

Methods A multicenter prospective cross-sectional study was performed from July 2012 to December 2014. We compared patients with and without gastric polyps for the prevalence of colorectal adenomas. The odds ratios (OR) were computed by logistic regression analysis after multivariable adjustments.

Results Totally 1546 patients were included, with 770 patients in the gastric polyp group and 776 in the age- and sex-matched control group. Patients with gastric polyps had greater odds of having any colorectal adenoma (adjusted OR=2.36, 95% confidence interval [CI]: 1.81 to 3.09, $p<0.001$) and advanced colorectal adenomas (adjusted OR=2.74, 95% CI: 1.76 to 4.28, $p<0.001$) than those without. The positive association between gastric polyps and colorectal adenomas remained significant in both women (OR=2.34, 95% CI: 1.66 to 3.29, $p<0.001$) and men (OR=1.87, 95% CI: 1.31 to 2.66, $p=0.001$). Patients over the age of 40 with gastric polyps had a higher prevalence of colorectal adenomas than those without (40–49 year: OR=1.81, 95% CI=1.02–3.21, $p=0.04$; 50–59 year: OR=1.88, 95% CI=1.26–2.81, $p<0.001$; 60–74 year: OR=2.62, 95% CI=1.73–3.98, $p<0.001$).

Conclusions The presence of gastric polyps is significantly associated with a higher prevalence of colorectal adenomas, especially advanced colorectal adenomas. Colonoscopy might be considered in patients with gastric polyps, of any gender, and over the age of 40.

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COMPARISON OF THREE LYMPH NODE STAGING SCHEMES FOR PREDICTING SURVIVAL IN PATIENTS WITH COLORECTAL CANCER: A LARGE POPULATION DATABASE AND CHINESE COHORT VALIDATION

Qing-Wei Zhang*, Jin-Nan Chen, Xin-Tian Zhang. *Division of Gastroenterology and Hepatology; Key Laboratory of Gastroenterology and Hepatology, Ministry of Health; Renji Hospital, School of Medicine, Shanghai Jiao Tong University; Shanghai Institute of Digestive Disease, China*

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Background Several node staging schemes have been proposed for colorectal cancer. The optimal system remains controversial. This study aims to compare three node staging schemes in predicting survival outcome in patients with colorectal cancer.

Methods Patients with colorectal cancer were identified from the Surveillance, Epidemiology, and End Results (SEER) database, and a Chinese patient cohort was used for independent validation. The prognostic performance of three node staging schemes was compared, involving a number-based scheme (pN), ratio-based scheme (rN) and log odds of positive lymph nodes scheme (LODDS). Prediction performance were assessed for overall performance using R^2 , discriminatory capacity using Harrell's C statistic, Royston's D statistic. After LODDS and rN were classified into three groups using the x-tile analysis, prediction capacity of these two classification was also compared with 7th N stage.

Results There were 240 898 patients in the SEER database and 1316 in the Chinese cohort. LODDS scheme showed limited advantage in overall performance R^2 (LODDS vs. rN vs. pN: 19.4% vs. 17.6% vs. 9.4%) and predictive accuracy with Harrell's C statistic (LODDS vs. rN vs. pN: 0.727 vs. 0.719

vs. 0.712), Royston's D statistic (LODDS vs. rN vs. pN: 4.01 vs. 4.13 vs. 3.83) than either pN or rN, for patients with colorectal cancer in SEER database. Results were validated in Chinese cohort, also showing that LODDS scheme still showed a limited advantage in predicting survival outcomes in patients with colorectal cancer (See table 1). Using x-tile method, patients were classified into three groups of LODDS as LODDS1.

Conclusions Both LODDS, rN, and pN schemes had the similar discriminatory capacity and predictive accuracy. The LODDS, rN classification could also serve as an important reference for the tumour node metastasis (TNM) node classification.

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MODULATION OF INTESTINAL DYSBIOSIS IN PATIENTS WITH CONSTIPATION-PREDOMINANT IRRITABLE BOWEL SYNDROME USING LACTOBACILLUS-CONTAINING CULTURED MILK DRINK

Norfilza Mokhtar*, Norhayati Md Jaafar, Seow-Neng Chan, Rafiz Abdul Rani, Liyana Zaharuddin, Norshafila Diana Mohd Rathii. *Universiti Kebangsaan Malaysia, Malaysia*

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Background Dysbiosis of gut microbiota is postulated to play a role in the pathogenesis of irritable bowel syndrome. A safe and affordable strategy to maintain gut microbiome homeostasis is by introducing cultured milk drink. This study aimed to investigate the effects of lactobacillus-containing cultured milk drink on clinical symptoms and circulating pro-inflammatory cytokines in subjects with constipation-predominant irritable bowel syndrome (IBS-C) as compared to controls.

Methods Subjects fulfilling Rome III criteria for IBS-C were recruited. Each subject had to drink three bottles of 12=cultured milk drink daily for 30 days, each containing 10^9 cfu of live bacteria consists of *Lactobacillus acidophilus* and *Lactobacillus paracasei* with 4.06 g/10=of fructose, 4.14 g/10=glucose, 0.29 g/10=sucrose, <0.1 g/10=maltose and 1.35 g/10=lactose. Intestinal transit time (ITT), clinical symptoms (Garrigues questionnaire), stool pH and serum IL-6, IL-8 and TNF- α were assessed at pre and post 30 day consumption.

Results About 77 IBS-C with 88 controls (mean age: 29.71 \pm 8.79 and 29.27 \pm 7.64 years old respectively) were recruited. At 30 days of post-consumption, majority (97.4%) of IBS-C had improvement in constipation-related symptoms, and faecal pH was significantly reduced from 6.13 \pm 0.57 to 5.94 \pm 0.37 ($p<0.05$). ITT showed significant improvement in IBS-C group (45.82 \pm 28.89 to 30.64 \pm 20.07 hours) as well as in control group (15.73 \pm 9.28 to 10.82 \pm 5.34 hours) ($p<0.05$). Interestingly, there was also a significant difference in ITT between these groups ($p<0.05$). In IBS-C, the levels of TNF- α and IL-6 were significantly lower in post as compared to pre-consumption IBS-C group ($p<0.05$). While for IL-8, the level was significantly reduced post-consumption in IBS-C and controls ($p<0.05$).

Conclusions Daily consumption of cultured milk drinks for 30 days is beneficial to improve constipation-related symptoms, reduces faecal pH, ITT and pro-inflammatory cytokines among IBS-C patients. Consideration should be made to include cultured milk drink as an option in the treatment of IBS-C.