men. The PAC-SYM score for older (n=547, p<0.001), younger (n=586, p<0.001), male (n=553, p<0.001), and female (n=567, p<0.001) CIC patients demonstrated a high correlation with PAC-QOL measures. PAC-SYM scores were associated with clinical and demographic characteristics.

Table 1: Mea-Sell-Reported PAC-SYM and PAC-QOL Domain Scores Related to CIC Patients: Young vs. Old and Males vs. Females.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Younger CIC Patients (18-59) n=579</th>
<th>Older CIC Patients (60+ n=167</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>13.3 (SD=4.3)</td>
<td>11.1 (SD=4.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Psychological</td>
<td>16.8 (SD=8.8)</td>
<td>13.9 (SD=7.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Worries and concerns</td>
<td>31.7 (SD=11.5)</td>
<td>32.9 (SD=12.9)</td>
<td>0.001</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>6.4 (SD=3.2)</td>
<td>7.0 (SD=4.1)</td>
<td>NS</td>
</tr>
</tbody>
</table>

Conclusion

In this study, PAC-SYM scores were significantly associated with elevated perioperative inflammatory marker levels. Patients with PAC-SYM scores of 10 or higher were more likely to have elevated perioperative inflammatory markers levels.

PAC-QOL

<table>
<thead>
<tr>
<th>Domain</th>
<th>Male CIC Patients n=121</th>
<th>Female CIC Patients n=60</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal domain</td>
<td>8.7 (SD=4.1)</td>
<td>6.1 (SD=4.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Rectal domain</td>
<td>3.5 (SD=2.9)</td>
<td>2.5 (SD=2.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Stool domain</td>
<td>11.2 (SD=4.6)</td>
<td>9.2 (SD=4.8)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Su1540

PERIOPERATIVE INFLAMMATORY MARKER AS A PREDICTIVE FACTOR FOR PROLONGED POSTOPERATIVE ILEUS AFTER GASTRECTOMY FOR GASTRIC CANCER

Yoonsoo Kim, Chael Wang Huh, Da Hyang Jung, Young Hoon Youn, Jorg Won Kim, Hyojin Park

Background/Aims

Inflammatory markers such as the C-reactive protein (CRP), neutrophil-lymphocyte ratio (NLR) and platelet-lymphocyte ratio (PLR) have recently been proposed as prognostic markers for postoperative complications and poor prognostic in solid tumors especially in colon cancer. However, these are few related reports in gastric cancer patients. Uncomplicated postoperative ileus (POI) is generally identified as an inevitable process after surgery, which typically resolves within 3 days. Ileus that persists for more than 3 days following surgery is termed prolonged postoperative ileus (PPOI). Therefore, the aim of this study is to assess how perioperative inflammatory markers influence the POI following gastric cancer surgery.

Patients and Methods

Between June 2013 and January 2016, 435 patients were enrolled at our institute with gastric cancer and underwent surgery in Gangnam Severance hospital, Seoul, Korea. The exclusion criteria were as follows: 1) patients who underwent remnant gastric cancer surgery, 2) patients with other combined intra-abdominal cancer surgery, and 3) unavailability of complete follow up data. In total, 390 patients were included for analysis. Patients were divided into POI and control groups. Control group was defined as patients with uncomplicated POI. Results The total POI rate was 33.8%. In univariate analysis, perioperative inflammatory markers were significant predictors of POI. In addition, postoperative length of hospital stay delayed in POI patients compared with the control group (11.58 ± 9.48 vs.7.98 ± 5.44, respectively; P<0.001).

Conclusions

We conclude that perioperative inflammatory markers are significant predictors of PPOI following gastric cancer surgery.

Su1541

GASTROINTESTINAL TRANSIT PATTERNS IDENTIFIED IN CHILDREN WITH INTRACTABLE CHRONIC CONSTIPATION USING SCINTIGRAPHY: EXPERIENCE OF OVER 1000 CASES

Melissa C. Hynes, Ye Iae Yik, Duncan Veysey, David Cook, Coral Tullibard, John M. Hutson, Bridget R. Southwell

Background

Gastrointestinal transit patterns may allow identification of different functional patterns linked to different aetiologies. We retrospectively performed 48 h scintigraphy (n=756) and 24, 30 and 48 h bowel transit studies in children with chronic constipation for 17 years. Patterns of slow colonic transit, normal colonic transit, anorectal retention and rapid colonic transit have been previously reported [1]. Anorectal retention coexisted with different colonic transit patterns. Different transit patterns may require different treatments.

Key Words

GAAG Abstracts

Su1542

LINACLOTIDE FOR THE TREATMENT OF PATIENTS WITH IBS-C AND FC IN CLINICAL PRACTICE IN MEXICO


Background

Linacotilde (LIN) is a guanylatecyclase-C agonist approved for the treatment of irritable bowel syndrome with constipation (IBS-C) and functional carcinoma (FC) in several countries. Efficacy is reported high compared to placebo, and tolerability varies among different populations. For example, diarrhea and drug discontinuation ranges from 9.6% and 0.7% in China to 26% and 21% in UK. In Latinamerica, there is no information regarding efficacy and tolerability of LIN with patients. Therefore, this study is to assess how perioperative inflammatory markers influence the PPOI following gastric cancer surgery.

Patients and Methods

We assessed symptom improvement and side effects of LIN 290 mg in adult patients with IBS-C or FC. (Rome III criteria) whom received the drug in 6 different outpatient clinics in Mexico. LIN was prescribed by gastroenterologists' experts in the treatment of functional GI disorders. Symptom improvement was assessed using a 4 point Likert scale after 4 and 12 weeks of treatment (0=worse, 1=improvement, 2=improvement compared to baseline, 3=very improvement). Diarrhea, as a main adverse effect, was evaluated from the first dose of LIN and as severity was assessed using a 4 point Likert scale during the first week (0=none, 1=Mild, 2=moderate, 3=severe) RESULTS: A total of 142 patients (mean age 45; range 17-85 years, 120 (85%) female) were included. Ninety four (66%) had IBS-C and 46 (34%) FC. Mean duration of symptoms before treatment was 8.7 yrs. (0.3-30). Mean bowel movements per week was 2.5 (range from 1 to 6). 56% of IBS-C had moderate or severe symptoms before treatment. Overall, 62 patients (44%) had loose stools after the first LIN dose. First loose stool appeared after 7.3 hours after first dose (range 1-120 hours). Mean number of bowel movements on treatment was 11.8 (SD=4.3). IBS-C patients had more bowel movements per week at baseline (4.1 vs 2.4, p=0.01). The most effective dose was 0.5 mg/day (IBS-C and FC), whereas 0.125 mg was effective for IBS-C and FC Mexican patients. Most of the patients (81%) reported improvement at week 12. Mild diarrhea occurred in 44% of patients during the first 5 days of treatment, however discontinuation rates was 10.6%, similar to those reported in other countries.

Su1543

DOSE-FINDING OF LINACLOTIDE FOR PATIENTS WITH CHRONICCONSTIPATION IN JAPAN: A PHASE II RANDOMIZED, DOUBLE-BLIND, AND PLACEBO-CONTROLLED STUDY

Shin Fukudo, Hirotta Miwa, Aissui Nakajima, Yoshuzah Kinosita, Masanori Kosoal, Ayako Nagaya, Hiraoka Akio, Kenstaru Kuroishi, Jeffrey M. Johnston, Mark Curne, Toshifumi Okhuse

Aim: Previous phase II and III studies in Japan determined that 0.5 mg/day of linacotide, a novel guanylate cyclase-C receptor agonist, was the most effective dose for patients with irritable bowel syndrome with constipation (IBS-C). We tested the hypothesis that 0.5 mg/day of linacotide is also the optimal dose for Japanese patients with chronic constipation (CC). METHODS: In the 2 phase II randomized, double-blind, placebo-controlled, dose-finding study of linacotide. Patients with CC (n=340) was diagnosed using Rome III criteria for functional constipation were enrolled at 5 centers in Japan. Patients included 64 men and 318 women and age ranged from 20 to 79 years. After a baseline period of 2 weeks, patients were randomized in a 1:1:1:1 ratio to receive placebo (n=90), or 0.0625 mg (n=82), 0.125 mg (n=71), 0.25 mg (n=73) or 0.5 mg (n=76) of linacotide for a 2-week treatment period. Primary efficacy endpoint was change from baseline in weekly spontaneous bowel movement (SBM) frequency during the first week of the treatment period. Secondary endpoints included changes in SBM frequency during the second week, complete SBM frequency, stool consistency using the Bristol Stool Form Scale, and responder rates using a 5-point severity scale and improvement in IBS-QOL scores.

Abstracts