for each individual. Based on the SOC, participants were categorised into different groups, consisting of pre-contemplation, contemplation, preparation, action, relapse, and maintenance. Adjusted odds ratios (AORs) and 95% confidence intervals (CIs) were evaluated using binary logistic regression analyses.

Results Participants at the pre-contemplation stage were more likely to be older (AOR=1.07; 95% CI=1.04–1.11), of female gender (AOR=1.54; 95% CI=1.15–2.07), and have lower income (AOR=0.68; 95% CI=0.48–0.98) compared with those at contemplation, preparation or action stages. Relapse screeners were more likely to be older (AOR=1.08; 95% CI=1.03–1.13), at lower education level (AOR=0.54; 95% CI=0.35–0.82), and smokers (AOR=1.92; 95% CI=1.09–3.38) compared with maintenance screeners. The association was not found to be associated with marital status, occupation and self-perceived health status.

Conclusions The goal for promoting health programs is to facilitate forward movement from the pre-contemplation stage to contemplation, preparation, action and finally maintenance. This is one of the very few studies investigated factors associated with readiness to CRC screening by using the SOC. Our findings provide a foundation for developing interventions to improve long-term participation of CRC screening.

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**ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY WITH BALLOON-ASSISTED ENTEROSCOPY IN PATIENTS WITH ROUX-EN-YANASTOMOSIS AND WHIPPLE OPERATION**

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**Background** In patients with Roux-en-Y anastomosis (including hepaticojejunostomy and Roux-en-Y gastric bypass) and Whipple operation, endoscopic retrograde cholangiopancreatography (ERCP) can be challenging. We retrospectively analyse our experience with ERCP using balloon-assisted enteroscopy (BAE) (BAE-ERCP) in patients with Roux-en-Y anastomosis and Whipple operation.

**Methods** ERCP was performed in 15 patients (4 pancreaticoduodenectomy and 10 cholangiojejunostomy and 1 Subtotal gastrectomy with Roux-en-Y reconstruction; age ranging from 4 to 63 years) with balloon-assisted enteroscopy. Double- and single-balloon enteroscopy was applied in 5 and 10 patients, respectively.

**Results** Bile duct cannulation was successful in 13 of 15 cases (86.7%), including simple stenosis of the anastomotic stoma (n=2), intrahepatic bile duct stones (n=10), and pancreatic cancer (n=1). Cannulation failed because the guidewire could not pass through the anastomotic stenosis in one patient and because the endoscope could not enter the acute angle of the anastomosis of the afferent limb in the other patient. Adverse events included jaundice (n=1) and perforation (n=1), which were successfully treated by conservative therapy.

**Conclusions** ERCP with balloon-assisted enteroscopy in patients with Roux-en-Yanastomosis and Whipple operation is safe and useful but has unique complications. The success rate is lower than that of conventional ERCP.