and bile acid-related metabolites were related to curative effect. The enrichment of Alloprevotella after FMT may be able to treat ulcerative colitis by regulating bile acid metabolism, improving mucosal permeability and regulating immunity. Future work should focus on the multi center verification and the relationship of immunity and gut microbiome.

**EXPLAINED VARIANCE AND PREDICTABILITY OF INFLAMMATORY BOWEL DISEASES BY GENETIC RISK SCORE IN FIVE ASIAN POPULATIONS (RESULTS FROM THE INTERNATIONAL IBD GENETICS CONSORTIUM)**


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**EXPLAINED VARIANCE AND PREDICTABILITY OF INFLAMMATORY BOWEL DISEASES BY GENETIC RISK SCORE IN FIVE ASIAN POPULATIONS (RESULTS FROM THE INTERNATIONAL IBD GENETICS CONSORTIUM)**

**Background** In the absence of properly designed studies, the clinical implication of genetic findings in Inflammatory Bowel Disease (IBD) is a matter of persistent debate especially in Asian population where the prevalence of IBD including Inflammatory Bowel Disease (IBD) is a matter of persistent debate especially in Asian population where the prevalence of IBD including Crohn’s Disease (CD) and Ulcerative Colitis (UC) is rising. We aimed to investigate the predictability of IBD, CD, and UC by the means of Genetic Risk Score (GRS), in yet unaffected high-risk individuals from East Asia (EA) and Central Asia (CA).

**Methods** This present study included 9,698 subjects, consisting of 2,003 CD, 2,730 UC and 4,965 countries, age and gender-matched controls, genotyped on the Immunochip array of the Caucasian population, to build GRS and test the predictive model in these two populations.

**Results** GRS of IBD could significantly explain up to 4.40% and 4.14% of IBD variance in EA and CA populations but given a prevalence of 0.01% and 0.04% for IBD it yields to a negligible predictive probability up to 8.8x10^-4 and 5.52x10^-4, GRS of CD and UC could significantly explain CD and UC to a lesser extent compared to IBD given a lower prevalence of CD and UC (figure 1).

**Conclusions** The present study shows that genetic findings based on Trans-ethnic analyses are applicable across Asian populations. GRS alone can explain a limited percentage of disease occurrence in general population (<5% of disease susceptibility) and may not predict IBD in the Asian populations.

**FACTORS ASSOCIATED WITH READINESS TO SCREEN FOR COLORECTAL CANCER: A POPULATION-BASED STUDY USING THE STAGES OF CHANGE MODEL**

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**Background** Colorectal cancer (CRC) screening is crucial in reducing its mortality yet its success depends on long-term participation. To promote the screening programme, there is a need for understanding the factors associated with its uptake. Nevertheless, most previous studies only evaluated the factors associated with screening adherence as a binary outcome. The Stages of Change model (SOC) provides an alternative means to categorise prospective participants into more precise groups. This study aims to investigate the social-demographic factors associated with readiness to CRC screening using the SOC.

**Methods** A population-based telephone survey was conducted among 2,400 individuals aged 61–70 years old. Data on the social-demographic factors (age, gender, educational level, marital status, occupation, income, smoking and self-perceived health status), past experience; current status; and future intention to receive CRC screening were collected for each participant.