Abstract Issue
Vienna, Austria
October 18-22, 2014
Venue: Austria Center Vienna

UEG Week is the largest and most prestigious meeting of its kind in Europe. It has been running since 1992 and now attracts more than 14,000 people from across the world. It is the premier venue to present research findings and learn about new work in the field.

Find out more, visit www.ueg.eu/week

The universal source of knowledge in gastroenterology

Here, on a single website, anyone in the world can access over 11,000 documents and more than 1,000 multimedia items. More content is being added all the time — including presentations, podcasts and videos, such as endoscopy and surgical cases. There is also a growing range of accredited e-courses in gastroenterology and hepatology.

The UEG e-learning library includes all abstracts and materials from UEG, our member societies, and UEG Week, the annual meeting that attracts over 14,000 people from across the world. The site is also a platform for fostering collaboration and interaction, and we encourage all our users to contribute.

Discover a world of knowledge and learning at your fingertips. Register free now at www.e-learning.ueg.eu

www.twitter.com/my_ueg
www.facebook.com/myueg
21st UEG Week 2013
Berlin, Germany, October 12–16, 2013

Accepted abstracts available online at:
http://www.e-learning.ueg.eu
http://ueg.sagepub.com

Disclaimer: United European Gastroenterology (UEG) is not responsible for errors or omissions in the abstracts. This abstract book was finalized on August 26, 2013, any changes received after this date have not been incorporated. Changes to presenters received after August 26, 2013 have been included in the online version of the programme and can be obtained at: http://www.e-learning.ueg.eu.

Disclosure policy: The United European Gastroenterology (UEG) is committed to ensuring scientific rigour and objectivity in all of its educational activities. These include all aspects of the educational programme at UEG Week 2013. All presenters, whether invited Faculty or abstract presenters are required to make a formal disclosure of financial or other relationships that could influence the content of a presentation in the form of a disclosure statement. Conflict of interests does not preclude an individual from making a presentation providing the conflict was disclosed.
CONCLUSION: The recognised differentials by sex and social group are seen. However, when screening the vast majority of individuals in all social groups continue participating. Thus, there are implications for encouraging uptake and targeting funding and resources to traditionally disengaged groups. However, improving screening uptake in disadvantaged groups increases the proportion of false positive investigations.

REFERENCES:
Contact E-mail Address: r.j.c.steele@addenbroke.nhs.uk
Disclosure of Interest: None Declared
Keywords: colorectal cancer, Screening

P426 THE EFFECT OF A MULTISPECIES PROBIOTIC ON THE INTESTINAL MICROBIOTA DURING ANTIBIOTIC THERAPY
Y. Fominikhy1, Z. Zakharekure2,3, C. Koning1, Y. Uspenskiy1. 1SPSMU n.a. I.P. Pavlov, 2VMA n.a. S.M. Kirov, SPb, Russian Federation, 3Winclerc h.v., Amsterdam, Netherlands
INTRODUCTION: Antibiotic intake causes a marked and sustained disturbance of the intestinal microbiota resulting in long-term health consequences. Probiotics have shown to be able to prevent these disturbances. However, different probiotics (both mono- and multispecies) and treatment strategies (during or after antibiotic therapy (ABT)) are used. The aim of this study was to investigate the efficacy and safety of a multispecies probiotic Rioflora®Balance during and after ABT.
AIMS&METHODS: Patients treated with ABT for focal pneumonia were randomised into three groups. Group 1 received 2 capsules Rioflora®Balance twice daily (10^10cfu/day) for 14 days in parallel with ABT; group 2 received 2 capsules Rioflora®Balance alone (10^10cfu/day) for 14 days directly after cessation of ABT; group 3 received ABT only. At the start and end of ABT/multispecies probiotic supplementation complaints were assed by the treating physician. Moreover, gas chromatography was applied to investigate the dynamics of the small intestinal microbiota and quantitative PCR was used to determine changes in the colonic microbiota (Bacteroides fragilis, Bacteroides thetaiotaomicron, lactobacilli, bifidobacteria, Clostridium difficile, Escherichia coli and Faecalibacterium prausnitzii).
RESULTS: 120 patients completed the study (40 in each group, mean age 33±9.4 years; 47 men, 73 women). ABT had a profound influence on the small and large microbiota (increase in small intestinal C. difficile and Candida, decrease in both small intestinal and colonic bifidobacteria and lactobacilli, decrease in small intestinal B. fragilis and an increase in colonic E. coli). Multispecies probiotic supplementation was able to completely counteract these antibiotic induced disturbances of the microbiota. Moreover, an increase of both small intestinal and colonic bifidobacteria and lactobacilli was observed. Supplementation of the multispecies probiotic in parallel with ABT was characterized by a more pronounced effect than supplementation after cessation of ABT. No adverse events were reported. No antibiotic associated diarrhea was observed in any of the patients.
CONCLUSION: The intestinal microbiota was markedly affected by ABT. Although the exact long-term consequences of this disturbance need to be fully elucidated it is strongly associated with a negative impact on health. Supplementation with the multispecies probiotic Rioflora®Balance was able to completely counteract these disturbances, decrease in small intestinal microbiota and quantitative PCR was used to determine changes in the small intestinal microbiota and quantitative PCR was used to determine changes in the colonic microbiota (Bacteroides fragilis, Bacteroides thetaiotaomicron, lactobacilli, bifidobacteria, Clostridium difficile, Escherichia coli and Faecalibacterium prausnitzii).
Disclosure of Interest: None Declared
Keywords: antibiotic therapy, intestinal microbiota, multispecies probiotics

P427 PREVALENCE OF SEVERE ATROPHIC BODY GASTRITIS IN DISPEPTIC PATIENTS SEEN AT THE ENDOSCOPY UNIT OF A BRAZILIAN GENERAL HOSPITAL
A. J. A. Barbosa1,*, C. G. Miranda1. 1Anatomia Patológico, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, Brazil
INTRODUCTION: For many dyspeptic patients the diagnosis of atrophic gastritis (ABG) is the first step indicating the presence of autoimmune gastritis, while KGF is expressed in stromal cells reflecting mesenchymal-OPC interaction. The present results show that severe ABG seems to be a common pathological condition among Brazilian dyspeptic patients equivalent to 76.0% of patients with chronic gastritis seen at a general hospital. Furthermore, it appears that about 24% of these patients leave the hospital without receiving the correct diagnosis of gastric disease which may delay the final diagnosis of autoimmune gastritis.
REFERENCES:
Contact E-mail Address: abarbosa21@medicina.ufmg.br
Disclosure of Interest: None Declared
Keywords: Atrophic body gastritis, Prevalence of atrophic body gastritis in Brazil, Severe atrophic body gastritis, Type A gastritis

P428 REGULATION OF OESOPHAGEAL KERATINOCYTE PROGENITOR CELLS FUNCTION BY THE COX2/PROSTAGLANDIN E/C-AMP/PKA PATHWAY AND BY KGF.
A. S. Tarnawski1,*, A. Alihwa1, M. K. Jones1, H. Gergely1. 1Gastroenterology, University of California, Irvine; VALBHS & SCIRE, Long Beach, United States
INTRODUCTION: Oesophageal progenitor cells (OPC) are critical for maintenance, renewal and healing of oesophageal epithelium. The mechanisms regulating OPC function, survival and proliferation remain unknown.
AIMS&METHODS: We tested hypotheses that: 1) Prostaglandin E (PGE) EP receptors, cyclooxygenase2 (Cox2) and keratinocyte growth factor (KGF) receptors (KGRF) are expressed in OPC and regulate their survival and proliferation; 2) upregulation of Cox2 (generating PGE) and KGF by hydrotalcite (HTL, a new generation antacid) is the basis for protective and healing actions of this drug.
METHODS: We used: 1) normal rat oesophageal explants, 2) organ cultures of rat oesophageal explants, and 3) human oesophageal epithelial HET-1A cells, which has many features of OPC. Organ cultures and HET-1A cells were treated with placebo or HTL (1-5 mg/ml) for 1-4 hrs; HET-1A cells were also treated with 1 µmol/ml misoprostol (PGE1 analog); 1 mg/ml KGF, 0.4 mM protein kinase A (PKA) inhibitor, Rp-cAMP; or 50 ng/ml KGF. Studies 1) epithelial integrity with confocal microscopy; 2) expression of Cox2, EP1-4 receptors, KGF and KGRF using immunostaining and western blotting; 3) in HET-1A cells we quantified 4) proliferation of HET-1A cells.
RESULTS: 1Gastroenterology, University of California, Irvine; VALBHS & SCIRE, Long Beach, United States
CONCLUSION: This is the first demonstration that Cox2 and EP-2 receptor are expressed and co-localized in oesophageal OPC indicating that Cox2 generated PGEs play an autocrine regulatory role in OPC proliferation and survival via the c-AMP/CREB/PKA signaling pathway. 2) KGF are expressed in OPC while KGF is expressed in stromal cells reflecting mesenchymal-OPC interactions. 3) HTL treatment significantly upregulates expression of Cox2 and KGRF in OPC. 4) These findings provide new mechanisms regulating OPC, oesophageal progenitor cell renewal and new insight into the protective and healing actions of hydrotalcite.
Contact E-mail Address: atarnawski@yahoo.com
Disclosure of Interest: None Declared
Keywords: oesophageal, progenitor cells, cyclooxygenase2 (Cox2), KGF, oesophageal, progenitor cells, prostaglandins E...

MONDAY, OCTOBER 14, 2013 9:00-17:00
OESOPHAGEAL, GASTRIC AND DUODENAL DISORDERS I – Poster Area

A248
United European Gastroenterology Journal 1(1S)
pH of refluxate than CVS antacid studies (Table). There were no statistically significant differences between the total number of reflux events or the proximal extent of reflux.

<table>
<thead>
<tr>
<th>Antacid</th>
<th>Gaviscon</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>% time pH &lt;4.0 median (IQR)</td>
<td>11.2 (5.9 - 17.85)</td>
<td>0.8 (0 - 8.95)</td>
</tr>
<tr>
<td>Total number of reflux events (IQR)</td>
<td>21 (16 - 31.5)</td>
<td>19 (14 - 32.5)</td>
</tr>
<tr>
<td>Nadir pH mean +/- SD</td>
<td>1.44 +/- 0.52</td>
<td>2.07 +/- 1.14</td>
</tr>
<tr>
<td>% reaching 1cm from LES median (IQR)</td>
<td>0.19 (0.12 - 0.33)</td>
<td>0.08 (0.026 - 0.17)</td>
</tr>
</tbody>
</table>

CONCLUSION: Gaviscon Double Action was more effective than antacid alone in controlling postprandial acid reflux. However, the number of reflux events and the spatial distribution of reflux within the esophagus were similar. This suggests that Gaviscon’s effectiveness was related to its co-localization with and neutralization of the post-prandial acid pocket rather than by creating a barrier (raft) that prevents reflux.

Contact E-mail Address: p-kahrlas@northwestern.edu
Disclosure of Interest: J. Chen: None Declared, A. de Ruigh: None Declared, J. Pandolfini: None Declared, P. Kahrlas: Financial support for research from: Reckitt Benkiser plc
Keywords: alginates, antacid, esophagus, GERD, pH monitoring, treatment

P1026 EFFECT OF PROTON PUMP INHIBITORS IN ASTHMATICS WITH GASTROESOPHAGEAL REFUX DISEASE
F. DimouloE1, T. Tsikriki1, K. Kontostasios1, C. Koutras2, P. Panteleakis1
1Gastroenterology Department, 2Respiratory Medicine Department, Internal Medicine Department, General Hospital of Veroia, Veroia, Greece

INTRODUCTION: Prevalence of Gastroesophageal Reflux Disease (GERD) among patients with asthma has varied, according to different studies, from 33% to 90%.1 Treatment with Proton Pump Inhibitors (PPIs) seems to improve asthma symptoms in some patients with asthma and GERD.2 AIMS & METHODS: The objectives of this study was to investigate the presence of esophagitis in patients with asthma and GERD and to assess the effect of PPIs on pulmonary function. 51 patients with asthma and typical esophageal GERD symptoms (heartburn and/or regurgitation), according to the Montreal Consensus for GERD definition3 were enrolled. All patients were submitted to upper gastrointestinal endoscopy, so that the presence of esophagitis could be recorded (according to Los Angeles classification). Patients were classified in two groups, according to the presence or absence of reflux esophagitis. Peak Expiratory Flow Rate (PEFR) was measured and then all patients began treatment with a double dose of PPI (omeprazole 20mg bid) for three months. PEFR was measured again at the end of the 3-month period. Response to treatment was defined as a priori as positive if PEFR increased at least by 20%.4 RESULTS: The mean age (range 14-61 years, 23 women, 28 men) were finally investigated. 19 out of 44 patients (43.18%) had endoscopic findings of reflux esophagitis (grade A: 10, grade B: 5, grade C: 3, grade D: 2) and the rest 25 patients (56.82%) did not have reflux esophagitis. Among the esophagitis group, 4 out of 19 patients (21.05%) responded positively at the end of the 3-month treatment with the PPIs (PEFR increase >20%). Among the non-esophagitis group, 5 out of 25 patients (20%), improved their PEFR >20%. The difference between the two groups regarding positive response to PPI treatment was non significant (NS).

CONCLUSION: PPI treatment may improve pulmonary function in some patients with asthma and typical esophageal GERD symptoms. The presence of reflux of esophagus esophagitis does not seem to influence this response.

REFERENCES:

P1028 IMPROVEMENT IN SYMPTOM RELIEF WITH PANTOPRAZOLE MAGNESIUM 40MG VERSUS ESOMEPRAZOLE 40MG IN PATIENTS WITH EROSIIVE ESOPHAGITIS AFTER 8 WEEKS
J. P. Moraes-Filho1, M. Pedrosa2, E. M. Quigley3,4
1Gastroenterology, Univ Sao Paulo School of Medicine; 2Medical Department, Tokoda Brazil; Sao Paulo, Brazil; 3Gastroenterology and Hepatology, The Methodist Hospital, Well Cornell Medical College, Houston, United States

INTRODUCTION: The proton pump inhibitor (PPI), pantoprazole-Mg, has a prolonged elimination half-life, which may translate into extended inhibition of the proton pump with the potential for improved symptom relief.

AIMS & METHODS: Pantoprazole-Mg was compared with esomeprazole over 4 and 8 weeks for symptom relief in a multicentre (14 Brazilian sites), phase III, randomised, double-blind, controlled study in patients with erosive gastroesophageal reflux disease (GERD; Los Angeles grades A–D). Patients received pantoprazole-Mg (n = 290) or esomeprazole (n = 288), administered as 40 mg once daily for 8 weeks. GERD-related symptoms were assessed at baseline (BL) and after 4 and 8 weeks using ReQuest3-1, which includes acid-related complaints, upper abdominal/stomach complaints, lower abdomen/digestive tract complaints and nausea.

RESULTS: Symptom relief rates were significantly higher at Week 8 with pantoprazole-Mg (n = 275) than with esomeprazole (n = 264) (91.6% vs. 86.0%, p = 0.0070). Significant improvements were seen in mean ReQuest3-1I scores from BL to Weeks 4 and 8 (both p < 0.001), and from Week 4 to Week 8 (p = 0.0206), in pantoprazole-Mg recipients. ReQuest3-1I scores significantly improved from BL to Weeks 4 and 8 (both p < 0.0001) with esomeprazole, but for pantoprazole-Mg the 4-week trend was seen to be significant (p = 0.0071). Comparing individual ReQuest3-1I subscores (Table). This correlated with improvements in general well-being from BL to Weeks 4 and 8 for both pantoprazole-Mg (both p < 0.0001) and esomeprazole (both p < 0.0001), and improvements from Week 4 to Week 8 for pantoprazole-Mg (1.42 to 1.06) and esomeprazole (1.42 to 1.36).

Table. Individual ReQuest3-1I dimension mean scores after 4 and 8 weeks’ treatment (intent-to-treat efficacy population).

Acid complaints Upper abdominal/ stomach complaints Upper abdominal/ stomach complaints
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BL</td>
<td>Wk 4</td>
<td>Wk 8</td>
<td>BL</td>
</tr>
<tr>
<td>Heartburn</td>
<td>2.24</td>
<td>0.54</td>
<td>0.36</td>
</tr>
<tr>
<td>Indigestion</td>
<td>2.15</td>
<td>0.67</td>
<td>1.12</td>
</tr>
<tr>
<td>Heartburn</td>
<td>0.69</td>
<td>0.69</td>
<td>0.59</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BL</td>
<td>Wk 4</td>
<td>Wk 8</td>
<td>BL</td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The mean PgI level was 33.1 in the initial sample and 32.2 in the follow-up sample, with statistical difference was revealed (p < 0.01). The mean PgI/PgII was 2.0 and 2.2, respectively (p = 0.06).

In the group of patients with moderate to severe corpus atrophy and/or intestinal metaplasia (according to histology; 11 patients altogether) the mean PgI was 19.4 initially, 20.2 at the control (p = 0.028); mean PgI/PgII was 0.8 initially, and 0.99 at the control (p = 0.85).

Altogether 11 patients had undergone H. pylori eradication therapy during the study period. In those having undergone eradication the mean PgI was 35.0 initially and 35.5 at the control (p = 0.97); mean PgI/PgII was 2.1 and 2.7, respectively (p = 0.11).

In the group of 45 men the mean PgI level was 33.1 in the initial sample and 32.7 in the follow-up sample (p = 0.86); mean PgI/PgII was 1.9 initially, and 2.1 - in the follow-up sample (p = 0.04). Mean PgI level in the whole sample group of 45 patients after eradication therapy did not change from subepithelial layers of the gastric wall, mostly from submucosa and muscular layer. They usually have an intact mucosa lining on the inner surface. Prognosis and treatment of g-SMTs depend on its correct diagnosis which consists in the cytohistological and immunohistochemical examination.

**Aims & Methods:** The choice of the genes selected for the analysis was based on the fact that CagA(-) and CagA(+) strains of H. pylori could be restored by erythromycin.

**Results:** In 1st group patients and in 3.4% of patients in 2nd group (p = 0.05). Erosions of esophagus found in these groups of patients it was significantly reduced PC in the follow-up sample (p = 0.011).

**Conclusions:** AGP could be a predictor for treatment of PC in gastric cancer.

**References:**
1. K. Roddick, CagA(-) and CagA(+) strains of Helicobacter pylori
3. A. M. N. V. Baryshnikova, Y. P. Uspensky
5. A. M. Roddick, CagA(-) and CagA(+) strains of Helicobacter pylori