PTH-130 GENOMIC MEDICINE IN GASTROENTEROLOGY, PRESENT AND FUTURE: A NATIONWIDE SURVEY OF HIGHER SPECIALTY TRAINEES

¹Ibrahim Al Bakir*, ²Gregory M Sebepos-Rogers, ³Hilary Burton, ⁴Kevin J Monahan. ¹Barts Cancer Institute, London, UK ²Department of Gastroenterology, Barts Health NHS Trust, London, UK ³PHG Foundation, Cambridge, UK ⁴Family History of Bowel Cancer Clinic, Imperial College, and Chelsea and Westminster Hospitals NHS Trust, London, UK

10.1136/gutjnl-2018-BSGAbstracts.529

Introduction Genomics and personalised medicine are increasingly important for patients with gastroenterological conditions. The higher training curricula of other specialities (e.g. cardiology and oncology) have been revised with the addition of modular training in genomics. Our aim was to capture the present state of genomics training in gastroenterology to review current trainee understanding, clinical experience and long-term training needs, and to assess their preparedness for future consultant practice.

Methods A web-based nationwide survey of all UK Gastroenterology specialty trainees was carried out in November and December 2017, supported by the British Society of Gastroenterology national training committee.

Results 100/658 UK Gastroenterology trainees (15.2%) across 17/18 deaneries and all specialty training levels responded to this survey.

Only 9% and 16% of trainees believe that their local training adequately prepares them for future clinical practice utilising genomic medicine and personalised medicine respectively. Barriers identified (% agreeing or strongly agreeing) include the need for greater trainee education (95%), inadequate clinical guidance to base interventions on results of genomic testing (53%), concerns over misinterpretation by patients (43%) and overuse/misuse of testing by clinicians (34%).

When assessing current mainstream genetic and personalised tests, trainees felt prepared to interpret *HFE* genotyping (98%), *TPMT* status (97%), and coeliac disease HLA subtyping (85%). However, only a minority of trainees felt prepared to interpret gene tests in patients with polyposis (34%), hereditary pancreatitis (30%), Lynch syndrome (33%), and *KRAS* in colorectal cancer (20%). For their future clinical practice, 76% of trainees did not know what mainstreaming of genomics would entail, with only 6% of trainees having recruited patients for the 100 k Genomes Project.

Most trainees would support having dedicated training days on genomic medicine (83%), formal training provisions for mainstreaming of genomic testing (64%), an update to the gastroenterology JRCPTB curriculum and SCE examination (57%), and better-defined pathways for referral to local genomic services (91%).

Conclusions Most UK gastroenterology trainees feel ill-equipped to practice genomic or personalised medicine as consultants, at a time of progressive mainstreaming of genomic practice in our specialty. We propose that the gastroenterology specialty curriculum requires specific revision to prepare trainees for genomics in their future clinical practice.

PTH-131 TAPPING INTO KNOWLEDGE: IDENTIFYING KNOWLEDGE GAPS TO IMPROVE CARE OF PATIENTS WITH SPONTANEOUS BACTERIAL PERITONITIS

Lauren Chong*, Wei ON, Gurinder Tack. Aintree Hospital, Liverpool, UK

10.1136/gutjnl-2018-BSGAbstracts.530

Introduction Early recognition and treatment of spontaneous bacterial peritonitis (SBP) in patients with liver cirrhosis is essential. This was emphasised in the care bundle produced by the British Society of Gastroenterology and British Association for the Study of Liver to improve management of patients with decompensated liver disease who have been acutely admitted to hospital.¹ Our trust has also incorporated a simplified version of the care bundle into the medical admissions clerking proforma. These patients are likely to be clerked by non-gastroenterologists at the point of admission. The aim of our study was to identify knowledge gaps to improve care of patients with SBP.

Methods A paper questionnaire was distributed to non-gastroenterology doctors of different grades (FY1, FY2/CT and StR) within the medical and emergency department. The questionnaire was completed at the point of distribution with no conferring of answers. Respondents were assessed on: 1) their awareness of the care bundles, 2) when they would perform a diagnostic ascitic tap, 3) contraindications to ascitic taps, 4) the diagnostic criteria for SBP, 5) their confidence in performing the procedure and 6) whether they were aware of the usage of human albumin solution (HAS) in patients diagnosed with SBP.

Results There were a total of 45 responses (6 F1s, 30 FY2/CT, 8 StRs). 53% were aware of the trust's care bundle and 40% were aware of the national care bundle. 64% of the respondents would perform a diagnostic ascitic tap in patients with decompensated liver cirrhosis who present to hospital with symptoms of abdominal pain and features suggestive of sepsis (pyrexia, tachycardia and raised inflammatory markers) but only 27% would routinely perform a diagnostic ascitic tap irregardless of their presenting complaint. 56% of respondents regard thrombocytopenia as a contraindication to an ascitic tap (citing platelet cut-off values with a range of 20150 *10⁹/L) and 58% regard a raised international normalised ratio (INR) as a contraindication (citing INR cut-off values with a range of 1.33.5). Only 62% were confident in performing an ascitic tap unsupervised. 64% knew the value of the ascitic fluid cell count diagnostic for SBP although 3 of these respondents gave the wrong answer. 44% were aware that patients with SBP should also be treated with HAS.

Conclusions Our study demonstrated that there was a lack of awareness of the available care bundles for management of patients with decompensated liver disease. It has also highlighted knowledge gaps which will be addressed with education and training sessions.

REFERENCES

1. McPherson S, et al. Response to the NCEPOD report: development of a care bundle for patients admitted with decompensated cirrhosis the first 24 h. *Frontline Gastroenterol.* 2016 Jan;7(1):16–23.