20 - Abstract 9

NUTRITIONAL MANAGEMENT OF PANCREATIC FISTULA POST SPLENECTOMY DURING CYTOREDUCTIVE SURGERY FOR OVARIAN CANCER

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Objective: This study aimed to evaluate the safety and efficacy of a specified nutritional planning after a pancreatic fistula (PF) diagnosis (1).
Methods and procedures: Patients with clinical or laboratory diagnosis of PF after cytoreductive surgery (CRS) for ovarian cancer at the Fondazione Policlinico "A. Gemelli" – IRCCS in Rome, were enrolled in this study. Each patient started parenteral nutrition from the 1st postoperative day (POD) and a specific diet with increasing food texture and caloric intake (mean from 600 to 1500 kcal) was decided case-by-case, according to surgeon decision. Here we present the first data from the first ten patients enrolled. Data are presented as median (IQR).
Results: Ten patients [age: 63 (49-66), BMI: 24.2 (20.4-25.0)] were enrolled between January and June 2020. The median of starting oral nutrition was 4 days [median: 4 (3-8)]. Both the abdominal drainages output and amylases level were reduced in all patients.
Conclusion: Early oral feeding, with increasing food texture and calories, seems to be a safe and efficint procedure in nutritional management of PF, aiming to reduce PF output. Therefore, a personalized early refeeding should be encouraged, aiming to reduce the PF-related complications.

Reference: 1. Bassi C, Marchegiani G, Dervenis C, et al. The 2016 update of the International Study Group (ISGPS) definition and grading of postoperative pancreatic fistula: 11 Years After. Surgery. 2017 Mar; 161(3):584-591.

21 - Abstract 17

ADVANCED UPPER GASTROINTESTINAL CANCER PATIENTS ON HOME PARENTERAL NUTRITION: CLINICAL FEATURES AND OUTCOME

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Objective: to analyze data collected by the Unit of Home Parenteral Nutrition in Oncology of a tertiary hospital for upper gastrointestinal disease cancer patients care.
Methods and procedures: patients were assessed for HPN eligibility according to the guidelines. Median and range data of clinical and anthropometric features are shown. Duration of therapy and outcome are assessed.
Results: 139 patients (50 females, 89 males) were enrolled on HPN from 2015 to 2019. Age was 65 (30-90). Performance status KI was: 50 in 1%, 60 in 17%, 70 in 36%, 80 in 43%, 90 in 3% of cases. Peritoneal carcinosis was present in 44% of patients and metastatic disease in 47% of cases; 32% of patients undergoing chemioteraphy and 35% were treated with curative surgery, 7% with palliative surgery.
Nutritional data at the beginning of HPN were: weight 57 (29-85) kg, BMI 20 (13-32) Kg/m2, weight loss -8 (+15-30) kg during 3 months before HPN beginning.
HPN duration was 64 (5-1198) days. Outcomes were: exitus or worsening of general clinical conditions 67%, enough oral food intake or Home Enteral Nutrition 23%, shift to other care center 4%, ongoing therapy 6%.
Patients with a HPN duration shorter than 60 days were 64 (46% of total patients). There was no statistically significant difference between all patients and the group with shorter HPN duration outcomes.
Conclusion: HPN is a supportive therapy for advanced upper gastrointestinal cancer patients when oral or enteral feeding is not feasible or is contraindicated. Our experience data confirm the adequacy of the selection criteria for HPN enrollment.

22 - Abstract 30

USEFULNESS OF INDIRECT CALORIMETRY IN BODY-BUILDER AND NON-BODY-BUILDER ATHLETES FOLLOW-UP

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Objective: Natural body-building requires a constant control of body composition/regulation of metabolism through diet. Nutritional status (NS) assessment in these athletes is scarce in literature (1). Bio-impedance (BI) is the gold standard for NS and indirect calorimetry is those for energy expenditure vs. caloric intake ratio (ECR) assessment in humans (2).
Thus, we aimed to assess NS and ECR of body-builder (BB) and non-body-builder athletes vs. healthy controls, matched for sex and age.
Methods and procedures: we consecutively enrolled BB and non-body-builder athletes (namely, non-professional runners (NR)) vs. healthy controls (HV), matched by sex and age. The subjects had a complete NS assessment (BI end ECR) at the outpatient Nutrition clinic of the Internal Medicine Unit of San Benedetto del Tronto General Hospital.
Results: We consecutively enrolled 30 athletes (12 BB (8 females, mean age 29.2±2.5 years, BMI 22.2±0.7 Kg/m2), 18 NR (12 females, mean age 35.5± 1.7 years, BMI 24.3±0.7 Kg/m2), and 16 HV (11 females, mean age 36.7± 1.9 years, BMI 23.4±0.8 Kg/m2). BB athletes and HV showed a significant difference in BI (phase angle: 5.1 vs. 6.8°, $p<0.05$), explained by the significantly lower content of extracellular water ($p<0.05$); ECR showed a similar difference (1534±28 vs. 1003±18 kcal, $p<0.05$).
Conclusion: For the first time, unexpectedly, this prospective pilot single-center study showed a significant difference of NS between BB vs. HV: BI difference was not explained by a bigger amount of lean mass but by lower extracellular water content of BB; ECR difference between BB and HV was explained by a lower basal metabolism.

23 - Abstract 14

Nutritional Status in patient with liver cirrhosis

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Introduction: Liver transplantation (OLT) is the treatment that provides long-term survival in liver disease patients (1). Malnutrition and sarcopenia are related to unfavorable post OLT outcomes (2).
Material and Methods: Characteristics of 26 liver disease subjects post-OLT or candidates to OLT are shown in Table 1. The risk of malnutrition was