Abstracts

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Glucacon-Like Peptide-1 Receptor Agonists, Dipeptidyl Peptidase-4 Inhibitors, and Risk of Acute Pancreatitis: A Meta-analysis of Randomized Clinical Trial and Review of Literature
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Introduction: The safety and efficacy of hypoglycemic agents such as GLP-1ra and DPP-4i and the risk of pancreatitis remains unclear. Several case reports and publications have indicated that Glucagon Like Peptide-1 Receptor Agonists (GLP-1ra) and Dipeptidyl Peptidase-4 Inhibitors (DPP-4i) could be associated with an increased risk of pancreatitis. We performed a meta-analysis to assess the validity of this association.

Methods: An extensive Medline, and clinicaltrials.gov search for “exenatide”, “liraglutide”, “albiglutide”, “tegaptide”, “linagliptin”, “sitagliptin”, serum albumin levels (p=0.8). Factors associated with early mortality included tumor NET (OR=0.009; p=0.02) were associated with late mortality.

Conclusion: The meta-analysis shows no significant difference in risk of pancreatitis with the use of GLP-1ra and DPP-4i vs. comparators. The rate of acute pancreatitis was similar in the two groups, however, it should be noted that the number of observed cases of pancreatitis is very small and the confidence intervals of risk estimates are wide. Further studies are warranted to investigate this association.

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Predictors of Early Mortality in VeteranPatients With Pancreatic Cancer
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Introduction: For patients with pancreatic cancer, reliable predictors of outcome could be invaluable for directing management. The goal of this study was to identify factors that predict early mortality in these patients.

Methods: We reviewed records of patients diagnosed with pancreatic cancer at our institution from 2005-2010. We divided them into early (≤6 months) and late (>6 months) mortality groups. We sought associations between mortality group and demographic/clinical factors by Fisher’s Exact Test or Chi-square for categorical variables, and by two-sample t-test for continuous variables. Significant factors (p < 0.10) so identified were used in a multivariable analysis [MVA] regression model to identify independent predictors of early mortality.

Results: We identified 109 patients with pancreatic cancer [100 men, 67% white, 29% black, 9% ade

nocarcinoma, 8% neuroendocrine (NET)]. Mean age and weight at diagnosis were 66±9.2 [SD] years and 81±17.6 kg, respectively. Tumor location: head (64%), body (10%), tail (19%), multiple locations (8%). Stage at presentation: I (2%), II (25%), III (14%), IV (60%). Treatments: surgery (24.7%), neoadjuvant therapy (3.2%), and radiation therapy (42.7%). Survival time was 287min (223–512). Blood loss was 670g (250-1450). Hospital stay was 21 days (10-54).

Conclusion: It is well known that invasive ductal pancreatic cancer has poor prognosis. To improve its outcome, there are some reports that RAMPS Radical Antegrade Modular Pancreatosplenectomy for left sided invasive pancreatic adenocarcinoma is beneficial and leading to a better prognosis. However, little is known about the safety, feasibility and prognosis. We herein report the outcome of RAMPS for left sided invasive ductal pancreatic adenocarcinoma in our hospital.

Methods: From November 2001 to November 2014, we have performed distal pancreatectomy for invasive ductal adenocarcinoma of the pancreas in 36 patients. Of these patients, 15 patients underwent RAMPS. These patients were enrolled in this study.

Results: All the data was written in median (range). The patients of RAMPS group had a median age of 69 years (11 male and 4 female). According to the JPS classification, the number in Stage I was three, II was one, III was two, IVa was seven, and IVb was one. Preoperative chemoradiotherapy was performed in 10 patients (27.8%). Complete response was obtained by preoperative CRT in one patient. Operative time was 287min (223–512). Blood loss was 670g (250-1450). Hospital stay was 21 days (10-54).

Conclusion: For our patients with pancreatic cancer, advanced age, elevated tumor markers, and low serum albumin were useful predictors of mortality.

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Update on the Use of Exogenous Pancreatic Enzymes for Reducing Chronic Pancreatic Pain
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Introduction: One of the most challenging issues arising in patients with chronic pancreatitis is abdomi

nal pain thought to arise from the pancreas: pancreatic pain. Many competing theories exist to explain pancreatic pain including ductal hypertension from strictures and stones, increased intralobular pressure from glandular fibrosis, pancreatic neuritis, and ischemia. The clinical problem is superimposed on a background of reduced enzyme secretion and altered feedback mechanisms. Throughout history inves-
tigators have targeted these theories to devise methods to combat chronic pancreatic pain including lifestyle measures, analgesics, administration of exogenous pancreatic enzymes, hormonal therapy, endo-

scopic drainage procedures, nerve blockades, and surgical drainage and resections. Pancreatic enzyme therapy is particularly intriguing as it restores active enzymes and balances feedback.

Methods: Literature review of pancreatic feedback mechanisms in humans along with studies on the use of exogenous pancreatic enzymes for pancreatic pain.

Results: Pancreatic enzyme supplementation does not reliably reduce pancreatic pain. Success has largely been limited to treatment of patients with decreased but still adequate enzyme secretion and patients with idiopathic, small-duet disease.

Conclusion: While the theory requires the ability to provide sufficient active enzyme to the duodenal receptors to inhibit abnormal feedback, the majority of clinical trials have used enteric coated products which typically fail to dissolve proximally and thus are incapable of achieving the stated goals. Uncoated enzymes may offer a solution as they increase the delivery of digested nutrients to the proximal small bowel. However, uncoated enzymes are toxic in degradation in acidic environments, necessitating the concomitant use of antacids and/or acid suppression therapy. The timing of therapy – before, during, or after a meal – may also augment treatment success. We outline the requirements for studies to test the feedback theory.

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The Value of RAMPS Radical Antegrade Modular Pancreatosplenectomy for Left-Sided Invasive Intraductal Pancreatic Adenocarcinoma
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Introduction: It is well known that invasive ductal pancreatic cancer has poor prognosis. To improve its outcome, there are some reports that RAMPS Radical Antegrade Modular Pancreatosplenectomy for left sided invasive intraductal pancreatic adenocarcinoma is beneficial and leading to a better prognosis. However, little is known about the safety, feasibility and prognosis. We herein report the outcome of RAMPS for left sided invasive ductal pancreatic adenocarcinoma in our hospital.

Methods: From November 2001 to November 2014, we have performed distal pancreatectomy for invasive ductal adenocarcinoma of the pancreas in 36 patients. Of these patients, 15 patients underwent RAMPS. These patients were enrolled in this study.

Results: All the data was written in median (range). The patients of RAMPS group had a median age of 69 years (11 male and 4 female). According to the JPS classification, the number in Stage I was three, II was one, III was two, IVa was seven, and IVb was one. Preoperative chemoradiotherapy was performed in 10 patients (27.8%). Complete response was obtained by preoperative CRT in one patient. Operative time was 287min (223–512). Blood loss was 670g (250-1450). Hospital stay was 21 days (10-54).

Conclusion: For our patients with pancreatic cancer, advanced age, elevated tumor markers, and low serum albumin were useful predictors of mortality.

A Case Series of Pancreatitis in Pregnancy: Etiology, Diagnosis, Treatment, and Outcomes
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Introduction: Reports in the literature suggest that pancreatic pain in pregnancy most often occurs in the third trimester as a result of gallstone disease. Advances in diagnosis and management have resulted in improved prognosis in recent years. We performed this study at our tertiary care facility to examine the risk factors, etiology, and treatment of pancreatitis in pregnancy and factors associated with adverse outcomes.

Methods: Retrospective chart review of pregnant patients diagnosed with pancreatitis during the 21 year period between 01/01/1994 and 12/01/2014 with capture of information regarding demographics, clini-
cal presentation, trimester of pregnancy at diagnosis, endoscopic retrograde cholangiopancreatography (ERCP) findings, maternal and fetal outcomes, and treatment efficacy.

Results: A total of 25 pregnant patients diagnosed with pancreatitis during the 21 year period were examined. Most diagnoses occurred in the third trimester (56%). Mean age at presentation was 25.7 years with a mean gestational age of 24.4 weeks. Presentation in most cases was abdominal pain and vomiting with one case of associated hyperemesis gravidarum. Most common etiology was gall stones in 24 cases (96%), alcohol-related 4 cases (16%), undetermined in 5 (20%), post-ERCP pancreatitis in 1 (4%), and hereditary in 1 (4%) patient. Triglycerides were minimally high in three patients. ERCP and wired-guided sphincterotomy was undertaken in 6 (42.8%) patients with gall-stone associated pancreatitis with no complications. 18/25 (72%) women underwent vaginal fullterm delivery, 4 (16%) underwent Cesarean section, and labor was induced in 3 (12%) patients. Recurrence of pancreatitis during the same pregnancy was noted in only one patient. There was no difference in either maternal or fetal outcomes by ERCP status.

Conclusion: Acute pancreatitis is rare in pregnancy, occurring most commonly in the third trimester, and gall stones are the most common etiology. Performing ERCP for pancreatitis in pregnancy does not appear to alter maternal or fetal outcomes.