

extracolonic findings. Extracolonic abnormalities were found in 383 patients (46%). Of those patients with extracolonic findings 9% had extracolonic malignancies, 26% had important extracolonic findings requiring further investigation, management or referral and 65% were benign incidental findings requiring no further follow-up. The most common benign incidental finding was renal cysts and the most common extracolonic malignancy was renal carcinoma. Abstract OC-152 table 1 gives a summary of the number of extracolonic findings identified with the highest prevalence.

Abstract OC-152 Table 1 Number of Extracolonic Findings by Category

Benign incidental	Benign important	Malignancy		
Renal cyst	86	Adrenal mass >2 cm	10	Bladder 2
Hepatic cyst/granuloma	68	Complex liver lesion	4	Endometrial 2
Adrenal mass	12	Complex pancreatic lesion	2	Gastric 2
Pancreatic cyst	11	Adnexal mass	28	Lung 2
AAA <5 cm	14	AAA >5 cm	10	Myeloma 1
Renal calculi	8	Upper GI lymphadenopathy	8	Ovarian 4
Hernia	22			Pancreatic 5
Hiatus hernia	41			Renal 7
				Unknown primary 2

**Conclusion** CT Colonography has the potential to pick up cancers and other life threatening lesions such as large non ruptured AAA at a preclinical stage. While we acknowledge that extracolonic abnormalities are common with the correct planning and management we do not believe that this should necessarily increase the number of further unnecessary investigations or costs.

**Competing interests** None declared.

**OC-153** **ULTRASOUND—DETECTED GALLBLADDER POLYPOID LESIONS, WHAT IS NEXT?**

doi:10.1136/gutjnl-2012-302514a.153

A Kambal,\* C Brown, R Kannan, O Jalil, A Feroz, A Rasheed. *General Surgery, Gwent institute for minimal access surgery, Newport, UK*

**Introduction** To determine the nature and assess the current clinical pathways for the ultrasound-detected gallbladder polyps (GBP) and propose a follow-up and a therapeutic strategy based on size and symptomatology.

**Methods** A retrospective search of the US database for “polyp” in gallbladder for the period between 1st January 2009 and 31st December 2010 was conducted. A database was then constructed including demographics, clinical presentation, principal symptoms, management and pathology. Histologic findings were analysed in patients who underwent cholecystectomy. The electronic medical records were searched to check the clinical outcome, pathologic data and follow-up arrangements.

**Results** Ultrasound detected gallbladder polyps were reported in 347 patients, 214 female and 133 males with an age range between 14 and 93 yrs, (Median 5, IQR=41–58). Polyps were found during the course of investigation for the possibility of gallbladder disease in 125 patients (36%). The rest were incidental finding during investigation of other illnesses. The majority of referrals for the US came from primary care (60%), the rest came from hospital physicians in (24%) and surgeons in (13%) of cases. Forty two percent of the reports made no mention of polyp actual size and 39% reported the polypoid lesion to be

**Conclusion** Our preliminary data confirm that the majority of the US detected “polypoid lesions” are incidental findings and are not true epithelial polyps. The majority of patients with symptomatic polyps who underwent cholecystectomy had cholelithiasis on

histology. The current management strategy of asymptomatic polyps relies on its size and hence must be included in the US report which was poorly complied with in this series. Small (10 mm) should be offered cholecystectomy. A well defined long term follow-up of patients is necessary to allow better understanding of this pathological entity and a nationwide registry or large longitudinal observational study is warranted as these might represent a missed opportunity for early detection of cancer.

**Competing interests** None declared.

**Gastrointestinal physiology associates group (AGIP) symposium: “reflux associated cough”**

**OC-154** **INTER-OBSERVER AGREEMENT FOR MANOMETRY CLASSIFICATION OF INDIVIDUAL SWALLOWS AND DIAGNOSES USING HIGH-RESOLUTION MANOMETRY (HRM) WITH ESOPHAGEAL PRESSURE TOPOGRAPHY (EPT): RESULTS OF HIGH PARTICIPATION WEB-BASED STUDIES BY THE HRM WORKING GROUP**

doi:10.1136/gutjnl-2012-302514a.154

<sup>1</sup>M R Fox,\* <sup>2</sup>J Pandolfino, <sup>3</sup>J Jafari, <sup>4</sup>D Menne. <sup>1</sup>*NIHR Biomedical Research Unit, Nottingham Digestive Diseases Centre, Nottingham, UK;* <sup>2</sup>*Feinberg School of Medicine, NW University, Chicago, USA;* <sup>3</sup>*The Wingate Institute, Digestive Diseases, Barts and The London School of Medicine, London, UK;* <sup>4</sup>*Biostatistics, Menne Biomed, Tuebingen, Germany*

**Introduction** Recently the HRM Working Group presented a classification system for esophageal motility disorders using HRM/EPT (Pandolfino, NGM 2009). This study reports inter-observer agreement for classification of individual HRM/EPT water swallows (study A) and diagnoses based on 10 swallows (study B) using this system.

**Methods** All registered members of the hrmconsensus.org website were invited to take part. Institution and experience with HRM were recorded. A sample of 147 individual swallows (study A) and 40 diagnostic studies (study B) was reviewed and classified using a drop down menu that utilised the published system. The on-line platform provided a generic EPT format with fixed pressure scale and time base. Contours facilitated analysis of intra-bolus and contractile pressure; however no data summary was provided. The sequence of swallows was fixed for each user, but randomised between users to avoid sequence bias. Users were blinded to other participant’s entries. During the study users were free to reclassify and post comments; however, once completed classifications could not be changed.

**Results** (A) All 147 individual swallows were assessed by 18 users. High levels of agreement ( $\leq 2/18$  dissenters) were present for normal peristalsis and achalasia but lower levels for peristaltic and intra-bolus pressure (IBP) abnormalities. (B) All 40 diagnostic studies were assessed by 36 users. Overall inter-observer agreement was fair ( $\kappa$  0.42) being higher ( $\kappa > 0.5$ ) for aperistalsis and achalasia, and lower ( $\kappa < 0.4$ ) for peristaltic abnormalities. Users with >400 HRM/EPT studies showed somewhat better agreement (n=9;  $\kappa$  0.46) and agreement was good for users in the US institution that developed the classification system (n=4;  $\kappa$  0.57). Analysis of comments revealed that disagreements in both studies were not random but due to (1) multiple abnormalities in single swallows (2) limited functionality of on-line software/lack of a data summary that confounded user’s ability to distinguish closely related diagnoses, especially those that depend on precise pressure measurement.

**Conclusion** This is the largest assessment of inter-observer agreement performed for manometric studies. Overall inter-observer agreement for HRM/EPT of individual swallows and diagnostic studies was moderate, increasing with experience of this technology and the classification system. Analysis of swallows with low