Immuno-therapeutic strategies. These studies will link immune dynamics to tumor growth, which is profoundly induced in GNAS-mutant IPMN. Deciphering the interplay between the evolving neoplastic cells and immune system underlying these cystic tumors can inform the development of strategies to prevent or treat GNAS-mutant IPMN.

Trends in the Use of TPN Among Patients Admitted With Acute Pancreatitis

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INTRODUCTION: Acute pancreatitis (AP) is a common condition impacting the gastrointestinal tract that accounts for a high amount of patient morbidity and mortality. It has long been recognized that enteral nutrition (EN) is the preferred feeding modality for patients with AP; however, parenteral nutrition (PN) has still been commonly used. In 2010 the Cochrane group published a meta-analysis showing the superiority of EN compared to PN in AP, but the first formal guidelines recommending against PN use in severe AP were not published until 2013. Our aim was to investigate the trends of PN use in AP and assess if the release of practice guidelines resulted in a change in clinical management.

METHODS: We analyzed the National Inpatient Sample database for patients hospitalized with AP with and without PN from 2000 to 2014. Patients were identified using ICD 9 codes. Inclusion criteria were age ≥18, elective admission, and a primary diagnosis of AP. Trend models were fit to adjust for patient demographics, type of insurance, income quartile, Charlson Comorbidity Index, and hospital characteristics.

RESULTS: Overall, 106,426 patients (3.41% of those hospitalized for AP) received PN. Baseline patient demographics, hospital characteristics, and insurance information are shown in Table 1. The trend of PN use by year in patients with AP can be seen in Table 2. Overall use has declined since 2007, however, the rate of decrease was greatest from 2011 to 2014, with a mean yearly decrease of 0.45%. While 55% of all patients who received PN were located at non-teaching hospitals, the percentage of hospital patients on PN was greater in teaching hospitals (2.84% vs. 3.12%, P < 0.0001).

The yearly trend of PN use among teaching and non-teaching hospitals can be seen in Table 3. The mean yearly decrease in PN use from 2000 to 2014 is similar for teaching (0.18%) and non-teaching hospitals (0.17%). Since 2011, however, PN use for AP among teaching hospitals has been declining at a faster rate than among non-teaching hospitals (0.45% decrease vs. 0.41%).

CONCLUSION: Use of PN for patients hospitalized with AP was significantly higher in teaching compared to non-teaching hospitals. This is likely due to the severity of AP treated at teaching hospitals. The greatest yearly decrease in the rate of PN use for AP was between 2011 and 2014, likely due to Cochrane meta-analysis published in 2010. Both teaching and non-teaching hospitals have decreased PN use in AP, as per published guidelines.

Acalculous Cholecystitis: Changing Trends From 2004 to 2014

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