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the lesion. In this study, we retrospectively evaluated the safety and efficacy of ESTD compared to conventional technique (CESD) in the treatment of large colorectal lesions.

Materials and methods: This study is a retrospective analysis of a prospectively collected database. All consecutive patients who underwent ESD because of colorectal neoplasia larger than 40mm at Arcispedale Santa Maria Nuova (Reggio Emilia, Italy) between January 2014 and February 2021 were considered. The primary outcome of the study was en bloc resection rate, defined as resection of neoplasm in a single piece. Secondary outcomes included the rate of complete and curative resection, procedure speed, incidence of adverse events and recurrence rate.

Results: Fifty-nine colorectal lesions larger than 40mm were removed by ESD. Of these 25 were removed by ESTD and 34 by CESD. In both group the en bloc resection rate was 100%. Complete resection rate was similar in the two groups (ESTD 92% vs CESD 97.1%, $p=0.569$) while curative resection rate was higher in the CESD group but not significantly (ESTD 76% vs CESD 94.1%, $p=0.061$). Procedure speed was significantly faster with ESTD (20 mm²/min vs 14.8 mm²/min, $p=0.025$). With regard to adverse events, a low overall incidence was observed (6.8%) with no differences between the two groups. Two perforations were observed, one per group, endoscopically solved. Eight patients were referred for surgery, all because adenocarcinomas removed en bloc but with submucosal infiltration deeper than 1000 microns, none as a consequence of an adverse event. During a median follow-up of 15.6 months, available in 38 patients, no recurrence was observed in either treatment group.

	TOT (59)	ESTD (25)	ESD (34)	p
En bloc resection n, (%)	59 (100)	25 (100)	34 (100)	1
Complete resection n, (%)	56 (94.9)	23 (92)	33 (97.1)	0.569
Curative resection, n (%)	51 (86.4)	19 (76)	32 (94.1)	0.061
Procedure speed (mm ² /min)	16.9 (9)	20 (9.5)	14.8 (7.8)	0.025

Conclusions: The tunnel technique provides a very high en bloc resection rate but above all it significantly reduces procedure times compared to the traditional technique, making the resection easier and faster.

OC.02.9

IMPACT OF COVID-19 OUTBREAK ON GASTRO-INTESTINAL CANCER BURDEN

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Background and aim: Italy was the first European country to face the outbreak of COVID-19. The aim of this study was to show its impact on the activity of a tertiary care Endoscopy Unit with more than 18,000 procedures/year.

Materials and methods: This is a single-center study performed at Fondazione Poliambulanza Istituto Ospedaliero, Brescia, Italy. Our Institution was converted to COVID-19 Hospital from January to April 2020 and only emergency and oncologic procedures were

maintained to preserve both patients' and operators' health. Data about outpatients visits and endoscopic examinations performed from January to April 2020 were compared to those of the same period of the previous year.

Results: A dramatic drop of all activities was shown. All outpatient visits decreased of 45.89% (1100 vs 2033), including -39.5% (227 vs 375) of Inflammatory Bowel Disease and -28.6% (30 vs 42) of biliopancreatic visits. All endoscopic examinations diminished of 74.1% (562 vs 2173). In detail, colonoscopies were reduced of 78.8% (266 vs 1256), including -85.5% (29 vs 200) of screening procedures, EGDS of 70.4% (241 vs 814), EUS of 44.8% (32 vs 58) and ERCP of 48.9% (23 vs 45). Overall, -64.6% of Gastro-Intestinal (GI) cancers were detected (17 vs 48). A reduction of 77.8% and 80% were obtained in terms of advanced adenomas (i.e., high grade dysplasia and villous histology) and adenocarcinomas detected during colonoscopy (22 vs 100 and 6 vs 30, respectively). These absolute reductions were not compensated by significative increase of relative diagnostic yields which were 3.3% vs 2.3% (17/507 vs 48/2070; Odd Ratio [OR] 0.94), 8.3% vs 7.9% (22/266 vs 100/1256; OR 1.05) and 2.3% vs 2.4% (6/266 vs 30/1256; OR 0.94) for all GI cancers, advanced adenomas, and colorectal cancer in 2020 and 2019, respectively. Although a reduction of 35.3%, a significant improvement was showed comparing diagnostic yield of gastric adenocarcinoma in 2020 and 2019, being 4.6% vs 2.1% (11/241 vs 17/814; OR 0.44), respectively.

Conclusions: The COVID-19 outbreak caused a notably decrease of all activities, including colorectal screening colonoscopy. This produced a reduction of the total amount of neoplasia detected compared to the same period of the previous year. The consequences of this delay are still to be shown.

OC.03 VIE BILIARI E PANCREAS

OC.03.1

URGENT ERCP WITH SPHINCTEROTOMY VERSUS CONSERVATIVE TREATMENT IN THE MANAGEMENT OF ACUTE BILIARY PANCREATITIS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background and aim: The role and timing of endoscopic retrograde cholangiopancreatography (ERCP) in acute biliary pancreatitis (ABP) without cholangitis remains controversial. A number of clinical trials and meta-analyses have provided conflicting evidence with multiple shortcomings. The aim was to assess the effectiveness and safety of the early ERCP strategy compared with early conservative treatment in patients with predicted severe ABP with or without cholestasis.

Materials and methods: We searched MEDLINE, EMBASE, and Cochrane Library databases up to December 2020 including RCTs comparing the early routine ERCP strategy versus the early conservative management in patients with suspected ABP. Two review authors conducted study selection, data extraction, and methodological quality assessment independently. To pooled data we used Revman software. Using a random-effects models, we combined dichotomous data to obtain odd ratios (OR) with 95% confidence intervals (CI). We assessed heterogeneity using the χ^2 test and I² statistic. To explore sources of heterogeneity, we conducted a priori subgroup analyses according to predicted severity of pancreatitis, cholangitis, biliary obstruction, time to ERCP and risk of bias. To assess the robustness of our results, we carried out sensitivity