

### PP-0147 Optimal timing of endoscopic retrograde cholangiopancreatography for acute cholangitis associated with distal malignant biliary obstruction

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**Background and Aim:** There is a lack of studies regarding the optimal timing for endoscopic retrograde cholangiopancreatography (ERCP) in patients with cholangitis caused by distal malignant biliary obstruction (MBO). This study aims to investigate the optimal timing of ERCP in patients with acute cholangitis associated with distal MBO with a naïve papilla. **Methods:** A total of 421 patients with acute cholangitis, associated with distal MBO, were enrolled for this study. An urgent ERCP was defined as being an ERCP performed within 24 hours following emergency room (ER) arrival, and early ERCP was defined as an ERCP performed between 24 and 48 hours following ER arrival. We evaluated both 30- and 180-day mortality as primary outcomes, according to the timing of the ERCP. **Results:** The urgent ERCP group showed the lowest 30-day mortality rate (2.2%), as compared to the early and delayed ERCP groups (4.3% and 13.5%) ( $P < 0.001$ ). The 180-day mortality rate was lowest in the urgent ERCP group, followed by early ERCP and delayed ERCP groups (39.4%, 44.8%, 60.8%;  $P = 0.006$ ). A subgroup analysis showed that in both the primary distal MBO group and the moderate-to-severe cholangitis group, the urgent ERCP had significantly improved in both 30- and 180-day mortality rates. However, in the secondary MBO and mild cholangitis groups, the difference in mortality rate between urgent, early, and delayed ERCP groups was not significant. **Conclusion:** In patients with acute cholangitis associated with distal MBO, urgent ERCP might be helpful in improving the prognosis, especially in patients with primary distal MBO or moderate-to-severe cholangitis.

**Keywords:** cholangitis, endoscopic retrograde cholangiopancreatography, neoplasms, early intervention, treatment outcomes

### PP-0148 Safety and efficacy of intraperitoneal paclitaxel plus systemic FOLFOX for gastric cancer with peritoneal metastasis

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**Background and Aim:** With the development of new target agents, immune therapy, and better surgical techniques, the overall life expectancy of gastric cancer patients has improved over the decade. However, peritoneal metastasis still remains a major obstacle in the treatment of stage IV gastric cancer. This study was designed as a dose-escalation study of

intraperitoneal (IP) paclitaxel combined with intravenous fluorouracil, leucovorin, and oxaliplatin (mFOLFOX6) to determine the recommended dose in gastric cancer patients. **Methods:** Patients with potentially resectable gastric adenocarcinoma having peritoneal metastasis were enrolled. During diagnostic laparoscopy, peritoneal cancer index (PCI) score was evaluated, and IP chemoport and intravenous chemoport insertion was done. IP paclitaxel was given with an initial dose of 40 mg/m<sup>2</sup>, then stepped up to 60 then 80 mg/m<sup>2</sup>. Target dose was 100 mg/m<sup>2</sup>. Intravenous mFOLFOX6 was administered on the same day at the standard recommended dose (oxaliplatin 100 mg/m<sup>2</sup>, leucovorin 100 mg/m<sup>2</sup>, fluorouracil 2400 mg/m<sup>2</sup>). Dose limiting toxicity (DLT) was defined as leukopenia—grade 4, thrombocytopenia—grade 3, febrile neutropenia—grade 3, and other nonhematologic toxicity—grade 3. **Results:** Fifteen patients were enrolled, and two patients were dropped due to patient consent withdrawal. There was no DLT at 40 and 60 mg/m<sup>2</sup> doses. Two patients had grade 3 febrile neutropenia at dose 80 mg/m<sup>2</sup>, and thus, the final recommended dose was 60 mg/m<sup>2</sup>. Other patients underwent IP paclitaxel and mFOLFOX6 without serious adverse events. Among 5 patients who had second-look diagnostic laparoscopy, 4 patients had a decrease in PCI score. Cytology was converted to negative in 4 out of 5 patients (80.0%). Three patients received total gastrectomy after an average of 8.3 cycles. **Conclusion:** The biweekly regimen of IP paclitaxel and mFOLFOX6 is safe, and the recommended dose for a phase II trial is 60 mg/m<sup>2</sup>.

**Keywords:** gastric cancer, peritoneal metastasis, intraperitoneal chemotherapy

### PP-0149 Comparison of the Influence of COVID-19 on the Training of Current Fellows and Recent Graduates of the Accredited Institution of the Philippine Society of Gastroenterology

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**Background/Aims:** The coronavirus disease 2019 (COVID-19) pandemic has virtually affected all facets of life. Significantly, this created challenges to the healthcare system worldwide, leading to changes in the usual operations of medical practices, hospitals, and academic health institutions. **Methods:** The survey consists of a total of 17 questions. The fellows-in-training will answer all 17 questions, while only four will be allocated to the fellows who already finished the program. The primary investigator will distribute the questionnaire via electronic mail. **Results:** Of the 139 eligible participants, only 84 (60%) responded to the survey. Half (50%) of the respondents were graduates of the fellowship program, and the other half were current fellows-in-training. Expectedly, the median patient and procedure counts are significantly higher in the graduate group than current fellows-in-training. In contrast, the median number of conferences attended by the current fellows-in-training is considerably higher than recent graduates. There is no evidence to conclude that the median Generalized Anxiety Score **Conclusion:** The number of patients both in- and outpatients, and endoscopic procedures were strongly reduced. However, symposiums and webinars definitely outnumbered the conferences of the recent graduates. The anxiety level may not differ much among the participants but most of the present fellows had their apprehensions about the different aspects of their training/practice specially the fear of being infected by the virus and or infecting a family member.

**Keywords:** Covid-19, Gastroenterology training