level of success. Compliance with quality measures will allow for effective and safe CRC prevention, better patient outcomes and decreased medical costs.

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Fecal Immunochemical Test in Asymptomatic People
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INTRODUCTION: Occult blood is strategy for colorectal cancer screening. The aim of this study is to analyze the value of quantitative monoclonal antibodies against human Hemoglobin for colonoscopy screening.

METHODS: One hundred asymptomatic adult patients, aged over 40 up to 77, with no risky group, have had one sample of stool specimens collected for qualitative immunochromatography with monoclonal antibodies against human hemoglobin, following several days later by complete colonoscopy. Chi-square was used to compare proportional data whereas Student t test to compare means. P < 0.05 was considered significant. This was a prospective study. All patients signed the informed consent. The authors have no financial disclosures.

RESULTS: A total of 100 patients being 36 men aged 67 ± 7 and women 64 aged 65.5 ± 8 P < 0.05, distributed by age in patients with colon neoplasia and positive occult blood in stools, 67 ± 4 N = 20, with negative occult blood in stools with neoplasia aged 68 ± 4 N = 11, with positive occult blood in stools without neoplasia 65.5 ± 9 N = 21 and negative occult blood in stools without neoplasia 64 ± 8 N = 48 P < 0.05. Thirty-one (31%) of the patients had diagnosed colon neoplasia, being 20 (64%) with positive occult blood in stools and 11 (35%) negative, P < 0.01. In the Group with positive occult blood in stools, two patients had diagnosis of adenocarcinoma, the others were adenomas. In the Group of negative occult blood in stools, all were adenomas. We had 69 patients without neoplasia, of whom 21 (30.5%) had positive occult blood in stools and 48 (69%) were adenomas. In the Group of negative occult blood in stools all were adenomas. We had 69 neoplasia, being 20 (64%) with positive occult blood in stools and 11 (35%) negative, P < 0.05. Abnormalities without neoplasia in patients with or without occult blood in stools were angiodysplasia in ascending colon, shallow ulcer in ileocecal valve or ascending colon in NASID uncompleted diverticular disease.

CONCLUSION: The age of the Group studied was similar. Adenocarcinoma only occurred in patients with positive blood in stools. Adenoma was present in positive and negative, although significantly more frequent in the positive ones. For better conclusion, we need a greater number of asymptomatic people to be studied. The ideal test would be one that diagnoses cancer for treatment and adenoma for endoscopic prevention.

SUBMITTED, NOT PRESENTED: ESOPHAGUS

Assessing the Risk of Gastroesophageal Reflux Disease in Patients With Constipation
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INTRODUCTION: Constipation is a common gastrointestinal disorder which can result in frequent stools, difficult stool passage with pain and stiffness or both. Constipation is frequently associated with straining which also can promote GERD. Multiple comorbidities are reported in the literature secondary to chronic constipation but data on the presence of GERD in patients reporting constipation is limited. The aim of this study was to investigate if constipation increases the risk for gastroesophageal reflux disease (GERD) using a large patient database.

METHODS: Using data from the National Inpatient Sample (NIS) database between 2004 and 2014, we identified patients who were diagnosed with constipation using appropriate ICD 9 coding. The control group were patients who did not have a diagnosis of constipation. Demographic information, tobacco use, gender, race and age were compared between the 2 groups to determine if any association between constipation and GERD existed using univariate and multivariate logistic regression. Constipation population was comprised of 85,417,637 patients, of which 2,419,827 (2.8%) were diagnosed with constipation. Constipated patients were older (62 vs 48 yrs old) and more likely to be females (60.3% vs 58.2%) compared to non-constipated group (P < 0.01 for all). Constipated patients were more obese (9.3% vs 7.4%); had more tobacco use (11.5% vs 10.1%); and had more diaphragm hernia (14% vs 1%) compared to the control group (P < 0.01 for all). Using Multivariate logistic regression, and after adjusting for age, gender, race, smoking, alcohol, diaphragmatic hernia and obesity, constipated patients had a statistically significant higher rate of GERD (Odds Ratio [OR], 1.38; 95% confidence interval [CI], 1.30 - 1.46, P < 0.001) compared to the non-constipated control group.

CONCLUSION: Constipation is associated with almost 60% increased risk of GERD. Screening for GERD and treating GERD, if present, is essential in the optimal management of constipated patients.

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Sterling and Suturing for Esophageal Cancer in Neo-Adjuvant Setting: A Tertiary Community Cancer Center Experience
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INTRODUCTION: The place of esophageal stents for dysphagia in the neoadjuvant setting for esophageal cancer has currently been debated with recent radiation oncology literature calling into question its use. Given the paucity of data and lack of clear guidelines, we performed a review our high volume esophageal cancer practice and analyze the outcomes in patients undergoing esophageal stent placement for malignant dysphagia in the neoadjuvant setting.

METHODS: The data was collected retrospectively on all patients who underwent esophageal stent placement for malignant dysphagia due to esophageal cancer in a neoadjuvant setting at the Parkview Cancer Institute from September 2015 to November 2018.

RESULTS: This case series includes 32 patients, collectively underwent placement of a total of 35 stents (fully covered self-expandable metal stents [FCEMS]) of which 25 were anechoic using endoscopic suturing. The stent migration was only (n = 2) compared to 35.06% reported in the literature. One key contributor to the low incidence of stent migrations could be the high proportion of endoscopic suturing performed. Out of the 33 stents, 25 (76%) were anchored to the esophagus by endoscopic suturing. 13 patients had successful completion of neoadjuvant therapy and underwent surgery. 2 patients decided not to undergo surgery due to stent unrelated issues. All of the patients had significant improvement in dysphagia immediately following stent placement. Only three patients developed eventual complications that resulted in need for repeat intervention with removal or replacement of stent. Overall rate of complications for patients who received stent placement in neoadjuvant setting was 5 out of 33 (15.15%) (Table 1).

CONCLUSION: This is a single center experience with significantly low number of stent migration, which can be attributed to the fact that all the stents were placed by a single advanced interventional endoscopy trained physician who maintains currently a high volume of esophageal stent placement of at least 15 to 20 procedures annually. This allowed for increased proficiency, both in stent placement and use. We use only fully covered metallic stents and are extremely selective in stent length and diameter and almost always possible. As far as securing the stent are concerned, we typically suture to the esophageal wall. In conclusion, I believe that this technique is quite simple and practical. This intervention is associated with minimal need for repeat intervention and surgical intervention for malignant dysphagia due to esophageal cancer in a neoadjuvant setting.

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Esophagegastic Junction Outflow Obstruction Association With Mood Disorders: A Retrospective Study
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INTRODUCTION: Esophagegastic Junction Outflow Obstruction (EGJOO) is a manometry abnormality at the level of the lower esophageal sphincter (LES) which is associated with elevated Integrated Relaxation Pressure (IRP). This is similar to achalasia but differs in that EGJOO has retained peristalsis and it is largely distinguished by poor relaxation at the LES. This diagnosis is becoming increasingly prevalent as use of esophageal High Resolution Manometry (HRM) becomes more widespread. As EGJOO’s prevalence grows, it is important to augment our knowledge. Our objective from this analysis was to find comorbid associations which may give aid in identifying at risk patients and aide with treatment modalities. Depression and anxiety were focused upon in this study.

METHODS: We performed a retrospective study of patients who were diagnosed with EGJOO by HRM from 2015 to 2018 at a single tertiary care center. Patients were classified as having EGJOO by the Chicago Classification (version 3). Chart review was performed to assess for comorbid conditions. Statistical significance was performed with a Chi Square Test of Independence.

RESULTS: We identified 93 patients with EGJOO and a reliable past medical history documented in their chart. Upon analysis of our patient population, it was found that previously diagnosed depression (13.8%) and anxiety (12.9%) were common comorbidities. This was significantly higher than the prevalence of depression (6.7%, P<0.0049) and anxiety (3.1%, P<0.0081) in the United States.

CONCLUSION: Depression and anxiety appear to show increased prevalence within patients diagnosed with EGJOO. EGJOO is generally known to be associated with structural obstructions, but importantly also seen in functional obstruction. This relation to mood disorders could suggest a pathophysiologic component within certain subgroups. Whether EGJOO is an incident finding or a true contributor to symptoms is not entirely clear. These correlations could trigger practitioners to think further about a diagnosis of EGJOO in their patients with anxiety or depression if they are displaying symptoms of dysphagia with associated manometric findings. Patients with EGJOO are not clearly established and treatment response is highly variable. Further studies looking into the relation of mood disorders with functional obstruction could lead to potential novel therapies.
High Resolution Esophageal Manometry Findings in Patients With Esophageal Symptoms After Head and Neck Radiation Therapy

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INTRODUCTION: Head and neck radiation therapy is known to cause esophagitis and esophageal strictures as early and late effects after radiation exposure, respectively. The negative effects of radiation on esophageal motor function have been speculated in case reports but have not been studied in a larger population with high resolution manometry (HRM). The aim of this study was to evaluate HRM findings in patients who received head and neck or mediastinal radiation and presented with esophageal symptoms.

METHODS: There were a total of 718 patients who received HRM from 2010 to 2018 at the Michael E. DeBakey VA Medical Center. Patients were excluded if they had undergone esophageal surgery, found to have oesophageal dysphagia, or if they had a mechanical cause on esophagogastroduodenoscopy of esophageal symptoms. Among the cohort, 14 patients met our inclusion criteria of receiving head and neck or mediastinal radiation prior to HRM. Chicago Classification v3.0 was used for HRM diagnoses.

RESULTS: The most common symptom for which HRM was performed was esophageal dysphagia in 8 patients. Regurgitation and chest pain were each reported in 3 patients. Heartburn (n = 50.0%) were found to have abnormal HRM findings and dose of radiation (Figure 1). There was no difference in HRM findings based on radiation dose received (Figure 1). There was an association towards increased HRM abnormalities with time since last radiation exposure. Similar to our study, achalasia and ineffective peristalsis have been reported both early and late after head and neck radiation. Despite reports of esophageal motility complications with increasing doses of radiation, we were unable to demonstrate this. Our findings suggest that patients with esophageal symptoms after radiation exposure should be investigated for esophageal motor dysfunction.

CONCLUSION: This is one of the largest studies to show the effects of head and neck radiation on esophageal motility using HRM. Fifty percent of patients in this cohort exposed to head and neck radiation had abnormalities on HRM. We have also shown an association towards increased abnormal HRM findings with time especially greater than five years after radiation exposure. Similar to our study, achalasia and ineffective peristalsis have been reported both early and late after head and neck radiation. Despite reports of esophageal motility complications with increasing doses of radiation, we were unable to demonstrate this. Our findings suggest that patients with esophageal symptoms after radiation exposure should be investigated for esophageal motor dysfunction.

INTRODUCTION: The Epidemiology of Barrett’s Esophagus in Chronic Kidney Disease in the U.S.: A Population-Based Study

Motaveen Alkhayyat, MD,¹ Mohammad Ahm Safih, MD,¹ Talha Qureshi, MD,² Carol Rospohl, MD,² Emad Mansoor, MD,¹ Prabhathi N. Thota, MD,¹ Ameena Khaliq, MD,¹ ¹Cleveland Clinic Foundation, Cleveland, OH; ²University Hospitals Cleveland Medical Center, Cleveland, OH;

INTRODUCTION: Background and Aims: Patients with chronic kidney disease (CKD) frequently suffer from gastroesophageal reflux disease (GERD) and have increased risk of various cancers including esophageal cancer. There is limited data in the literature regarding the epidemiology of Barrett’s esophagus (BE) in patients with CKD and if there is any association between the two conditions.

To Determine the Clinical Profile of Patients With Esophageal Cancers

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INTRODUCTION: Cancer of the esophagus ranks seventh among the major cancers in the number of new cases diagnosed and seventh in the number of cancer deaths. Its high mortality rate makes it a major concern. Numerous approaches have been described for resection of esophagus. Combined modality therapy including radiotheray and chemotherapy has raised hope for improvement of survival with promising preliminary data. Finally, for palliation of dysphagia in those patients with advanced disease, various newer therapeutic options have been introduced like endoscopic stenting and laser ablation. Thus, this study evaluates current literature pertaining to the disease and concludes by comparing the results of the present study with the former national and international scenarios.

METHODS: The one year cross sectional study was conducted at tertiary care hospital. All the patients either gender who were diagnosed as esophageal cancer were included in the study. These patients were allowed to undergo necessary investigations and treatment while the subjects excluded from study were patients who were lost to follow up and the non cooperative patients who not interested to participate in the study while the frequency / percentage (%) and means ± SD computed for study variables.

RESULTS: During one year study period total eighty patients with esophageal carcinoma were explored and studied. The frequency for male and female population was 32 (64%) and 18 (36%) with mean ± sd for age of male and female individuals was 54.47 ± 5.87 and 51.75 ± 7.72 respectively. Gender male 32 (64%) and female 18 (36%), type of lesion esophytic 05 (10%), infiltrative 10 (20%), ulcerative 35 (70%), location upper third 05 (10%), middle third 36 (60%) and lower third 15 (30%). Histological type squamous cell carcinoma 36 (72%) and adenocarcinoma 14 (28%).

CONCLUSION: Carcinoma esophagus is one of the most common gastrointestinal tract malignancies. It was the second most common gastrointestinal cancer in our hospital, second only to carcinoma stomach, constituting 6.2% of all malignancies. Squamous cell carcinomas accounts for the vast majority of cancers arising in high- incidence areas throughout the world. Seventy two percent of our patients had squamous cell cancer while twenty eight percent had adenocarcinoma. This reflects the difference in epidemiology and the fact that adenocarcinoma is not rising in incidence in less well-developed nations like ours compared to the West.

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