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%)	

Methods Two cross-sectional, population-based studies were conducted by simple random sampling based on telephone interviews in 2006 and 2016–2017 respectively, including 1004 and 2,400 Chinese adults. The survey instrument used to measure the variables pertinent to the HBM, including the knowledge of the CRC, perceived susceptibility, severity, benefit, barriers, and cues to action for the CRC, has been validated by an expert panel. The changes of these factors were tested using the Pearson's chi-square test.

Results The results were shown in table 1. The proportion having a high level of knowledge (score ≥ 2) of CRC risk factors (34.0% vs. 16.0%), and CRC screening tests (67.4% vs. 42.4%) in 2016–2017 was higher than those in 2006 (both $p < 0.001$). The proportion of subjects having high perceived severity score (≥ 14) was greater in 2016–2017 (37.9%) than in 2006 (29.2%). In contrast, the perceived health/psychological and access barriers have decreased. A significantly higher proportion of subjects reported physician recommendations for CRC screening in 2016–2017 (55.3% vs. 8.4%). Other variables pertinent to HBM were not significant factors in the analysis.

Conclusions Based on the HBM, the knowledge of CRC risk factors; CRC screening tests; perceived severity of CRC increased, while perceived barriers to CRC testing decreased since 2006. Higher proportion received physician recommendations for CRC screening. These findings may imply the effectiveness of the government screening programme or impact of more intensive educational initiatives in the general population. This cause-and-effect relationship should be examined in future studies.

IDDF2018-ABS-0148 SCREENING FOR COLORECTAL CANCER IN HONG KONG: DOES THE THEORY OF PLANNED BEHAVIOUR MODEL PLAY A ROLE?

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Background Worldwide, colorectal cancer (CRC) is a leading cause of cancer mortality. Uptake of CRC screening is an important performance indicator that exerts a direct impact on programme success. We aimed to examine whether the Theory of Planned Behaviour (TPB) can predict the uptake of CRC screening that could further inform new strategies in the promotion of screening of its uptake in the general population.

Methods A population-based telephone survey was conducted in 2017. Individuals aged 61–70 years were randomly recruited. A total of 2400 eligible respondents were recruited, consisting of 1200 participants and 1200 non-participants of the government-subsidised CRC screening programme. A questionnaire validated by an expert panel of epidemiologists, gastroenterologists and public health practitioners was used to measure the attitudes towards CRC screening; normative beliefs; perceived behavioural control and intention for each participant. The association between CRC screening uptake and the factors pertinent to TPB was analysed by binary logistic regression analysis that adjusted for age, gender, education level, and household income.

Results The characteristics of respondents were shown in table 1. Multivariate regression model showed that high perceived behavioural control (AOR=5.94, 95% CI=4.76–7.41,

Abstract IDDF2018-ABS-0148 Table 1 Characteristics of the respondents

		N (%)				
		No CRC screening uptake		CRC screening uptake		p-value
Age	61–65	537	44.8	50	4.2	<0.001*
	66–70	663	55.3	1043	86.9	<0.001*
	71–76	0	0.0	93	7.8	<0.001*
Gender	Female	438	36.5	524	43.7	<0.001*
	Male	762	63.5	676	56.3	<0.001*
Educational level	Primary education or no schooling	646	53.8	583	48.6	<0.1*
	Secondary education	470	39.2	539	44.9	<0.01*
	Tertiary education/ others	79	6.6	69	5.8	0.41
Household income (HK\$)	0–10 000	516	43.0	672	56.0	<0.001*
	10001–20 000	303	25.3	204	17.0	<0.001*
	>20 000	193	16.1	145	12.1	<0.01*
	Refuse to answer	188	15.7	179	14.9	0.61
Normative beliefs	Low (score: 0–2.9)	1079	89.9	932	77.7	<0.001*
	High (score: 3–4)	121	10.1	268	22.3	<0.001*
Perceived behavioural control	Low (score: 0–2.9)	922	76.8	359	29.9	<0.001*
	High (score: 3–4)	278	23.2	841	70.1	<0.001*
Intention	Low (score: 0–2)	508	42.3	183	15.3	<0.001*
	High (score: 3–4)	680	56.7	1017	84.8	<0.001*

Abstract IDDF2018-ABS-0148 Table 2 Results of binary logistic regression for predicting the uptake of CRC screening

		Multivariate analysis	
		Adjusted OR (95% CI)	p-value
Age	Age	1.40 (1.33–1.46)	<0.001*
Gender	Male	Reference	
	Female	0.78 (0.63–0.970)	<0.1*
Educational level	Primary education or no schooling	Reference	
	Secondary education	1.34 (1.08–1.68)	<0.01*
	Tertiary education/others	0.78 (0.51–1.18)	0.238
Household income (HK\$)	0–10 000	Reference	
	10001–20 000	0.91 (0.69–1.19)	0.490
	20000-above	0.84 (0.61–1.14)	0.257
	Refuse to answer	1.54 (1.13–2.10)	<0.01*
Positive attitude towards CRC screening	Direct measurement	1.26 (1.10–1.45)	<0.001*
	Indirect measurement	1.23 (1.08–1.41)	<0.01*
Normative beliefs	Low (score: 0–2.9)	Reference	
	High (score: 3–4)	1.04 (0.78–1.40)	0.775
Perceived behavioural control	Low (score: 0–2.9)	Reference	
	High (score: 3–4)	5.94 (4.76–7.41)	<0.001*
Intention for CRC screening	Low (score: 0–2)	Reference	
	High (score: 3–4)	3.03 (2.39–3.83)	<0.001*

$p < 0.001$), high intention for CRC screening (AOR=3.03, 95% CI=2.39–3.83, $p < 0.001$) and positive attitude towards