Conclusion TASER appears to be a safe and efficient approach providing an optimal platform for resection of large rectal lesions. In our experience it provides the optimal platform for the minimally-invasive management of these high risk lesions.
Disclosure of Interest None Declared.

OC-049 RECTAL NEUROENDOCRINE TUMOURS: MANAGEMENT AND SURVIVAL IN 60 PATIENTS

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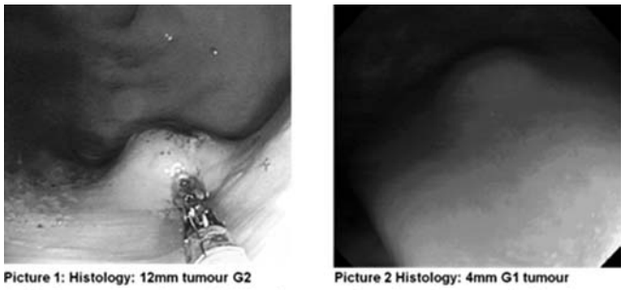
Introduction Rectal neuroendocrine tumours (rNETs) are increasing in incidence, with more found incidentally on routine colonoscopy. Our aim is to retrospectively analyse a cohort of rNETs to characterise diagnostic features and clinical behaviour.
Methods Patients (pts) with confirmed diagnosis of rNET were identified from a database.
Results 60 pts evaluated, median age 55 years (range 23–78). Most common presentation was rectal bleeding n = 29 (48%). 29/60 pts had tumour <1 cm, 7/60 pts 1–2 cm, 22/60 >2 cm, 2/60 size was unknown. Of patients with tumour size <1 cm, 3/29 did not require endoscopic follow-up (pT1a) and of the other 26, none had evidence of recurrence on endoscopic follow-up (follow-up range 6 to 88 m). 24/60 pts had metastases at presentation, 5/60 developed metastases during follow-up (of these 29 pts 86% liver, 40% bone, 10% lung). Of 29 pts with metastases, 24/29 had somatostatin receptor imaging with 62% avid uptake. Chromogranin A available in 23/29 pts: not elevated in 83%. Of 29 pts with metastases, 19/29 had chemotherapy, 10/29 somatostatin analogues (SST), 15/29 surgery and 10/29 peptide-receptor-radionuclide-therapy (PRRT). Chemotherapy: 1/19 pts partial response, 2/19 stable disease (SD), 12/19 progressive disease (PD) (median time to progression 4 months (m)); 4/19 no data. PRRT: 4/10 had SD (follow-up range 24 to 53 m), 4/10 PD (median time to progression 4 m, range 2–9), 2/10 no data. SST: 2 sustained SD (range 12–27 m), 7/10 PD, (median time to progression 3m, range 2–5); 1/10 no data. During median follow-up of 20 m (range 3–170 m), 100% of pts with primary tumour <1 cm, 86% with tumour size 1–2 cm, and 25% with size >2 cm are currently alive. Tumour size >2 cm have poorer outcome than the other 2 groups ($p < 0.001$).
Conclusion Tumours >2 cm are associated with poor prognosis. Chromogranin A is mostly normal even in advanced disease. Prospective studies are needed to determine progression free survival data for systemic therapy.
Disclosure of Interest None Declared.



Picture 1: Histology: 12mm tumour G2 Picture 2 Histology: 4mm G1 tumour

Typical appearance of rectal NET polyps- round sessile polyp covered with yellow-discoloured mucosa

Abstract OC-049 Figure 1

Trainee section symposium and free papers

OC-050 THE UGIB-DOPS: IMPROVING TRAINING IN GI BLEED MANAGEMENT IN THE ENDOSCOPY UNIT

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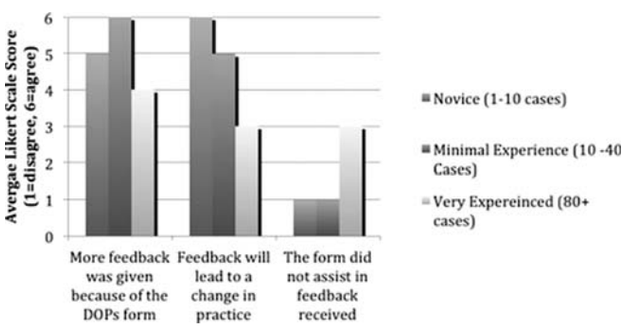
Introduction The 2007 GI Bleed Audit highlighted significant deficiencies and inconsistencies in service provision and care of patients presenting with UGIB. There is a pressure on UK hospitals to provide a 24/7 endoscopy service to meet NICE guidance on timely endoscopic intervention in upper GI bleeding (UGIB), resulting in an urgent need to determine an endoscopist's competence. JAG provide quality assurance in UK endoscopy by using compulsory summative assessment in diagnostic endoscopy and more recently polypectomy.

There is currently no structured, formal tool or criteria with which to assess and provide feedback for the specific generic and endoscopic skills required for effective management of UGIB. DOPS are used as a tool to assess endoscopic skills by providing a framework for experts to observe, assess and provide feedback on a procedure. We developed a new DOPS tailored to the specific aspects of therapeutic endoscopic management of UGIB to improve training, with a view to developing the tool for use in summative assessment for JAG accreditation.
Methods A working group of expert endoscopists was formed at University College London Hospital. UGIB task deconstruction was undertaken and, after multiple revisions, consensus was reached on the individual aspects of management, and then to define what was considered a satisfactory endoscopic performance in each of these domains. The performance rating scale was based on the degree of independence demonstrated by the trainee in each performance domain. These aspects of performance, definitions of standards and rating scales were then used to construct the UGIB-DOPS.

We evaluated the feasibility, validity and educational impact of UGIB-DOPS using 8 trainees paired with trainers using questionnaires and semi-structured interviews.
Results The trainee cohort displayed a range of experience from novices (n = 2) to trainees who had managed >80 cases (n = 2). Qualitative assessment of the educational impact of UGIB-DOPS found universal agreement that the tool's defined assessment criteria facilitated structured feedback and it was perceived the overall grade awarded reflected trainee's current competence. Thematic interview analysis revealed recurring concepts of how UGIB-DOPS facilitated training: creation of an observed teaching event, knowledge of the required



Abstract OC-050 Figure 1

standards and concrete formulation of action plans. All found UGIB-DOPS feasible to use and the rating scale more transparent than currently used DOPS.
Conclusion Creation of the UGIB-DOPS has for the first time introduced defined assessment standards in UK UGIB management facilitating formative assessment leading to a feasible improvement in workplace training. A larger pilot is now required to determine the reliability of UGIB-DOPS prior to considering its use as part of the summative assessment of endoscopist's competence.
Disclosure of Interest None Declared.

Inflammatory bowel disease section symposium "Treatment and care – where we're at"

OC-051 SIBLINGS OF CROHN'S DISEASE PATIENTS EXHIBIT A BIOLOGICALLY RELEVANT DYSBIOSIS IN THE MUCOSAL MICROBIAL COMMUNITY: A 16S RRNA GENE PYROSEQUENCING STUDY

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Introduction Reduced mucosal *Faecalibacterium prausnitzii* predicts disease recurrence in Crohn's disease (CD) patients. Siblings (SIBS) of CD patients have elevated risk of developing CD and share aspects of CD phenotype including faecal dysbiosis. [1] No study has compared mucosal microbiota in CD SIBS to unrelated healthy controls (HC).
Methods Phenol/chloroform DNA extraction from rectal biopsies of 21 patients with quiescent CD, 17 of their healthy SIBS and 19 unrelated HC, and PCR amplification of the V1-V3 region of the bacterial 16S ribosomal RNA gene were performed. Microbiota composition was resolved by 454 pyrosequencing.
Results For each group, mucosal microbiota were classified into common/abundant (core) vs. infrequent/rare.[2] In terms of both microbial diversity (Shannon-Wiener and Simpson's indexes of diversity) and species richness, core microbiota of both SIBS and CD patients were significantly less diverse than HC. The rare microbiota diversity was lower in CD compared with HC, but was not different between SIBS and HC. Metacommunity profiling (Bray-Curtis (S_{BC}) index of similarity with unweighted pair group averages) showed core microbial metacommunity of SIBS to be more similar to CD (S_{BC}=0.70) than to HC, whereas the rare microbial metacommunity of SIBS was more similar to HC (S_{BC}=0.42). As in CD patients, the species that contributed most to the dissimilarity of healthy SIBS vs. HC was *F. prausnitzii*, Table 1.
Conclusion This is the first in depth case-control study of the mucosal microbiota of SIBS of CD patients. Dysbiosis in SIBS was characterised by reduced diversity of core microbiota and lower abundance of *F. prausnitzii*. This dysbiosis in otherwise healthy, but at-risk people implicates microbiological processes in CD pathogenesis and risk.

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Disclosure of Interest None Declared.

Liver section symposium "Organ dysfunction in the cirrhotic"

OC-052 UNIVERSAL SCREENING FOR ALCOHOL MISUSE IN ACUTE MEDICAL ADMISSIONS IS FEASIBLE AND IDENTIFIES PATIENTS AT HIGH RISK OF LIVER DISEASE

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Introduction The 2013 NCEPOD report into deaths from Alcohol Related Liver Disease (ARLD) highlighted missed opportunities for detecting alcohol misuse in recurrent hospital admissions. Universal screening of medical patients was advised but little is known of the achievability of this or its efficiency at detecting high risk cases. In 2011, Portsmouth Hospitals NHS Trust introduced a 7-day Alcohol Specialist Nursing Service (ASNS) coupled with universal screening of medical patients using a novel electronic data capture system. We present data on the feasibility of unselected screening and the resulting alcohol profiles of over 28,000 medical

Abstract OC-051 Table 1 Similarity of Percentages analysis of bacterial community similarity (Bray-Curtis) between whole metacommunities. The 9 species with the greatest contribution to dissimilarity are shown

	Siblings mean abundance (%)	Healthy mean abundance (%)	Average dissimilarity (%)	Contribution to dissimilarity (%)
Faecalibacterium prausnitzii	23.4	30.0	10.4	18.9
Escherichia fergusonii	9.6	3.9	5.8	10.6
Sutterella wadsworthensis	5.8	8.6	5.2	9.4
Shigella flexneri	6.9	3.5	4.6	8.4
Bacteroides vulgatus	7.3	7.9	4.6	8.4
Eubacterium rectale	6.1	9.5	3.9	7.0
Oscillospira guilliermondii	7.6	8.1	3.9	7.0
Bacteroides dorei	5.5	0.0	3.0	5.4
Ruminococcus gnavus	4.7	4.0	2.2	4.1