

# Pancreatology

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S1 Abstract Book of the 51st Annual Meeting of the European Pancreatic Club  
*Anders Molven, Bente Berg Johansson, Karianne Fjeld, Kelly Velasco and Khadija El Jellas*

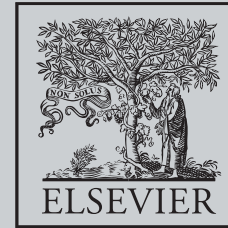
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# Pancreatology

**Abstract Book of the 51st Annual Meeting of the  
European Pancreatic Club**

Guest Editors:

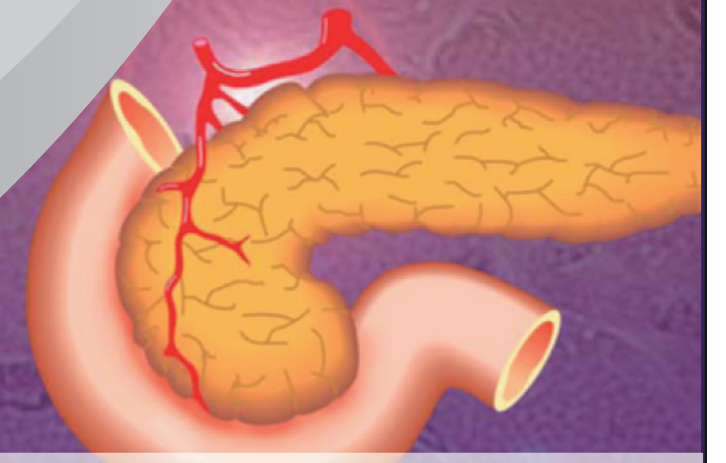
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# Pancreatology

## Aims and Scope

'Pancreatology' is the official journal of the International Association of Pancreatology (IAP), the European Pancreatic Club (EPC) and several national societies and study groups around the world. Dedicated to the understanding and treatment of exocrine as well as endocrine pancreatic disease, this multidisciplinary periodical publishes original basic, translational and clinical pancreatic research from a range of fields including gastroenterology, oncology, surgery, pharmacology, cellular and molecular biology as well as endocrinology, immunology and epidemiology. Readers can expect to gain new insights into pancreatic physiology and into the pathogenesis, diagnosis, therapeutic approaches and prognosis of pancreatic diseases. The journal features original articles, case reports, consensus guidelines and topical, cutting edge reviews, thus representing a source of valuable, novel information for clinical and basic researchers alike.

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# Pancreatology

The **International Association of Pancreatology (IAP)** is a unique international organisation established in 1985 and devoted to basic and clinical understanding of pancreatic functions and diseases. It is an assembly of basic scientists and clinical investigators dedicated to explore pancreatic biology in order to improve treatment outcomes in a variety of pancreatic disorders.

The four major objectives of the IAP are:

1. To promote and encourage the advancement and exchange of knowledge respecting the normal and diseased pancreas by means of regular international meetings.
2. To advance and encourage studies in basic and clinical research in Pancreatology by meetings and official publications.
3. To promote public interest in Pancreatology.
4. To make known the objectives and activities of the Association by the publication of its activities in a range of media including the regular publication of its Journal.

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The **European Pancreatic Club (EPC)** is a non-profit, international scientific organization dedicated to the study of the pancreas. EPC was founded in 1965, with the idea to bring together basic scientists and clinicians in an informal atmosphere to promote friendship and research communication between them. Therefore, EPC has provided a platform for pancreatologists for 47 years. EPC has strong connections with various European National Pancreatic Societies (from 22 countries).

The main aims of the EPC are to:

1. Expand knowledge of pancreatic diseases
2. Promote basic and clinical research
3. Provide a scientific platform for pancreatologists
4. Conduct clinical and scientific education

bisphosphonates, pancreatic enzymes replacement, etc) can improve this osteopathy. The objective was to investigate the relationship between medical intervention and BMD improvement in patients with CP and osteopenia/osteoporosis.

**Materials and Methods:** Retrospective observational study including patients with CP and decreased BMD, from February, 2015 to February, 2019. Demographic data were collected. Exocrine pancreatic function was assessed at diagnosis by non-invasive tests: pancreatic faecal elastase-1 (FE-1) and <sup>13</sup>C-Mixed triglyceride breath test (Pancreokit®). Vitamin D levels (VDL), BMD at diagnosis and >12 months later by dual-energy x-ray absorptiometry (DEXA) in lumbar spine and femur neck were measured. The correlations between VDL, BMI, T-score and Z-score were estimated with Pearson's correlation coefficient. A Wilcoxon signed rank test was performed to assess variation in T-scores and Z-scores.

**Results:** Twenty patients were included: 16 (80.0%) were men; with a mean age (SD) of 59.2 (8.4) years. Etiology of CP in 19 patients (95%) was alcohol and 19 (90%) had smoking history, of which 10 (50%) were active smokers. The median (IQR) time since CP diagnosis was 57 (16–74) months. Osteoporotic bone fractures in 5 (25%) patients. Median (min-max) BMI was 21.8 (13.5–29.4). 15 (75%) patients had low VDL (<30 ng/ml). FE-1 was <200 mcg/g in 12 (60%) patients. Pancreokit® was pathological in 9 (45%) patients. 5 (25%) patients had Osteoporosis. BMI was correlated at diagnosis with Z-score at femur neck level (p=0.019). DEXA was repeated (median; min-max) 25 (12–39) months later, showing osteoporosis in 6 (30%), osteopenia in 13 (65%) and normal BMD in 1 (5%). After intervention, median (min-max) BMI was 23.3 (15.0–0.7) and VDL were low in 13 (65%) patients. 4 (20%) and 9 (45%) patients were receiving bisphosphonates and pancreatic enzymes, respectively, at the end of the study. Statistically significant improvement was observed at lumbar spine T and Z-scores (p=0.001 and p=0.003, respectively) and femur neck Z-scores (p=0.002), but not in femur neck T-score (p=0.155).

**Conclusion:** In our setting, medical intervention in patients with CP and osteopenia/osteoporosis is associated with significant improvement in BMD, specially in lumbar spine.

#### P6-64.

##### Care for patients with chronic pancreatitis is suboptimal in all domains covered by the HaPanEU-guideline

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**Background and Objectives:** The 2017 HaPanEU-guideline has provided evidence-based recommendations related to the management of chronic pancreatitis. This allows for objective evaluation of the 'quality of care' in several domains of disease management for patients with chronic pancreatitis in the Netherlands using the HaPanEU-guideline as 'reference standard'.

**Materials and Methods:** Patients from the Dutch nationwide chronic pancreatitis registry (CARE), who were diagnosed with chronic pancreatitis in an eight-year period (2010–2018) and received active treatment in one of the participating hospitals for a follow-up period ≥ twelve months at time of inclusion, were included in a retrospective cross-sectional observational cohort study. A total of 39 recommendations stated in the HaPanEU-guideline concerning four domains of the non-invasive management of chronic pancreatitis were appointed as 'quality-indicators' (QI's). Per patient the number of relevant QI's was determined and correspondence with the guideline was calculated. Data were analyzed to identify factors associated with suboptimal care.

**Results:** A total of 97 patients with chronic pancreatitis from eleven hospitals were included. Per patient a mean number of 26 relevant QI's was applicable with an average guideline correspondence of 53%. Current practice has ≤ 50% guideline conformity in 45% of the cases. The majority of the QI's that proved to be suboptimal concerned the management of complications of chronic pancreatitis. Evaluation of current smoking status and alcohol consumption (57%), annual screening for pancreatic exocrine insufficiency (16%) and deficiencies of fat-soluble vitamins (39%), evaluation of abdominal pain (58%), quality of life (1%) and screening for and the prevention of bone health diseases (11%, 23%) were the main health care issues associated with a low guideline correspondence.

**Conclusion:** Current care for patients from a national registry of patients with chronic pancreatitis is suboptimal in all management domains of the recommendations in the HaPanEU-guideline. This indicates that improvements are needed in clinician and patient education.

#### P6-65.

##### Condition of intestinal patients with chronic pancreatitis with external necessary insufficiency with related osteoarthritis

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**Background and Objectives:** Modern examinations revealed a high incidence of chronic pancreatitis (CP) with primary osteoarthritis (OA), especially in patients of elderly and old age. In CP, maldigestion and malabsorption often develop dysbiosis of the colon (DC), which has been overwhelmed by comorbid pathologies. The aim was to study the degree and depth of colon dysbiosis in patients with chronic pancreatitis in combination with primary osteoarthritis in a group of patients of elderly and old age.

**Materials and Methods:** The examination included 32 patients with CP and primary OA aged 65 to 75 years (Group I) and 28 patients with CP and primary OA aged over 75 years (Group II). The control group consisted of 30 healthy people. The degree of exocrine pancreatic insufficiency (EPI) was determined by the level of fecal elastase-1, which was determined by enzyme immunoassay using standard Bioserv Elastase-1-Elisa sets. The diagnosis of primary OA is established on the basis of unified diagnostic criteria, the X-ray stage of primary OA is due to J.H. Kellgren and J.S. Lawrence. Investigation of coprocalculus on DC according to the method of R.V. Epstein-Litvak and F.L. Vilshansky.

**Results:** When examining patients with DK of various degrees, it was revealed in both groups: in the I group, 12 (37.5%) the patients had DK 1 st.; in 9 (28.1%) - DK 2 st.; with 11 (34.4%) patients the microflora state was within the age range; in group II, 13 (46.4%) patients had DK 1 st., 13 (46.4%) - DK 2 st., 2 (7.2%), the microflora state was within the age range.

**Conclusion:** In the group of patients over the age of 75 years, dysbiotic disorders were statistically more profound than in the group of patients 65–75 years, which indicates a statistically more significant severe clinical course, provided that CP is comorbid with primary OA with older patients. In terms of future research, it is planned to study CP in combination with primary OA in the age aspect with the development of a program for the correction of manifest violations.

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