Recruitment of all 48 patients in the trial will complete in early 2012 and results to date are presented descriptively here.

Methods Patients with impaired quality of life due to active Crohn's disease, despite at least three immunosuppressive agents all receive mobilisation treatment (intravenous cyclophosphamide 4 gm/m^2 over 2 days followed by recombinant human granulocyte-colony stimulating factor [GCSF, filgrastim], 10 μ/kg daily before randomisation to immediate (1 month) or delayed (1 year) immunoablation and stem cell transplantation. The conditioning regime is intravenous cyclophosphamide 50 mg/kg per day for 4 days, antithymocyte globulin 2.5 mg/kg/day and methyl prednisolone 1 mg/kg on days 3–5. The bone marrow is reconstituted by infusion of an unselected graft of 3–8×106/kg CD34 positive stem cells. Results are compared 1 year after mobilisation alone or after transplantation.

Results Twelve months after stem cell transplantation (early or delayed) the Crohn's Disease Activity Index (CDAI) fell from 324 (median, IQR 229–411) to 161 (85–257, n=17) compared to 351 (287–443) to 272 (214–331) following mobilisation alone (n=11). Six patients had a normal CDAI after transplantation vs one after mobilisation. C reactive protein fell from 16.6 (6.7–32.0) mg/l to 6.5 (3.5–12.5) mg/l vs 14 (8.0–27.0) mg/l to 9.0 (2.0–23.4) mg/l following mobilisation alone. The Crohn's Disease Endoscopic Index of Severity (CDEIS) (aggregate for upper and lower endoscopy) fell from 18 (10–25) to 5 (1–11) following transplantation vs 14 (12–16) to 9 (4–22) following mobilisation. Three patients achieved the goal of a normal CDAI, no drug therapy and normal upper and lower endoscopy 1 year after tranplantation but so did one patient following mobilisation alone. Serious Adverse Events were common (n=100 to date) with 42 infective episodes requiring or prolonging hospitalisation, following both mobilisation and conditioning and transplantation. There were seven episodes of viral (re)activation. Temporary flare of Crohn's disease activity or a need for surgery occurred in eight patients.

Conclusion Immunoablation and hemopoietic stem cell transplantation appears to be an effective treatment for some patients with Crohn's Disease, although full results will be required for a firm conclusion. Risks are significant, making it potentially suitable for only a limited number of patients. Data from the whole trial will be needed to judge whether mobilisation alone has any benefits.

Competing interests None declared.

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OC-044 GASTROSCOPY RATE IN ENGLISH GENERAL PRACTICE POPULATIONS: ASSOCIATION WITH OUTCOME FOR OESOPHAGOGASTRIC CANCER

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Introduction Rates of gastroscopy vary between English general practice populations. The magnitude of this variation suggests a wide spectrum of clinical practice. Current guidelines focus on alarm symptoms as triggers for investigation but early symptoms of cancer are non-specific. This project aimed to determine whether overall gastroscopy rate in GP practice populations in England is associated with outcome of oesophagogastric cancer (OGC), as measured by rate of major surgical resection, emergency admission for cancer diagnosis and mortality.

Methods Analysis of Hospital Episode Statistics (HES, 2006–2008) linked to death registry and practice population data. **Gastroscopy volume** determined by extracting total diagnostic gastroscopy procedures and aggregated at GP practice level. **OGC cases:** Methods developed and validated (using local & national audit) to identify new cases of OGC and then extract all hospital episodes in chronological order, flag key milestones (eg, diagnostic gastroscopy; emergency admission to hospital; major surgery) using relevant diagnostic and procedure codes. **Entry criteria:** General practices with ≥1 new case of OGC and with a per capita gastroscopy rate within a valid reference range (0.4–4.0 per 1000 population). Practices grouped into tertiles (low, medium and high gastroscopy rate).

Results 20 709 OGC cases from 5956 practices serving an adult population of 35.1 million. Characteristics of OGC cases matched the national audit findings. Cases registered with practices in lowest tertile of gastroscopy rate had lowest rate of surgery (14% vs 16% vs 16%; p=0.028), highest rate of emergency admission (29% vs 27% vs 25%; p<0.01), and highest mortality at 6 months (41% vs 40% vs 39%; p<0.01). After adjustment for age, sex, co-morbidity and deprivation quintile in logistic regression analysis, the rate of gastroscopy (low, medium or high) at the patient's general practice was an independent predictor of all three outcomes.

Conclusion There is >10-fold variation in the rate of gastroscopy among general practice populations in England. On average, OGC patients belonging to practices within the lowest tertile have poorer outcomes. These findings suggest that guidelines aimed at reducing the use of gastroscopy may adversely affect cancer outcomes.

Competing interests None declared.

OC-045 RANDOMISED PROSPECTIVE TRIAL OF TRANSNASAL VS STANDARD UPPER DIAGNOSTIC ENDOSCOPY UNDER LOCAL ANAESTHETIC: INTERIM ANALYSIS OF ENDOSCOPY QUALITY, PATIENT ACCEPTABILITY AND TOLERABILITY

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Introduction Transnasal upper gastrointestinal endoscopy (TNE) using ultrathin endoscopes is considered less invasive, thus an attractive alternative, if not a first choice option, for diagnostic upper endoscopy. This is the first prospective, randomised study, in a UK population to assess tolerability, acceptability and quality of TNE, in comparison with standard upper endoscopy (SOGD) under local anaesthetic.

Methods We prospectively recruited up to date 125 patients [59 male/66 female] mean age 57 years. The Fujinon EG530N (5.9 mm) and EG530WR (9.4 mm) endoscopes were used. The endoscopist and all patients completed detailed questionnaires regarding tolerability, acceptance and quality of each endoscopy using standard visual analogue scales (VAS). Oxygen saturation [SaO_2], heart rate [HR] and systolic blood pressure [SBP] were recorded during procedure. SOGD group received O_2 2 lt/min. Quality of biopsies was evaluated blindly by the reporting pathologists.

Results Trial interim analysis included 129 endoscopies in 125 patients [TNE=65, SOGD=64]. In all patients intubation of D2 was achieved. VAS scores for patient comfort (higher score=greater comfort) were significantly better in the TNE compared to SOGD group (7 vs 5.6, respectively, p=0.0013). 40 patients had previous experience of standard endoscopy, and 22(55%) reported gagging as main reason of discomfort. 22/40 were randomised to TNE. 21 of these 22 patients [95.5%] stated preference to transnasal endoscopy in the future. Gagging score (higher score=more gagging) was significantly less in the TNE compared with SOGD group (0.05 vs 3.22 respectively, p2 (98 % vs 98.3%, respectively, p=0.22). Only 2