (RR 3.07, 95% CI: 2.31-4.08). There was marginal benefit among male patients (RR 1.19; 95% CI: 0.97-1.50) and patients with complete divisum compared to incomplete division (RR 1.25; 95% CI: 0.99-1.58). Across endoscopic technique related variables, 2 or more endoscopic therapy sessions was the only variable associated with improved outcome (RR 1.29; 95% CI: 1.02-1.91).

Conclusion: While high quality studies in support of endoscopic therapy in the management of PDIV are lacking, the currently available evidence suggests better outcomes associated with multiple / repeated sessions of endoscopic therapy and when performed for patients with recurrent acute pancreatitis. Male gender and complete divisum may be associated with marginal benefit as well.

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Conservative Non-surgical Management of High Risk IPMNs: A Retrospective Chart Review

Rabia Ali, MD1, Anjali Mone, MD2, Justin Ream3, Alec Megibow4, Mark Pochapin, MD, FACG2, Seth A. Gross, MD, FACC1. 1. New York University School of Medicine, New York, NY; 2. New York University Langone Medical Center, New York, NY; 3. New York University School of Medicine, Division of Radiology, New York, NY; 4. New York University School of Medicine, Division of Radiology, New York, NY

Introduction: The Sendai and Fukuoka consensus guidelines have shaped the management of intraductal papillary mucinous neoplasms (IPMNs). Accordingly, all main duct IPMNs and branch duct IPMNs with high risk features should be evaluated for surgical resection. Scarce data exists on patients who meet criteria for surgical resection that are managed non-operatively.

Methods: Our study included 31 patients that met criteria for surgical resection of their IPMNs based on current guidelines. All 11 subjects were managed non-surgically with serial imaging obtained from current guidelines. All 11 subjects were managed non-surgically with serial imaging obtained from current guidelines. All 11 subjects were managed non-surgically with serial imaging obtained from current guidelines. All 11 subjects were managed non-surgically with serial imaging obtained from current guidelines.

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Conclusion: While high quality studies in support of endoscopic therapy in the management of PDIV are lacking, the currently available evidence suggests better outcomes associated with multiple / repeated sessions of endoscopic therapy and when performed for patients with recurrent acute pancreatitis. Male gender and complete divisum may be associated with marginal benefit as well.

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EUS-Guided Ablation of Pancreatic Cystic Neoplasms: A Large Nationwide Survey Analysis of Practice Patterns

Taran Rustagi, MD; Serge Sorrel1, Nalini Gude1, Harry R. Aasian, MD; James Farrell1. 1. Section of Digestive Diseases, Yale University School of Medicine, New Haven, CT; 2. Providence Hospital and Medical Centers, Novi, MI; 3. Aurora Healthcare, Milwaukee, WI; 4. Yale University, New Haven, CT

Introduction: EUS-guided pancreatic cyst ablation (EUS-PCA) offers a minimally invasive therapeutic alternative to surgery and surveillance in patients with pancreatic cystic neoplasms. Although EUS-PCA was first reported over 10 years ago, data regarding its safety, the extent of its adoption in clinical practice and the barriers to more widespread use remain unclear. The aim of this study is to gather information on endoscopist’s awareness, practice pattern and potential concerns/limitations regarding EUS-PCA.

Methods: US based endoscopists were surveyed using an anonymous online survey consisting of 12 questions regarding practitioner’s experience, type of practice. EUS volume, absence or presence of experience in performing EUS-PCA. Data regarding types of cysts suitable for EUS-PCA, patient selection criteria, indications, ablation techniques, complications, and barriers to performing EUS-PCA were collected.

Results: 236 (34%) endoscopists completed the survey. 61% identified themselves as academic/ university-based practitioners. 21.6% respondents had performed EUS-PCA – 25% of which had performed >30 EUS-PCA. Factors associated with having performed EUS-PCA included longer (>10 years) EUS experience (OR 1.95; 95% CI: 1.03-3.66, p=0.04) and a higher (>500) annual EUS volume (OR 2.34; 95% CI: 1.13-4.82, p=0.02) (Tables 1 & 2). Presumed BD-IPMN was the most commonly ablated pancreatic cyst (75%) followed by presumed mucinous cystadenoma (61%). 78% of EUS-PCA were performed in high risk surgical patients. 94% respondents have utilized ethanol lavage, 52% ethanol lavage plus paclitaxel, and 21% radiofrequency for EUS-PCA. 65% respondents never experienced any major complications (hospitalization, surgery), whereas 33% reported major complications in < 10% cases. Lack of data/controlled trials, lack of expertise &/or experience, and lack of definition of ideal lesion for ablation were identified as the top 3 barriers to performing more EUS-PCA. 54% of those who have never performed EUS-PCA and 48% current EUS-PCA performers envisage using it more frequently in future.

Conclusion: Although the technique is known and safe, EUS-PCA is not widely performed in the US. Most EUS-PCA are currently done by experienced, high volume endoscopists for presumed BD-IPMN in high surgical risk patients. Finally, the barriers for widespread adoption of this procedure include limited data on efficacy, ideal lesion, and limited procedural experience.

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The Protective Effect of Age on Post-ERCP Pancreatitis and Hospitalisation

Andrew Thornton1, Nicole Mattin-Casals1, Tresa Norman1. 1. The Canberra Hospital, Canberra, Australia; 2. The Australian National University, Canberra, Australia

Introduction: Background: As the median age of western populations rise, endoscopic retrograde cholangiopancreatography (ERCP) is becoming increasingly used in the elderly: However, ERCP remains associated with serious complications such as post-ERCP pancreatitis (PEP), which often necessitates unplanned admission to hospital. Whilst previous research has demonstrated a protective effect of age