**SEMS to end of neoadjuvant therapy**

**Days:** median 111, range 44-282

<table>
<thead>
<tr>
<th>Days</th>
<th>44</th>
<th>111</th>
<th>282</th>
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**Stent related reinterventions**

<table>
<thead>
<tr>
<th>Overall</th>
<th>4/142</th>
<th>16/142</th>
<th>21/142</th>
</tr>
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<tbody>
<tr>
<td>2.8%</td>
<td>11.3%</td>
<td>14.8%</td>
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(81A) Figure 1.

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**Endoscopic Ultrasound Guided Biliary Drainage: The New Kid on the Block!**


**Introduction:** Percutaneous transhepatic biliary drainage (PTBD) has been traditionally used to treat an obstructed biliary tree and cholangitis in case an ERCP fails. Endoscopic ultrasound guided biliary drainage (EUBD) was introduced as a new treatment option to treat obstructive jaundice after a failed ERCP. Limited literature exists comparing these two techniques that decompress the biliary tree after a failed ERCP.

**Methods:** We analyzed 22 patients from January 2012 to November 2015, who had undergone a failed ERCP and were then intervened upon by either PTBD or EUBD. We also collected data with regards to their hospital course, investigations and lab work, interventions, complication rates, ICU admission rates, failure rates and mortality. Statistical analysis was utilized to compare clinical outcomes between the two procedures.

**Results:** Out of the 22 patients, 18 underwent a PTBD (82%) whereas the remaining underwent an EUBD with rendezvous technique. The mean age of patients undergoing a PTBD was 71.2 ± 11 years whereas that for the EUBD group was 66.5 ± 19 years. (Table 1) Using logistic regression analysis to compare both interventions with regards to major and minor complications, no significant difference was noted. However, subgroup analysis showed that EUBD was associated with a higher rate of pancreatitis whereas PTBD was associated with a higher rate of causing enterocutaneous fistulas, cholangitis and multigener failure. PTBD was also associated with a higher re-intervention rate as compared to EUBD (72.2% versus 25%, significant p=0.0117). Analysis of laboratory trends prior to and 48 hours post-intervention, adjusted for their values at the time of presentation of the patient, showed a comparable pattern and ability to treat the biliary obstruction. (Figure 1) PTBD was also associated with a higher ICU admission rate in 30 days (22%). No patient went to the ICU from the EUBD group 30 days after the procedure. Also, 30 day mortality rate was zero for both groups.

**Conclusion:** Although no significant difference could be elicited between PTBD and EUBD through this study, subgroup analysis showed that EUBD was associated with more favorable outcomes. Limitation of this study is the small sample size. However, it is apparent that EUBD is a non-inferior intervention as compared to PTBD and further randomized clinical trials are needed to ascertain the benefit of EUBD compared to PTBD.

(82B) Figure 2.

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**Smoking Is Associated with Increased Use of Pain Medication in Patients with Chronic Pancreatitis**

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**Introduction:** Smoking has been recently found to accelerate disease progression in chronic pancreatitis with specific metabolites in cigarettes implicated in promoting inflammation within the pancreas in a murine model. Given that smoking may worsen chronic pancreatitis, the purpose of this study was to compare pain levels and pain medication consumption between smokers and non-smokers.

**Methods:** Patients with chronic pancreatitis (previously diagnosed by EUS) were recruited from the clinic and identified as smokers if they smoked ≥ 1 cigarette/day. Smokers were then compared with non-smokers based on their daily opiate use and self-reported Visual Analog Scores (VAS) for pain.

**Results:** There were 31 smokers and 28 non-smokers with chronic pancreatitis (n=59) who participated in this study. Smokers had a significantly higher use of opiate than non-smokers (188.9 ± 138.1 vs. 125.9 ± 146.7 mg of morphine/day, p < 0.04). There was no significant difference in terms of pain level based between the two groups on the VAS (54.7 for smokers vs. 44.2 for non-smokers, p < 0.16).

**Conclusion:** This study is the first to demonstrate that smokers require more pain medications than non-smokers in a chronic pancreatitis population despite there being no significant difference between their perceived pain levels. This is in line with recent data suggesting that smoking may further progress the disease course. Potential confounders include alcohol intake or other drug use and further studies will be needed to examine the mind-body mechanism that smoking may influence within this patient population, given that the increased opiate consumption may be a marker for increased tolerance or craving. Mindfulness-based therapies in particular, which target the addiction pathway, have had success in smoking cessation and may prove to be particularly useful in this patient population in not only smoking but also in opiate dependence.