Abstract IDDF2019-ABS-0249 Figure 1  Flow diagram of the study

**COMPARISON OF POST ENDOSCOPIC ENSAL MUCOSAL RESECTION BLEEDING BETWEEN EPINEPHRINE AND HYPERTONIC SALINE SUBMUCOSAL INJECTION FOR COLON POLyps IN PATIENTS TAKING ANTITHROMBOTIC AGENTS**

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**Background** The present study has investigated the comparison of the clinical outcomes of prophylactic submucosal saline-epinephrine injection and hypertonic saline injection for colon polyps in patients taking antithrombotic agents.

**Methods** We retrospectively investigated the medical records of 183 patients who were undergoing endoscopic submucosal resection (EMR) from January 2013 to March 2018. The patients were divided into two groups: group A, 92 patients with saline-epinephrine injection use; and group B, 91 patients with hypertonic saline injection use. The prevalence of serrated lesions, which could inform clinical practice to enhance their detection rate.

**Results** The mean age was 73.5 and 74.0 years in group A and B, respectively. In group A, 92 patients with saline-epinephrine injection use; and in group B, 91 patients with hypertonic saline injection use. Clinical characteristics, type of antithrombotic agents, treatment outcomes and adverse events were compared between the two groups.

**Conclusions** This was the first systematic review and meta-analysis to determine the overall prevalence of serrated lesions and their different subtypes. The pooled prevalence estimates can be used as indicators for establishing high-quality CRC screening programmes. Future studies should be performed to evaluate the factors independently associated with the presence of serrated lesions, which could inform clinical practice to enhance their detection rate.

**Abstract IDDF2019-ABS-0252**

**EFFECT OF MULTIDONOR INTENSIVE FECAL MICROBIOTA TRANSPLANTATION BY CAPSULES FOR ACTIVE UNCREATIVE COLITIS: A PROSPECTIVE TRIAL**

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**Background** Fecal microbiota transplantation (FMT) can induce remission in patients with ulcerative colitis (UC). We aim to establish the efficacy of multidonor, easy way FMT by capsules in active UC, and identify the factors associated with response to therapy.

**Methods** We conducted a prospective trial in Zhongshan Hospital Affiliated to Xiamen University, Xiamen, China. A total of 28 adults with active UC (Mayo score 4–11) were enrolled in this trial, followed by capsules 3 days one week. One donor’s fecal microbiota was made into one capsule, and fecal microbiota transplantation was each derived from two or three unrelated donors. The primary outcome was steroid-free clinical remission with endoscopic remission or response. We performed 16S rDNA stool analysis to access associated microbial changes. Based on LC-MS/MS technology metabolomic researches were carried out to study metabolome of the serum.

**Results** The primary outcome with clinical remission was achieved in 16 out of 28 patients (57.14%), and 11 out of 22 patients (50%) had the mucosal healing. No adverse events were identified in these patients. The effects have no significant relationship with the age, gender, severity and extent of disease. FMT increased microbial diversity and altered composition. After FMT, unlike non-responders, the intestinal flora structure of responders was close to the donor, and the significant change began 1 week after transplantation. After FMT, responders had enrichment of Alloprevotella compared with non-responders and had increased levels of taurocholate and taurocholate. Escherichia-Shigella were decreased after FMT in responders, but no change in non-responders. The correlation analysis between the differential metabolites and the differential flora showed that the bile acid-related metabolites were positively correlated with the abundance of Alloprevotella and Prevotella.9.

**Conclusions** Intensive-dosing, multidonor, FMT by capsules induces clinical remission in active ulcerative colitis and is associated with the changes of intestinal flora. Alloprevotella