acute alcohol withdrawal; enable continued monitoring of vulnerable patients in a controlled OP environment. There is a need for a paradigm shift of offering AD in AC setting rather than IP treatment. Further patients are being recruited into an ongoing study.

REFERENCES
Alcohol Concern, www.alcoholconcern.org
Barry et al., Alcohol Inpatient Detox: Withdrawing the burden of inpatient management. Gut, 2013

Disclosure of Interest None Declared.

Endoscopy section research symposium

OC-060 PERFORMANCE CHARACTERISTICS OF UNSEDATED ULTRATHIN VIDEO ENDOSCOPY IN THE ASSESSMENT OF THE UPPER GASTROINTESTINAL (GI) TRACT: SYSTEMATIC REVIEW AND META-ANALYSIS
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Introduction
Unsedated ultrathin endoscopy has been proposed as a cost-effective and accurate alternative to standard endoscopy (SE) in screening for oesophageal varices, Barrett’s oesophagus and upper GI neoplasia. However, reports on performance of this technique (both via the transnasal [TNE] and transoral [TOE] routes) are conflicting. We aimed to estimate the technical success rate, tolerability, acceptability and patients’ preference for TNE and TOE alone and in comparison to SE.

Methods
A systematic review and meta-analysis was performed of all primary studies reporting the outcomes of interest. Electronic databases (Cochrane library, MEDLINE, EMBASE) were searched from 1980 to September 1st 2013. Articles not published in English language were excluded.

Detailed data on study characteristics and endoscopic procedures was extracted. Study quality was assessed using the Cochrane Collaboration’s tool for assessing risk of bias. Sources of heterogeneity were investigated using meta-regression and subgroup analysis.

Results
34 studies met the inclusion criteria with 6,659 patients in total. The pooled proportion of technical success rate was slightly lower for TNE (0.94; 95% confidence interval [CI]: 0.92, 0.96; 30 studies) compared to TOE (0.98; 95% CI: 0.96, 0.99; 16 studies). The difference in proportion of success for TNE compared to SE was -0.03 (95% CI: -0.13, -0.48; 18 studies), however, there was no significant difference in success rate between TNE <6 mm in diameter and SE (-0.14; 95% CI: -0.32, 0.05; 9 studies). Similarly, there was no significant difference between TOE and SE (0.03; 95% CI: -0.12, 0.17; 10 studies).

The standardised difference in mean tolerability scores was not significant for both TNE vs. SE (0.036; 95% CI: -0.433, 0.508; 11 studies) and TOE vs. SE (0.004; 95% CI: -0.417, 0.424; 7 studies). Proportion of patients willing to undergo the procedure again in future (acceptability) was high for both TNE and TOE (0.85; 95% CI: 0.79, 0.90; 16 studies and 0.89; 95% CI: 0.82, 0.93; 10 studies, respectively). The pooled difference in proportion of patients who preferred TNE over SE was 0.63 (95% CI: 0.58, 0.69).

One patient developed myelosuppression WCC <3 and stopped therapy. No patients developed abnormal LFTs on LDAA.

Conclusion
LDAA is well tolerated and effective in patients who failed standard dose azathioprine due to drug side effects and hepatotoxicity. This therapy results in resolution of hepatotoxicity and will allow more IBD patients to achieve clinical remission.

Disclosure of Interest None Declared.
Abstract OC-061: RATES OF POST COLONOSCOPY COLORECTAL CANCER (PCCRC) ARE SIGNIFICANTLY AFFECTED BY METHODOLOGY, BUT ARE NEVERTHELESS DECLINING IN THE NHS

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Methods Information on all individuals with a primary colorectal cancer (CRC) diagnosed between 2001 and 2010 was extracted from the National Cancer Data Repository. Prevalently published methods (Bressler, Cooper, Singh and Le Clerc) were applied to these data to compare and evaluate the effect of the year the procedure was performed. A new method, based on the year of the colonoscopy and not of the CRC diagnosis, is proposed.

Results Of 297,956 individuals diagnosed with colorectal cancer in the study period a total of 94,648 underwent a colonoscopy in the 3 years prior to their diagnosis. The table illustrates how application of the published methods and exclusion criteria to the dataset produces significantly different PCCRC rates from 2.4% to 7.8%.

Abstract OC-061 Table 1

<table>
<thead>
<tr>
<th>Exclusion criteria</th>
<th>Bressler</th>
<th>Cooper</th>
<th>Singh</th>
<th>le Clerc</th>
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</thead>
<tbody>
<tr>
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<td>4.7</td>
<td>3.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Cooper</td>
<td>6.3</td>
<td>7.8</td>
<td>7.0</td>
<td>7.6</td>
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<tr>
<td>Singh</td>
<td>6.1</td>
<td>7.5</td>
<td>6.8</td>
<td>7.4</td>
</tr>
<tr>
<td>le Clerc</td>
<td>6.3</td>
<td>2.4</td>
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</tbody>
</table>

The PCCRC rate of 6.8% produced by the Singh method best fulfills the proposed criteria for a quality indicator but it is not suitable for annual reporting: the rate reflects colonscopic performance in the years preceding the year of reporting. However, in this method the lowest forward from the time of colonoscopy, rather than backward from the time of diagnosis of cancer, provides a rate relating to the year the procedure was actually performed. This new method demonstrates that PCCRC rates within 3 years of colonoscopy (without exclusions) are decreasing in the English NHS over 7 years by 29%: from 10.2 to 7.2% for colonoscopies performed in 2001 and 2007 respectively. 25% (37/148 hospitals) achieved a PCCRC for the period of 4.0% or less.

Conclusion PCCRC rates in England are improving over time and comparable to those in other countries. The method used to determine rates significantly affects findings, thus international benchmarking requires an agreed method for defining PCCRC. The Singh and suggested new method provide a PCCRC rate most relevant to patients. It is proposed that on the basis of current evidence, and improvements evident over time in this study, a reasonable target for a national rate of PCCRC up to 3 years following a colonoscopy should be less than 4%.

Disclosures of interest None Declared.