Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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free (GF) products, and emotional wellbeing. Patient details were collected from our database. Phone calls were made and data was collected after obtaining verbal consent from patients and caregivers. Results: 50 telephone questionnaires were completed with patients (or parents of the patient) with diagnosed celiac disease. The patients interviewed were between 3 years to 16 years. Our standard follow-up practice for patients with confirmed diagnosis with CD clinic is an annual review with specialist gastroenterology nurse and dietitian and this target was met for 72% (36/50) of patients (both virtual and face to face clinic reviews). 98% (49/50) of patients denied development or worsening of any GI symptoms during the lockdown. 96% (48/50) of patients reported normal development in growth and height since the lockdown. 98% of patients (49/50) were able to procure GF product during the lockdown. During the initial 3-4 weeks of lockdown, some families reported of limited options of GF products but were still able to procure them. Patients and their families reported being emotionally well. All families were made aware to contact MTW nursing team for advice. The primary online resource used by families for guidance was Coeliac UK website (https://www.coeliac.org.uk). 232 (1/5) families used the service. Conclusion: During the COVID-19 pandemic, patients with celiac disease managed CD well despite the lockdown. We managed to see majority of our patients (virtual/fac to face clinics) There was no significant impact on procuring GF products and emotional well-being despite multiple challenges.

Sa1066

SURVEY OF NYC PEDIATRIC INSTITUTIONS SUGGESTS POSSIBLE INCREASE IN PEDIATRIC INFLAMMATORY BOWEL DISEASE DIAGNOSIS ASSOCIATED WITH PREVALENCE OF COVID INFECTION

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Background: One of the myriad issues COVID-19 has generated is a concern for increased capacity to generate autoimmune disease. (Saad et al, 2020, Ehrenfeld et al 2020). Recent case reports have potentially linked new onset UC associated with recent COVID infection (Aydin et al 2020), which raises concern for potential impact of COVID-19 infection rates on pediatric IBD diagnosis rates. As non-pharmaceutical interventions massively decreased the incidence of infectious illnesses in the first year of the pandemic (Sullivan et al, 2020), IBD rates would likely be expected to stay stable or decrease. We have formed a consortium of New York City pediatric institutions aimed at characterizing this change, and here report findings from the Children’s Hospital of Montefiore, Maimonides Medical Center, SUNY Downstate, and New York University. Methods: New IBD diagnoses were identified between 2016-2019, as well as new diagnoses documented between 3/2020 and 3/2021. Data was examined using a direct comparison of new diagnostic rate 3/20-3/21 to mean diagnostic rate 2016-2019, as well as new diagnoses documented between 3/2020 and 3/2021. Discussion: Our results suggest a possible increase in IBD diagnostic rate of approximately 5% was noted, consistent with prior findings demonstrating increased incidence of IBD annually (Ye et al, 2020). Direct comparison with mean diagnostic rate over the preceding 4 years noted a substantial increase in diagnostic rate in the pandemic year relative to previous year average, with 109 new diagnoses in our consortium compared to an average of 79. Our data demonstrates this increase is driven by the institutions in the Brooklyn and the Bronx, with a 51% increase in diagnoses (78 compared to mean of 51.5, 95% CI 10.19). NYU diagnostic rate was 31 (previous mean of 27.5, 95% CI 5.29). This aligns well with published rates of COVID-19 in these regions, with the outer boroughs averaging 14.169 cases/100k and Manhattan 10.516/100k. Discussion: Our results suggest a possible increase in IBD diagnostic rate in the outer boroughs of New York City, aligning with density of COVID-19 infections, despite surveillance data from NYC DOH demonstrating almost non-existent pediatric inflammatory illness. There are many possible confounding factors in this initial work with substantial further evaluation needed, but this data is suggestive of a possible increase in COVID19 to generate new onset IBD in excess of normal infections and normal rates of presentation. Next steps will include expanding data collection to additional NYC institutions, subgroup analysis by disease type, gender, age of presentation, more detailed analysis of biomarkers, and geospatial analysis given geographic variations in COVID19 infection density.

Sa1067

INTERNATIONAL SURVEY ON SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 AND ACUTE PANCREATITIS CO-OCCURRENCE IN CHILDREN

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Objectives: It is unknown to what extent coronavirus 2019 (COVID-19) may co-occur with acute pancreatitis (AP) in children and how their clinical course may differ from children with AP alone. Methods: An online survey was sent to pediatric gastroenterologists to report on COVID-19 and AP cases from December 11, 2020, to February 26, 2021. Results: From 72 respondents (20 countries, 5 continents), 22 cases of COVID-19 infection and AP were reported. Patients were predominantly White or Hispanic/Latino (73%), female (68%), and adolescents (68%). For 86% of patients, this was their first episode of AP. Sixty-eight percent of positive COVID-19 tests were polymerase chain reaction based. There was significant morbidity, 60% required intensive care, 45% had multorgan involvement, and 24% died and shock 72%. Eleven percent had pancreatic necrosis. Abnormal clotting and systemic inflammatory laboratories were common (31%–92% and 93%, respectively). Median length of symptomatic pancreatitis recovery was 1.8 longer than AP without COVID-19. Conclusions: Coronavirus 2019 infection and AP co-occur primarily in children without a prior history of pancreatitis. Given the increased need for intensive care, multidisciplinary involvement, and potentially higher risk for pancreatic necrosis, pediatric providers should have a high level of suspicion for AP in children with COVID-19 infection.

Sa1068

EARLY-ONSET GASTROINTESTINAL MALIGNANCIES IN PRIMARY IMMUNE DEFICIENCY: A SYSTEMATIC REVIEW

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Background/Aims: The immune system plays a pivotal role in cancer surveillance and the tumor microenvironment. People with primary immune deficiency diseases (PIDD) are prone to chronic and recurrent mucosal infections and inflammation, together with their potential intrinsic epithelium dysfunction due to monogenic defects, which might lead to an early-onset gastrointestinal malignancy requiring special attention for gastroenterologists and clinical immunologists. Methods: We systematically reviewed all the reported cases with the clinical diagnosis both of primary immune deficiency and gastrointestinal malignancies using three databases (PubMed, Scopus, EMBASE). With 68 manuscripts reviewed, we found a total of 149 PIDD cases meeting our inclusion criteria. SEER database was used to simulate the general population with gastrointestinal malignancy to compare with our cases. Results: We identified a total of 149 PIDD cases, 95 presented with gastric cancer, 13 with small bowel malignancy, 35 with colorectal cancer, 3 with esophagus malignancy and 3 patients without clear tumor position recorded. Gastric adenocarcinoma, small bowel lymphoma, and colon adenocarcinoma were the most common cancer types. The most common PIDD associated with gastrointestinal malignancy was common variable immune deficiency (CVID), composing 59.1% of the patients. The age of gastrointestinal cancer diagnosis ranged from 3 to 82 years, with the median age of 40 years. Compared to populational epidemiological data, Individuals with PIDD appear to have an early onset of GI malignancy, 20 years to 33 years younger than the general population. We also observed a significant survival disadvantage when PIDD cases developed colorectal malignancies. However, the molecular genetic diagnostic rate is only about 12%, with the following genes are most frequently reported, including ATM, RITP/CARD11B, CTLa-4 Conclusion: Patients with primary immune deficiency develop early-onset gastrointestinal malignancy in an earlier age than that of the general population. Surveillance programs to identify malignancies at an early stage and genetic studies are required to delineate the immunomodulatory contribution and identify screening tools to early-onset gastrointestinal malignancy.