protective effect. There was a strong positive correlation between IBD-10 scores of patients and their caregivers (figure 1).

Abstract IDDF2018-ABS-0223 Table 1

Scores: median (IQR)	Remission	Mild	Moderate	Severe	P-value
CD: SIBDQ	57 (51–64)	53 (44–60)	41 (34–47)	32 (24–50)	<0.0001
CD: IBD-10	8 (6–8)	7 (5–8)	6 (5–7)	4 (3–7)	<0.0001
UC: SIBDQ	58 (49.5–64)	49 (40–55)	46 (34–54)	26 (22–32)	<0.0001
UC: IBD-10	7.5 (6–8)	6.5 (5–8)	6 (5–8)	4 (2–5)	0.005

Conclusions Higher educational attainment and unemployment rate exist among IBD patients in East China. Patients' HRQOL declines and correlates with multiple negative factors. Caregivers may form similar disease-related perception just as patients do.

IDDF2018-ABS-0224

EVALUATING STRATIFICATION PERFORMANCE OF HIGH-RISK FACTORS QUESTIONNAIRE (HRFQ) FOR COLORECTAL CANCER AND ADVANCED COLORECTAL NEOPLASIA IN CHINESE ASYMPTOMATIC SUBJECTS

¹Liwen Huang*, ²Shanjuan Wang, ³Ping Chen, ³Xiaoqin Yuan, ⁴Wei Huang, ⁵Ming Hu, ⁶Tiansheng Huang, ⁷Xiaogang Li, ⁸Yinbing Tan, ⁹Martin Wong. ¹Chinese University of Hong Kong, Hong Kong; ²Department of Gastroenterology, Hospital of Jiading District, Shanghai, China; ³Ruijin Hospital North, Shanghai Jiaotong University, Shanghai, China; ⁴Department of Gastroenterology, Li Qun Hospital, Shanghai, China; ⁵Department of Gastroenterology, Nan Xiang Hospital, Shanghai, China; ⁶Department of Gastroenterology, Traditional Chinese Medicine Hospital of Jiading District, Shanghai, China; ⁷Department of Gastroenterology, Dachang Hospital, Shanghai, China; ⁸Department of Gastroenterology, Huaqiao Hospital, Kunshan, Jiangsu, China; ⁹Institute of Digestive Disease, Faculty of Medicine, Chinese University of Hong Kong, Hong Kong

10.1136/gutjnl-2018-IDDFabstracts.165

Background High-Risk Factors Questionnaire (HRFQ) has been widely applied in Chinese organised colorectal cancer (CRC) screening programmes since the 1990s. It served as a screening test to identify the possibly missing high-risk population whose faecal occult blood test result was negative. Nevertheless, its performance to stratify CRC and advanced colorectal neoplasia (ACN) have not been adequately examined. There is no comparison between its discriminatory capability and that of other risk prediction models commonly adopted in China, such as the Asia Pacific Colorectal Screening (APCS).

Methods A prospective, multi-centre colonoscopy study was held in 7 endoscopic units across North Shanghai, China from 2016 to 2017. Average-risk subjects were recruited when they received screening colonoscopy. Information required by HRFQ, including family history of CRC in first degree relatives, personal history of any malignancy, past history of

colorectal polyps, and other required variables were collected by self-reported questionnaires. Experienced colonoscopists performed all the colonoscopy, while pathologists who were blinded to the survey findings, reported the histology based on standard diagnostic criteria. The sensitivity, specificity, positive/negative predictive value (PPV/NPV), and the C-statistics were calculated to evaluate the discriminatory value of HRFQ for CRC and ACN. We also examined the above parameters when APCS scoring system was used, using a score of 4–7 points as 'high-risk'.

Results Among all 2813 enrolled individuals (mean age 58.7 ± 8.4 years, male 52.0%), 142 cases (5.0%) had ACN and 29 patients (1.0%) had invasive cancers. The proportion of high-risk population identified by HRFQ and APCS were 46.9% (n=1,318) and 31.8% (n=894), respectively. For CRC the difference between HRFQ and APCS was not significant in C-statistics. However, for ACN the performance of APCS with respect to sensitivity, specificity, PPV, NPV and C-statistics, were significantly superior to that of HRFQ (table 1).

Conclusions These findings implied that the use of HRFQ might need to be re-examined to attain a satisfactory predictive capability. Due to the current limited CRC case number, we recommend future studies in other population groups to enhance its generalizability.

Abstract IDDF2018-ABS-0224 Table 1 Predictive performance of HRFQ and APCS for CRC, ACN (95% CI) (n=2,813)

	CRC(n=29)		ACN(n=142)	
	HRFQ	APCS	HRFQ	APCS
Sensitivity(%)	48.3 (47.7,48.9)	58.6 (58.0,59.2)	48.6 (48.3,48.9)	51.4 (51.1,51.8)
Specificity(%)	53.2 (53.1, 53.2)	68.5 (68.4,68.6)	53.2 (53.2,53.3)	69.3 (69.2,69.3)
PPV(%)	1.1 (1.0,1.1)	1.9 (1.9,1.9)	5.2 (5.2,5.3)	8.2 (8.1,8.2)
NPV(%)	99.0 (99.0, 99.0)	99.4 (99.4,99.4)	95.1 (95.1,95.2)	96.4 (96.4,96.4)
C-statistics	0.51 (0.40,0.61)	0.64 (0.53,0.74)	0.51 (0.46,0.56)	0.65 (0.60,0.69)

HEFR: High Risk Factors Questionnaire; APCS: Asia Pacific Colorectal Screening; CRC: colorectal cancer, ACN: advanced colorectal neoplasia; PPV: positive predictive value; NPV: negative predictive value; CI: confidence interval.

IDDF2018-ABS-0225

FAECAL MICROBIOTA TRANSPLANTATION BY CAPSULES FOR ACTIVE UNCREATIVE COLITIS: A RANDOMISED TRIAL

¹Qiongyun Chen*, ¹Yanyun Fan, ²Bangzhou Zhang, ¹Qingwen Huang, ¹Chuanxing Xiao, ¹Hongzhi Xu, ¹Jianlin Ren, ²Xiang Zhang. ¹Zhongshan Hospital Department of Gastroenterology, Xiamen University, Xiamen, China; ²Institute for Microbial Ecology, Medical College of Xiamen University, Xiamen, China

10.1136/gutjnl-2018-IDDFabstracts.166

Background Faecal microbiota transplantation (FMT) is a novel form of therapeutic manipulation through gastroscopy, colonoscopy, naso-intestinal tube, et al, which brings pain and inconvenience to the patients. We aim to establish an easy way of FMT in active ulcerative colitis.

Methods We conducted a randomised, double-blind trial in Zhongshan Hospital Affiliated to Xiamen University, Xiamen, China. We randomised allocated patients with active ulcerative colitis accompanied by Mayo score 5–9 to FMT, followed by capsules 3 days one week. One donor's faecal microbiota was made into one capsule, and faecal microbiota transplantation

was each derived from two or three unrelated donors. The primary outcome was clinical remission with Mayo score.

Results 20 patients were enrolled in our trial, of whom all received capsules. The primary outcome with clinical remission was achieved in 15 out of 20 patients (75%), and 5 out of 20 patients (25%) had a relapse. No adverse events were identified in these patients. The quantity of lipopolysaccharide was higher in patients with ulcerative colitis compared to normal subjects, but no obvious change was identified between responders and non-responders patients after faecal microbiota transplantation. What's more, increased expression of CD5 +CD19+B cell, CD3-CD16+CD56+NK cell, and CD4 +CD25+Foxp3+Treg cell was found after FMT, which indicated that FMT by capsules could induce an anti-inflammatory pathway in patients with active ulcerative colitis. This may regenerate immunological tolerance to defence the increased inflammation by endotoxin.

Conclusions Intensive-dosing, multidonor, FMT by capsules induces clinical remission in active ulcerative colitis and is associated with the changes of the immune system. FMT by capsules is, thus, a promising new therapeutic option for ulcerative colitis with more economical and convenient. Future work should focus on the multicenter verification and the relationship of immunity and gut microbiome.

IDDF2018-ABS-0234

AN ANALYSIS OF TREND, CLINICO-PATHOLOGICAL FEATURES AND TREATMENT RECEIVED BY MULTI-ETHNIC PATIENTS WITH COLORECTAL CANCER AT A SINGLE TERTIARY CARE CENTRE IN MALAYSIA: A REVIEW OF 2 DECADES

¹Zhiqin Wong*, ²Zairul Azwan Mohd Azman, ²Luqman Mazlan, ¹Rasyidah Rehir, ¹Chai Soon Ngui, ¹Jeevinesh Naidu, ³Fuad Ismail, ³Nik Muhd Aslan Abdullah, ¹Gee Huey Leong, ⁴Isa Rose, ⁴Azyani Yahaya, ⁵Nur Yazmin Yaacob, ⁵Syazarina Sharis Osman, ²Ismail Sagap, ¹Raja Affendi Raja Ali. ¹Gastroenterology Unit, Department of Medicine, Faculty of Medicine, UKM Medical Centre, Malaysia; ²Colorectal Unit, Department of Surgery, Faculty of Medicine, UKM Medical Centre, Malaysia; ³Department of Oncology, Faculty of Medicine, UKM Medical Centre, Malaysia; ⁴Department of Pathology, Faculty of Medicine, UKM Medical Centre, Malaysia; ⁵Department of Radiology, Faculty of Medicine, UKM Medical Centre, Malaysia

10.1136/gutjnl-2018-IDDFabstracts.167

Background The incidence of colorectal cancer (CRC) is increasing steadily in Asia Pacific region including Malaysia. The collaborative data collection system enables CRC registration to document details of patients with CRC. This study aim to analyse the trend, clinico-pathological features along with treatment modalities received by CRC patients at our centre from 1997–2017.

Methods A Total of 1000 CRC cases were analysed from the hospital medical record system.

Results The median age at diagnosis was 63+11.97 years. Majority of patients diagnosed between 50 to 69 years old (57.9%) and 60.5% were males. The trend of CRC among the young patients revealed; Age group 20–39 years at 5.1%, and age group 40–49 years at 10.8%. There was an increment of 14.3% CRC cases in the second decade of analysis. Chinese patients were highest at 52.9%, followed by Malays at 42.3% and Indians at 3.1%. However, for young patients

(<50 years old), Malays predominate at 55.3%, and for elderly (>70 years old), Chinese predominate at 59.9%. Most CRC cases were in the rectum (34.1%) with the majority of adenocarcinoma (83.3%) of well-differentiated cells (44.4%). For patients with Duke A: 65.4% had surgery alone and 15.4% had surgery, chemotherapy and radiotherapy. For patients with Duke B (34.1%) and C (39.2%): 40.9% had surgery alone, 26.6% had surgery and chemotherapy and 15.1% had surgery and chemo-radiotherapy. For patients with Duke D; 33.3% had palliative surgery along and 9.1% had surgery and chemo-radiotherapy. Anterior resections were most frequently performed at 38%.

Conclusions In Malaysia, most CRC cases were diagnosed in the rectum at Dukes B and C, which commonly occurred among middle-aged and elderly Chinese patients. Majority of CRC cases in the young (<50 years old) patients were Malays. Most of the patients received only surgical treatment with anterior resections most frequently performed. There is a definite increasing trend of CRC in particular among young Malay patients for the past 2 decades in Malaysia.

IDDF2018-ABS-0236

ABDOMINAL COCOON SYNDROME: A CASE REPORT AND REVIEW OF RELATED LITERATURE

Michael Arrosas*. University of the East Ramon Magsaysay Memorial Medical Center- GIT Unit, Philippines

10.1136/gutjnl-2018-IDDFabstracts.168

Significance Despite several cases reported worldwide, Abdominal Cocoon Syndrome still is a rare condition. No published reports have been found locally. And reminds us to always be prudent despite being presented with a common problem. The correct early diagnosis avoids the risk of complications. This report aims to keep us abreast of the current practices and recommendation by other countries and able to be better equipped in handling perioperative incidental findings of this entity prior to the end of surgery.

Clinical Presentation We presented a case of a 30-year-old man subacute gastric outlet obstruction and lagged physical development not appropriate for age.

Management Imaging revealed dilated stomach and duodenum, delayed barium transit from the stomach to ileum, and concomitant distal jejunal and proximal ileal obstruction. Initially treated as SMA syndrome, but after 2 attempts of conservative management failed, a diagnostic laparotomy was done. A surprising intraoperative findings revealed a thick membrane covering the entire small intestines sparing the duodenum. Adhesiolysis and removal of the membrane were made, releasing the trapped intestines. Histopathology confirmed the diagnosis. The patient was discharged 2 weeks post-operatively.

Recommendation It is recommended to remain prudent in handling the common problem and always have a high index of suspicion. Maximise preoperative condition of the patient, decide when to do the definitive treatment, careful surgery, judicious postoperative care, and surveillance of possible complications is a must. Aetiology remains elusive, research on the relationship of prematurity at birth, smoking on the