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Oral Communications

OC.01 ENDOSCOPIA UPPER GI

OC.01.1

IMPROVED SURVIVAL FOR PATIENTS WITH ACUTE UPPER GASTROINTESTINAL BLEEDING WHILE ON ANTI-THROMBOTIC THERAPY: A MULTICENTER PROSPECTIVE COHORT STUDY

Marmo R.¹, Occhipinti V.^{*2}, Zullo A.³, Soncini M.⁴

¹L. Curto Hospital, Gastroenterology Unit, Polla, Italy, ²A. Manzoni Hospital, Lecco, Italy, ³Nuovo Regina Margherita Hospital, Gastroenterology and Digestive Endoscopy Unit, Roma, Italy, ⁴A. Manzoni Hospital, Department of Internal Medicine, Lecco, Italy

Background and aim: Anti-thrombotic agents (ATs) are risk factors of acute upper gastrointestinal bleeding (AUGIB), but their impact on clinical outcomes is uncertain. Primary aim of the study was to determine if patients with AUGIB while on specific ATs are at higher risk for mortality. Secondary aims were to compare risk of rebleeding, need for blood transfusions and salvage surgical or radiological procedures and length of hospital stay among patients treated and untreated with ATs.

Materials and methods: Patients with AUGIB (non-variceal, NV-AUGIB or variceal, V-AUGIB) in 50 Italian hospitals were prospectively enrolled from 1st January 2014 to 31st December 2015. Clinical data, laboratory tests, comorbidities, prognostic scores, received therapies and outcomes (death, rebleeding, surgery/radiology, transfusions, length of hospitalization) were analyzed and compared among ATs users and non-users. To evaluate the independent role of the AT therapy we conducted a multivariate logistic regression considering comorbidities. A sensitivity analysis was conducted for NV- and V-AUGIB.

Results: 3324 patients (2764 NV-AUGIB, 83.2% and 560 V-AUGIB, 16.8%) were enrolled, 1399 (42.1%) on ATs. Patients taking ATs were older (75.4 vs 62.8 years, $p < 0.001$), had higher ASA, Rockall and Glasgow-Blatchford scores ($p < 0.001$). At multivariate analysis considering comorbidities, ATs use resulted an independent protective factor against death (OR 0.63, 95% CI 0.45–0.87, $p = 0.006$). Rebleeding (5.5% vs 5.8%, $p = 0.71$) and need for salvage surgery/radiology (4.2% vs 4.8%, $p = 0.41$) were similar in the two groups. Considering specific ATs, low-dose aspirin was the most powerful factor lowering the death risk (OR 0.51, 95% CI 0.33–0.81, $p = 0.004$). While the generic use of AT therapy did not emerge as a statistically significant independent protective factor considering separately NV-AUGIB (OR 0.80, 95% CI 0.56–1.13, $p = 0.21$) and V-AUGIB (OR 0.40, 95% CI 0.15–1.07, $p = 0.068$), the protective effect of low-dose aspirin was confirmed for NV-AUGIB (OR 0.62, 95% CI 0.41–0.94, $p = 0.025$).

Conclusions: ATs use is an independent protective factor against death in patients with AUGIB. The protective effect is mainly derived from low-dose aspirin.

OC.01.2

NO EVIDENCE OF WEEKEND EFFECT IN UPPER GASTROINTESTINAL BLEEDING IN ITALY: DATA FROM A NATIONAL SURVEY

Soncini M.¹, Occhipinti V.^{*2}, Zullo A.³, Marmo R.⁴

¹A. Manzoni Hospital, Internal Medicine Department, Lecco, Italy, ²A. Manzoni Hospital, Digestive Endoscopy and Gastroenterology Unit, Lecco, Italy, ³Nuovo Regina Margherita Hospital, Gastroenterology

and Digestive Endoscopy, Roma, Italy, ⁴Luigi Curto Hospital, Gastroenterology Unit, Polla, Italy

Background and aim: The literature offers conflicting information about the “weekend effect” in acute upper gastrointestinal bleeding (AUGIB). While reports from the USA and UK indicate 10–20% higher mortality for weekend non-variceal AUGIB (NV-AUGIB) compared with weekdays, a previous Italian study did not confirm this difference. Aims of the present study were to compare clinically relevant outcomes in patients admitted for AUGIB during the weekend or on weekdays, and to analyze different organizational aspects and diagnostic-therapeutic behaviors.

Materials and methods: Prospective multicenter study, in which we collected data on consecutive patients admitted for AUGIB in 50 Italian hospitals from January 2014 to December 2015. Clinical data, laboratory tests, comorbidities, prognostic scores, received therapies, different organizational aspects (such as timing and setting of endoscopy) and outcomes (death, rebleeding, surgery/radiology, transfusions, length of hospitalization) were analyzed and compared among patients admitted during the weekend and on weekdays.

Results: A total of 2599 patients (mean age 67.4 ± 15.0 years, 69.2% males) were included, 2119 (81.5%) with NV-AUGIB and 480 (18.5%) with V-AUGIB. 494 patients with NV-AUGIB (23.3%) and 129 patients with V-AUGIB (20.7%) were admitted during weekend. Patients admitted during the weekend were similar to those admitted on weekdays in terms of physical status (ASA score, comorbidities) and bleeding-specific prognostic risk scores. We did not find differences in terms of mortality, need for salvage procedures or duration of hospitalization between patients admitted during weekend or weekdays for either NV- or V-AUGIB; rebleeding risk was higher for V-AUGIB admitted during the weekend. Over the weekend, we observed a shorter time to endoscopy compared to weekdays (median time from admission: 3 hours, IQR 2, 7 vs 4 hours, IQR 2, 10, $p < 0.001$) and an increased use of a therapeutic endoscopy for NV-AUGIB. During the weekend, endoscopy was less frequently performed in dedicated endoscopy rooms and with the assistance of a dedicated endoscopy nurse, compared to procedures performed during the weekends.

Conclusions: This study carried out on a large number of hospitals and patients shows that in Italy there is no significant “weekend effect” for either NV- or V-AUGIB. Our results show that the Italian hospital network is efficient even at the weekend and is able to provide adequate care and an effective therapeutic endoscopy.

OC.01.3

NON-VARICEAL UPPER GASTROINTESTINAL BLEEDING HOSPITALIZATION DURING THE FIRST PHASE OF THE COVID-19 PANDEMIC IN VENETO REGION

Germana B.^{*1}, Bellio S.², Barbiellini Amidei C.², Capodaglio G.², Avossa F.², Narne E.², Pitter G.², Fedeli U.², Rosa-Rizzotto E.³, Saia M.²

¹UOC GASTROENTEROLOGIA ED ENDOSCOPIA DIGESTIVA OSPEDALE SAN MARTINO, BELLUNO, Italy, ²AZIENDA ZERO -REGIONE VENETO, PADOVA, Italy, ³UOC GASTROENTEROLOGIA ED ENDOSCOPIA DIGESTIVA OSPEDALE S. ANTONIO, PADOVA, Italy

Background and aim: Gastrointestinal bleeding (GIB) is still a common medical emergency and an important cause of morbidity and mortality. The COVID-19 pandemic has caused a global health emergency and affected resources in all health sectors significantly and its impact has a fundamental importance for the reduced access

to care. As a result of the coronavirus pandemic, people also may not seek needed medical care due to cancelled appointments, and fear of going to the emergency room has more than halved accesses. The aim of this study was to investigate how the first phase of the COVID-19 pandemic (March-May 2020) affected the hospital management of Non-variceal upper gastrointestinal bleeding (NVUGIB) in Veneto Region.

Materials and methods: This is a retrospective study based on the anonymous administrative computerized database of hospital discharges in the Veneto Region (about 4.9 million inhabitants, North-East of Italy) carried out to compare NVUGIB hospitalizations of the first phase of COVID-19 pandemic with the last four-year monthly average of the same period. All the hospital discharges from public and accredited hospital with NVUGIB as principal diagnosis were collected. Statistical analyses were performed with Odds Ratio (OR).

Results: Comparing the 3 months of the first COVID-19 pandemic phase with the same period of previous years, NVUGIB hospitalization decrease of 29%, from an average of 742 to 525 discharges and length of stay shows a small increase passing from 8.8 to 9.4 days. Stratification by gender doesn't show variation with a prevalence of males (55%) while mean age rises from 70.4 to 72.9 yrs., with a more marked age increase among males (67 to 70.1 yrs) than females (74.9 to 76.3 yrs). Case fatality rate (CFR) rises from 4.4% to 5.9% (OR=1.35; 95% CI: 0.81-2.23; p=0.2448) and confirms the better outcomes for a hospitalization in gastroenterological unit (OR=0.51; 95% CI: 0.15-1.71; p=0.2743).

Conclusions: The COVID-19 pandemic has had a major impact on NVUGIB hospitalization in Veneto Region, and the extent of that impact is well defined from March to May with a return to pre-COVID rates starting from June. The generalized reduction of access to healthcare and the consequent fall of NVUGIB hospitalizations seems to cause a selection of cases with the hospitalization limited to the most serious patients.

OC.01.4

SAFETY AND EFFICACY OF DUAL EMISSION ENDOSCOPIC LASER TREATMENT IN PATIENTS WITH UPPER OR LOWER GASTRO-INTESTINAL VASCULAR LESIONS CAUSING CHRONIC ANAEMIA: RESULTS FROM THE FIRST MULTI-CENTRE COHORT STUDY

Tontini G.E.¹, Dioscoridi L.², Rimondi A.³, Cantù P.¹, Cavallaro F.⁴, Giannetti A.², Elli L.¹, Pastorelli L.³, Pugliese F.², Mutignani M.², Vecchi M.³

¹Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico di Milano, Milan, Italy, ²Ospedale Niguarda Ca' Granda, Milan, Italy, ³Università degli Studi di Milano, Milan, Italy, ⁴IRCCS Policlinico San Donato, San Donato Milanese - Milan, Italy

Background and aim: Recent pilot studies have assessed the feasibility of a novel 1.9/1.5 µm dual emission endoscopic laser treatment (1.9/1.5 µm DEELT) for endoscopic haemostasis, ablation and resection. In this study, we investigated the safety and efficacy of 1.9/1.5 µm DEELT in patients with chronic anaemia due to gastrointestinal vascular lesions in a real-life multicentre cohort setting.

Materials and methods: Consecutive patients with moderate/severe iron-deficiency anaemia undergoing 1.9/1.5µmDEELT for upper and lower gastrointestinal bleeding due to vascular lesions were enrolled in three academic referral centres. Safety and successful ablation of vascular lesions were the primary outcomes. Long-term haemoglobin level, blood transfusion requirements, endoscopic severity scores of complex vascular disorders and technical lasing parameters were also assessed. Long-term haemoglobin variations have been further assessed, with repeated measure analysis of variance and univariate analyses.

Results: Fifty patients (median age/range 74/47-91 years) with gastric antral vascular ectasia (22, GAVE), angioectasia (22) and radiation proctopathy (6) underwent 58 1.9/1.5 µm DEELT between 2016 and 2020. All procedures were technically feasible leading to successful ablation of the targeted lesion/s, with no incident or adverse event potentially related to the 1.9/1.5 µm DEELT technique. Within a 6-month follow-up, haemoglobin values significantly rose (+1.77 at 1-month and +1.70 g/dl at 6-months, p<0.01), the blood supply requirement decreased (at least one transfusion in 32 versus 13 patients, p<0.01) and GAVE lesions showed a clear endoscopic improvement (from 5 to 1 points, p<0.01).

Conclusions: The 1.9/1.5 µm laser system is a safe and effective endoscopic tool for haemostatic ablation of bleeding vascular lesions within the gastrointestinal tract in tertiary referral centres.

OC.01.5

RAPID DRINK CHALLENGE DURING HIGH RESOLUTION MANOMETRY IS USEFUL TO PREDICT ESOPHAGEAL EMPTYING IN ACHALASIA PATIENTS AFTER TREATMENT

Arsié E.¹, De Bortoli N.², Savarino E.³, Gyawali C.P.⁴, Tolone S.⁵, Consonni D.¹, Maniero D.³, Mauro A.¹, Visaggi P.², Greenan G.⁴, Penagini R.*¹

¹Gastroenterology and Endoscopy Unit, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy, ²Gastroenterology Unit; Department of Translational Research and New Technology in Medicine and Surgery, University of Pisa, Pisa, Italy, ³Division of Gastroenterology, Department of Surgical, Oncological and Gastroenterological Sciences, University of Padua, Padua, Italy, ⁴Division of Gastroenterology, Washington University School of Medicine, St Louis, United States of America, ⁵Division of General, Minimally Invasive and Bariatric Surgery, Department of Surgery, University of Campania "Luigi Vanvitelli", Naples, Italy