

Methods Consecutive patients attending a tertiary referral centre and undergoing clinically indicated oesophago-gastro-duodenoscopy (OGD) and colonoscopy were prospectively recruited between September 2011 and June 2012. Outcomes measures were assessed using a validated 10-point numeric rating scale (NRS) from 0 (no pain) to 10 (worst pain imaginable), with scores ≥ 5 considered to be elevated. Details of staff member(s) undertaking endoscopic examinations were recorded, with procedures considered to have trainee involvement if a trainee had performed all or part of the procedure. Chi squared analysis was then used to determine if trainee involvement influenced outcome measures.

Results 610 patients were recruited (280 male, median age 56 years, range 17–90 years). Whilst no significant differences were identified for pain, discomfort or distress during colonoscopy, significant differences were identified in procedural discomfort and distress ($p = 0.015$ and $p = 0.033$ respectively) when trainees undertook OGD's, with procedural pain approaching significance ($p = 0.061$, Table 1).

Conclusion This is the first study to discriminate pain, distress and discomfort as tolerability outcome measures. Whilst trainee involvement during OGD negatively influenced all 3 outcome measures, no significant effect was observed during colonoscopy. This finding may reflect OGD's frequently being the first endoscopic procedure taught to trainees and the difficulties of oesophageal intubation.

Disclosure of Interest None Declared

Abstract OC-049 Table 1 Comparisons in tolerability between trainees and non-trainee performed procedures.

	No Trainee n (%)	Trainee n(%)	P value
Colonoscopy (n = 304)			
Elevated Pain	87 (27%)	68 (22%)	0.382
Elevated Discomfort	92 (30%)	76 (25%)	0.136
Elevated Distress	56 (18%)	52 (17%)	0.078
OGD (n = 306)			
Elevated Pain	18 (6%)	46 (15%)	0.061
Elevated Discomfort	44 (14%)	98 (32%)	0.015
Elevated Distress	43 (14%)	93 (30%)	0.033

IBD symposium: towards personalised treatment

OC-050 5-AMINOSALICYLATE (5-ASA) INDUCED NEPHROTOXICITY IN INFLAMMATORY BOWEL DISEASE

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Introduction Nephrotoxicity is a rare idiosyncratic reaction to 5-ASA therapy. The precise pathogenic mechanisms are unknown. This study aims to a) describe the clinical features of this rare complication b) explore underlying mechanisms and c) identify clinically useful predictive genetic markers so these drugs can be avoided, or monitoring intensified, in high-risk patients. Here we report the clinical features.

Methods Patients were identified and recruited from 185 sites (130 UK). Inclusion criteria included normal renal function prior to commencing 5-ASA, $\geq 50\%$ rise in creatinine after starting 5-ASA and medical opinion implicating 5-ASA justified drug withdrawal. An adjudication panel assessed causality from case report forms using the validated Liverpool Adverse Drug Reaction Causality Assessment Tool.

Results 154 patients were recruited. 19 patients were excluded following adjudication. The cohort included patients with Crohn's disease, ulcerative colitis and indeterminate colitis (42%, 55%, 4% respectively). 74% of cases were male. Nephrotoxicity was seen with all aminosalicylates including 1 patient treated with topical therapy only. Nephrotoxicity occurred at a median age of 36.5 yrs (range 15.4–88.4 yrs). Two patients had a confirmed family history of 5-ASA-induced nephrotoxicity. 78% were detected by routine blood monitoring. Only 45% of cases recovered completely after drug withdrawal, with 18 requiring renal replacement therapy (14 transplantation). The median time for peak creatinine after commencing 5-ASA was 3.5 yrs (range 0.16–43.4 yrs). There was no evidence that time on 5-ASA treatment was associated with a higher peak creatinine or the likelihood of full recovery ($p = 0.87$). Women were more likely to reach full recovery than men ($p = 0.00148$; OR 8.26; CI 2.46–34.94). There was no evidence that early withdrawal of 5-ASA led to a higher likelihood of complete recovery. There was no difference in recovery between the three disease groups on logistic regression analysis.

Conclusion This is the largest and most detailed study of 5-ASA induced nephrotoxicity to date. Whilst the incidence is low, the morbidity is high with 13% of patients requiring renal replacement therapy and 55% of patients failing to return to a normal creatinine after 5-ASA withdrawal. The next step is to carry forward these patients to a genome-wide association analysis, to be performed in February 2013.

Disclosure of Interest None Declared

Oesophageal symposium: early oesophageal neoplasia

OC-051 PATIENTS UNDERGOING RADIOFREQUENCY ABLATION (RFA) FOR BARRETT'S RELATED NEOPLASIA HAVE IMPROVED OUTCOMES WITH DECREASING LENGTHS OF BASELINE BARRETT'S OESOPHAGUS (BE) & INCREASING NUMBER OF RFA SESSIONS

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Introduction BE is the pre-cursor to oesophageal adenocarcinoma (OAC). High grade dysplasia (HGD) & early mucosal neoplasia in BE have a 40–60% risk of progressing to OAC. Endoscopic mucosal resection (EMR) & RFA are alternatives to surgery for curative treatment of these patients. We present prospective data from 19 centres in the UK HALO RFA registry.

Methods Before RFA, superficial lesions were removed by EMR. Patients then underwent RFA 3 monthly until all BE was ablated or cancer developed (endpoints). Biopsies were taken at 12 months for Primary outcomes (clearance for HGD (CR-HGD), all dysplasia (CR-D) & BE (CR-BE)).