

CI95%: 1.23-9.59), persistent organ failure (OR: 4.89, CI95%: 1.91-12.51), persistent multiple organ failure (OR: 3.57, CI95%: 1.19-10.78), SIRS (OR: 2.08, CI95%: 1.02-4.25), pancreatic necrosis (OR: 2.63, CI95%: 1.25-5.55), severe AP (OR: 2.66, CI95%: 1.26-5.61), and admission to intensive care unit (OR: 3.67, CI95%: 1.51-8.92).

**Conclusions:** Elevated triglyceride level on admission is associated with more incidence of local and systemic complications and with severity of AP according to Atlanta Classification.

#### EP108

### PERFORMANCE OF CT RADIOMICS ANALYSIS FOR PREDICTING HISTOPATHOLOGICAL FEATURES OF PANCREATIC DUCTAL ADENOCARCINOMA

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**Purpose:** To explore the performance of radiomics on contrast-enhanced CT for the preoperative prediction of histopathological features in pancreatic ductal adenocarcinoma (PDAC).

**Methods:** This retrospective study included patients with surgically-resected PDAC and available preoperative contrast-enhanced CT imaging before any treatments. Histopathological analysis of resection specimens was used as reference standard for the diagnosis of lymph node metastasis, tumor grade, margins, perineural, and vascular invasion. Radiomics analysis was performed using a dedicated research software (LIFEx, version 5.10) on CT images acquired during the arterial and portal venous phases. Whole tumor segmentation was performed by one radiologist by drawing a region of interest in each CT slice within the lesion margins. Receiver operating curves, areas under the ROC (AUROC) and 95% confidence intervals (95%CI) were calculated to assess the accuracy of radiomics features for the prediction of histopathological features.

**Results:** The study population included 49 patients (23 males, mean age 67.4 years) with PDCA (mean size 3.7 cm). On arterial phase, multiple radiomics parameters were significantly associated with presence of lymph node metastasis. Particularly, NGLDM\_Coarseness demonstrated the highest diagnostic performance for the prediction of lymph node metastasis with an AUROC of 0.747 (95%CI 0.572-0.922,  $p = 0.018$ ). On portal venous phase, multiple radiomics parameters were significantly associated with tumor grade, and CONVENTIONAL\_HUstd showed highest diagnostic performance for the prediction of poorly differentiated (G3) PDAC with an AUROC of 0.865 (95% CI 0.712-1.000,  $p = 0.001$ ).

**Conclusions:** Radiomics analysis have a fair-to-good performance for the preoperative prediction of lymph node metastasis and tumor grade in PDAC.

#### EP110

### FOCUSED OPEN NECROSECTOMY AS A METHOD OF TREATMENT FOR NECROTISING PANCREATITIS — COMPLICATION RATES AND OUTCOMES

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**Introduction:** Surgical treatment of necrotising pancreatitis has always been associated with high rates of complications, high morbidity and mortality. Due to that in last decades surgeons have offered several new minimally invasive methods. In RECUH “Gaiļezers” in 2008 ultrasound assisted focused open necrosectomy (FON) was performed for the first time. Method has already proven its efficacy and shows inspiring results — time of hospitalization, duration of surgery, need for reoperations and mortality rate has decreased regardless to the patient severity prior to surgery, etiology and patient age.

**Purpose:** In this overview we want to analyze the complication rate. Pancreatocutaneous fistula, enteric fistula and bleeding were considered as complications in our study.

**Method:** This was retrospective review. Data were collected from patient’s medical histories. For data analysis IBM SPSS Statistics was used.

**Results:** 127 patients who underwent FON since 2008 were included in this overview. Thirty patients (24,6%) had at least 1 complication, five patients (3,9%) had 2 complications. None of patients had all of the complications. Statistically significant difference was found between bleeding and reoperation rate and also between 2 complications and reoperation rate. Statistically significant difference was observed in patients who had 2 or 3 reoperations in case of bleeding, 2 reoperations in patients with 2 complications. But patients who had 5 and 8 reoperations didn’t had any complications. No statistically significant difference was observed between size of necrosis, patient age or gender, etiology, septic state before surgery and complication rate. Also, there was statistically significant difference in mortality between patients with enteric fistula and bleeding. Overall mortality rate was 6,3% (8 patients).

**Conclusion:** Focused open necrosectomy (FON) is safe method of treatment for necrotizing pancreatitis with relatively low rates of complications and mortality.

#### EP111

### FAPI-PET IMAGING FOR ASSESSMENT OF RESPONSE TO INDUCTION CHEMOTHERAPY FOR LOCALLY ADVANCED PANCREATIC CANCER

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