IDDF2018-ABS-0142 COMPARISON OF DIFFERENCES OF ESD WITH DIFFERENT DIAMETERS OF EARLY STAGE COLORECTAL CANCERS AND PRECANCEROUS COLORECTAL LESIONS

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Background With the increase of diameters of colorectal tumours, procedure time of colorectal endoscopic submucosal dissection (CR – ESD) gradually prolonged. The aim of this study was to discuss the differences of ESD for colorectal tumours with different diameters, which was expected to provide some help for clinical work.

Methods This was a retrospective study of clinical data. From October 2012 to December 2015, we examined a total of 210 patients who were treated by an endoscopic procedure for colorectal tumours in the Endoscopy Centre, the PLA Army General Hospital. The lesions were divided into two groups according to different diameters (≥ 4.0 cm VS < 4.0 cm) for comparative analysis of related factors.

Results The average procedure time of ESD of 210 colorectal tumour cases was 50.3 ± 42.7 min and the average size was 7.98 ± 10.84 cm². En bloc resection rate was 91.4%, R0 resection rate was 90.5%, and the curative resection rate was 90.5%. Perforation rate was 5.2% (11/210), and the late-onset haemorrhage rate was 0.5% (1/210). Compared with lesions with the diameters of < 4 cm, tumours with diameters greater than 4 cm required longer resection time (79.63 ± 53.91 min vs 35.28 ± 24.99 min; $p < 0.001$); the lesions mainly located in the rectum (61.97%); LST of mixed granular/nongranular type accounted for 54.93%; en bloc resection rate, complete resection rate and curative resection rate of the tumours with diameters ≥ 4.0 cm was lower than those of < 4 cm, the differences of complete resection rate was statistically significant (85.92% vs. 94.24%; $p = 0.041$). The perforation rate was higher (7.04%) in the group with tumour sizes ≥ 4.0 cm, but the difference was not statistically significant.

Conclusions ESDs of colorectal tumours with diameters greater than 4 cm require longer time, and the operation risk is higher. The operators should be more careful with non-rectal lesions.

IDDF2018-ABS-0143 THE DIAGNOSIS AND TREATMENT OF PEUTZ-JEGHERS' SYNDROME

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Background To explore the clinical features, endoscope expression, pathology features, gene test results, diagnosis, treatment and prognosis of Peutz-Jeghers's syndrome (PJS).

Methods Retrospective analyses were performed on the clinical data of 46 cases of PJS patients in Department of Gastroenterology, PLA Army General Hospital from 2007 to 2017.

Results All 46 patients had mucocutaneous melanin pigmentation and multiple gastrointestinal polyposis. The pigmentation was first noticed often within 5 y, and 14 cases had a family history. The clinical manifestations were mainly black spots, abdominal pain, hematochezia and anaemia. Histological examinations showed that 20 patients were classified as hamartomatous polyps, 18 as adenomatous polyps, 14 as

inflammatory polyps and 10 as zigzag polyps. The results of 11 patients sequenced a panel of 20 genes previously associated with CRC by next-generation sequencing showed 5 cases with gene mutations, and three of which with intussusception and surgical histories were found to have pathogenic germline mutations in the STK11 gene. Endoscopic treatment is the main therapy, but endoscopy combined with laparoscopy or surgical treatment should be available when complications occur, or the polyp is too large. A few patients found malignant tumours during follow-up.

Conclusions PJS is a hereditary disease which is characterised by spots of the skin or mucosa and gastrointestinal multiple polyps. The main pathological features were hamartoma and adenoma. The risk of intussusception and surgical operation is found to be high in the patients with pathogenic germline mutations in the STK11 gene, but the sample size was too small and needs to be further expanded. Endoscopic treatment is the main therapy. PJS patients should follow-up regularly due to the increased risk of cancer and being easy to relapse.

IDDF2018-ABS-0145 COMPARATIVE ANALYSIS OF CLINICAL FEATURES OF CROHN'S DISEASE AND PRIMARY INTESTINAL LYMPHOMA

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Background To compare the clinical characteristics of Crohn's disease (CD) and primary intestinal lymphoma (PIL), to find out valuable, relevant indicators for differential diagnosis.

Methods The clinical, endoscopic and pathological data of 67 cases (54 cases of Crohn's disease and 13 cases of primary intestinal lymphoma) admitted by the PLA Army General Hospital in the last seven years were analysed retrospectively.

Results

1. The average age of CD was lower than that of PIL, but the course of CD was longer than that of PIL ($p < 0.01$).
2. Abdominal pain, oral ulcers, perianal lesions, history of surgery (appendectomy or intestinal resection), and multi-site lesions were more common in CD than in PIL ($p < 0.05$). Abdominal mass, abdominal distension, single-site lesion was more common in patients with PIL than in CD ($p < 0.05$). The clinical manifestations of intestinal lymphoma were mostly mass type (53.8%), and onsets in the ileocecal junction and terminal ileum were more common (69.2%).
3. The biopsy diagnosis rate of PIL was 92.3%, while 85.1% of CD's pathological manifestations were non-specific inflammation. So the biopsy diagnosis rate of PIL was significantly higher than that of CD ($p < 0.05$).
4. Two patients were initially diagnosed with CD based on the clinical comprehensive analysis. The clinical symptoms disappeared, and the colonoscopy achieved mucosal healing after treatment. But the patients' symptoms repeated, and they were eventually diagnosed as PIL.

Conclusions The clinical and endoscopic characteristics of Crohn's disease (CD) and primary intestinal lymphoma (PIL) are similar, but they have their own characteristics. Therefore, the differential diagnosis is difficult. The diagnosis of CD is more supported by young, long course of the disease, abdominal pain, oral ulcers, perianal lesions, history of surgery (appendectomy, resection), and multi-site lesions. Short disease

duration, abdominal mass and single-site lesion are more common in PIL. Biopsy diagnosis rate of PIL is higher than that of CD. In the case of the diagnosis of PIL after CD treatment, misdiagnosis, a combination of the two and drug induction should be considered.

IDDF2018-ABS-0146 THE KNOWLEDGE AND PERCEPTIONS ON COLORECTAL CANCER (CRC) SCREENING IN GENERAL POPULATION: A 10-YEAR COMPARISON

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Background The incidence of colorectal cancer (CRC) is increasing yet the rate of screening uptake remains suboptimal. We aimed to evaluate how the knowledge and perceptions towards CRC screening have been changing in a general population which has implemented a government subsidised screening programme. The objective of the present study is to compare the knowledge level and perceived barriers to CRC screening between 2006 and 2016–2017 in a general public based on the Health Belief Model (HBM).

Abstract IDDF2018-ABS-0146 Table 1 Comparison between the study in 2006 and the current CRC screening programme (2016–2017)

	2016–2017 n=2400	2006 n=1004	p-value
Gender			0.11
Male	1230 (51.3%)	484 (48.2%)	
Female	1170 (48.7%)	520 (51.8%)	
Age	61–70 years	30– 65 years	
Educational level			
Primary education or not schooling	1185 (49.6%)	175 (17.5%)	<0.001*
Secondary education	981 (41.0%)	547 (54.6%)	<0.001*
Tertiary education	224 (9.4%)	280 (27.9%)	<0.001*
Monthly household income			0.76
<USD2,000	1178 (62.9%)	459 (63.6%)	
>USD2,000	694 (37.1%)	263 (36.4%)	
Knowledge of symptoms			
Low (scored 0)	778 (32.4%)	267 (26.6%)	<0.001*
Middle (scored 1)	764 (31.8%)	370 (36.9%)	<0.005*
High (Scored ≥2)	858 (35.8%)	367 (36.6%)	0.20
Knowledge of risk factors			
Low (scored 0)	1328 (55.3%)	688 (68.5%)	<0.001*
Middle (scored 1)	256 (10.7%)	155 (15.4%)	<0.001*

High (Scored ≥2)	816 (34.0%)	161 (16.0%)	<0.001*
Knowledge of screening			
Low (scored 0)	180 (5.0%)	173 (17.2%)	<0.001*
Middle (scored 1)	589 (10.7%)	405 (40.3%)	<0.001*
High (Scored ≥2)	1622 (67.4%)	426 (42.4%)	<0.001*
Perceived risk			
No	867 (36.1%)	682 (67.9%)	<0.001*
Do not know	1299 (54.1%)	205 (20.4%)	<0.001*
Yes	234 (9.8%)	117 (11.7%)	0.10
Perceived severity score			
Low (scored ≤6)	466 (19.4%)	112 (11.2%)	<0.001*
Middle (scored 7–13)	1024 (42.7%)	599 (59.7%)	<0.001*
High (Scored ≥2)	910 (37.9%)	293 (29.2%)	<0.001*
Perceived benefit of test			
Low (scored ≤2)	553 (23.0%)	276 (27.5%)	<0.05*
Middle (scored 3)	1554 (64.8%)	599 (59.7%)	<0.05*
High (Scored 4)	293 (12.2%)	129 (12.8%)	0.61
Perceived health/psychological barrier to screening			
Low (scored ≤5)	1393 (61.7%)	292 (29.1%)	<0.001*
Middle (scored 6–10)	764 (29.6%)	574 (57.2%)	<0.001*
High (Scored ≥11)	241 (8.7%)	138 (13.7%)	<0.001*
Perceived access barriers to screening			
Low (scored ≤3)	1440 (56.0%)	330 (32.9%)	<0.001*
Middle (scored 4–7)	720 (34.9%)	500 (49.8%)	<0.001*
High (Scored ≥8)	231 (9.1%)	138 (13.7%)	<0.001*
Family member had colorectal cancer			<0.001*
No	1271 (56.7%)	890 (88.6%)	
Yes	969 (43.3%)	114 (11.4%)	
Health insurance			0.18
No	1437 (63.1%)	655 (65.5%)	
Yes	842 (36.9%)	345 (34.5%)	
Physician's recommendation			<0.001*
No	978 (44.7%)	897 (91.6%)	
Yes	1208 (55.3%)	82 (8.4%)	