Results In total 289 VOCs were found. The median number of VOCs identified per sample was 85 (3–18). Esters formed the largest group of compounds identified (n=82) with a mean of 17 (–3) esters per sample.

Three compounds were identified in all participants; Butanoic acid, 2-phenylacetaldehyde and 1H-indole. Thirteen compounds were present in >90% of samples, 11 were present in >80% and a further 9 were seen in >70%. This included; 10 aldehydes, 7 acids, 7 ketones, 4 benzenoids, 4 alicyclic compounds, 2 alcohols, 1 alkane and 1 alkene. Of these, 1 compound has previously been identified only in saliva; (1R,2R,4S)-1-ethenyl-1-methyl-2,4-bis(prop-1-en-2-yl)cyclohexane; it was found in 76 faecal samples.

Conclusion We the “core” compounds VOC profile of healthy,4,5 have amalgamated data from different laboratories, using different techniques, sample handling and spectral analyses, comprehensive list of VOCs from a large set of healthy individuals which all underwent the same analysis in one lab.

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PWE-052 COLORECTAL NEOPLASIA IN SIERRA LEONE – WE WILL ONLY FIND IF WE LOOK

1Dominic Lagrue, 1Nikhil Aggarwal, 1,2Kevin Monahan*.
1Imperial College School Of Medicine, London, UK; 2West Middlesex University Hospital, Chelsea and Westminster Hospital Trust, London, UK

Background There has been an historical assertion that adenomatous polyps and colorectal cancer are rare in Africa, and particularly sub Saharan Africa. The reasons have been felt to be due to the African diet being ‘protective’(1). More recently, this view has been questioned as various publications have reported finding of adenomas and carcinomas (2). An explanation put forward is that there has been a ‘westernisation’ of the African lifestyle and diet. However there may be a more obvious reason – facilities and access to endoscopic evaluations have been poor and therefore, patients have not had access to these, so are not diagnosed.

Results 12 patients attended for colonoscopy. Only one of these was a screening procedure, with 11 presenting with lower GI symptoms. 8 were male. Colorectal neoplasia was detected in 7 cases (58%). Table 1 shows details of patients in whom adenomas or cancers were detected.

Conclusion This small series further adds to the increasing literature suggesting that colorectal neoplasia is not a rare
condition in sub Saharan Africa. Addressing the westernisation of the population (in lifestyle and diet) may not be as important as the provision of diagnostic facilities. The burden of colorectal neoplasia is likely to be much higher than currently reported, and more work on incidence and prevalence of these conditions could support further development of endoscopic services in Africa.

REFERENCES

PWE-053 META-ANALYSIS OF TUMOUR MICROSATELLITE-INSTABILITY, AS A PREDICTOR OF RESPONSE TO FLUOROURACIL-BASED ADJUVANT CHEMOTHERAPY FOR COLON CANCER

1Alberto Quaglia*, 2Nikhil Aggarwal, 3Mark McPhail, Kevin Monahan, 4Royal Free Hospital London, London, UK; 5Imperial College London, London, UK; 6King’s College London, London, UK

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Introduction Controversy remain on the use of 5-FU-based regimens in treating microsatellite instability-related colo-rectal cancer, particularly in relation to the effect of patient’s age and of combining 5-FU with other drugs. The aim of this study was to carry out a meta-analysis of current literature to investigate the relationship between tumour microsatellite status and response to 5-FU based adjuvant chemotherapy including patient stratification by staging.

Methods A systematic literature review of PubMed was conducted. Studies were included/excluded based on pre-specified criteria. CRC with low MSI (MSI-L) were clustered together with MSS CRC. Overall survival at 5 years was estimated from Keplen-Meier curves. Publication bias was investigated using funnel plots and Egger’s test. Statistical analyses were conducted using the R program (version 3.2.4).

Results Out a total of 1807 studies identified in the Pubmed database until December 2018, 326 were reviews or were not written in English and were excluded. Of the 1481 remaining studies, 17 fulfilled the screening criteria. Eight were excluded because they did not include overall survival data at 5 years. Nine studies were therefore used for the meta-analysis. The quality of all studies was considered fair according to predefined criteria and Egger’s test revealed no publication bias. There was however considerable variation between studies in terms of study design, tumour site, tumour staging, and molecular techniques used for the identification of MSI. According to the meta-analysis result 5-FU treated individuals who died at 5 years were 0.69 times more likely to have MSI than those who were alive, but this did not reach statistical significance. There were no sufficient studies to carry out subgroup analysis by stage.

Conclusions Meta-analysis based on data extracted from published literature is marred by the heterogeneity and/or paucity of clinical, pathological and molecular data in published studies. Similarly to two previous meta-analysis studies there was no significant difference in the overall survival of patients with MSI-H and MSS/MSI-L CRC treated with adjuvant 5-FU. More studies are necessary to clarify whether patients with MSI-H CRC, and in particular those at a relatively early stage, should be offered 5-FU based adjuvant chemotherapy.

PWE-054 ENDOSCOPIC INTERVENTIONS AVERT PERMANENT END OSTOMY IN HIGH-RISK FOR ADVERSE OUTCOME(HRAO) PATIENTS

1Prabh Singh*, 1Ivanher Kaur, 1Allyssa Meyer, 2Zaheer Rizvi, 1Victor Chedd, 1Kevin Quinn, 3Navtej Buttar. 1Mayo Clinic, Rochester, USA; 2Government Medical College and hospital, Chandigarh, India

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Introduction Anastomotic stenosis, fistulas or leaks distal to the loop ostomy either require a complex redo pelvic surgery or a potential conversion to end ostomy, both of which are associated with significant morbidity or mortality. Our aim was to assess minimally invasive endoscopic approaches as primary or rescue intervention in high-risk for adverse outcome (HRAO) patients who were otherwise destined to a permanent end ostomy.

Method All ostomy patients with endoscopic stent placement between May 2012 and July 2018 were included. Relevant demographic and clinical data were abstracted from the electronic medical record. Data was presented using descriptive methods.

Results A total of 12 (mean age 47.9y; 70% male) HRAO patients underwent minimally invasive endoscopic interventions: Eight patients had stenosis (66%), 2 patients had leak/fistula and 2 patients had stenosis as well as a fistula. The ostomy was performed for IBD in 6 (50%) patients, colorectal carcinoma in two, diverticulitis in two, rectal prolapse in one and recurrent sigmoid volvulus in one patient. Majority of the patients had ileostomy except one with colostomy and another with Altermeier procedure. 42% patients were on steroids, 58.3% were on immunosuppressants and 25% patients were smokers. 50% of the procedures were rescue interventions after reversal. Axios stents were used in 66% and Viabil in 34%. Stent diameter ranged from ~5 mm and length from ~0 mm. Two patients required a rendezvous antegrade-retrograde procedure. Adjunct therapies such as endoscopic suturing, transanal drainage, biocompatible plugs or biodegradable plugs were used in 33.3% of patients. On follow up, 10 patients (83%) had durable endoscopic response without the need for further interventions but two required surgery including one with permanent end ostomy. Both failures were in the patients who had strictures complicated by fistulas. One patient acutely presented with stent obstruction. In four patients stents spontaneously migrated without residual symptoms and in five, stents were removed after symptom resolution. One patient still has stent in place 8 months after endoscopic stent placement.

Conclusion Minimally invasive endoscopic management in high-risk for adverse outcome (HRAO) patients who were otherwise destined to a permanent end ostomy is a safe & effective management option. A consideration should be given to endoscopic intervention as it has potential to avert redo surgery or permanent end ostomy.

PWE-055 IRON SUPPLEMENTATION, MICROBIOME RELATED METHANOGENESIS AND CONSTIPATION – NOVEL MODEL TO EXPLAIN AN AGE-OLD PROBLEM

1Sarah Smith*, 1Jordan Haworth, 2Sam Treadway, 2Anthony Hobson. 1Functional Gut Diagnostics, Manchester,UK; 2The Functional Gut Clinic, London, UK

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Introduction Methanogens, which generate methane via the process of methanogenesis, are a normal component of the human gut microbiota. Methane gas can cause symptoms such as bloating and flatulence. Peaks in the number of anaerobic bacteria, particularly Methanobrevibacter smithii, may be associated with increased methane production, and thus symptoms such as constipation.

Methods A total of 12 (mean age 47.9y; 70% male) HRAO patients underwent minimally invasive endoscopic interventions: Eight patients had stenosis (66%), 2 patients had leak/fistula and 2 patients had stenosis as well as a fistula. The ostomy was performed for IBD in 6 (50%) patients, colorectal carcinoma in two, diverticulitis in two, rectal prolapse in one and recurrent sigmoid volvulus in one patient. Majority of the patients had ileostomy except one with colostomy and another with Altermeier procedure. 42% patients were on steroids, 58.3% were on immunosuppressants and 25% patients were smokers. 50% of the procedures were rescue interventions after reversal. Axios stents were used in 66% and Viabil in 34%. Stent diameter ranged from ~5 mm and length from ~0 mm. Two patients required a rendezvous antegrade-retrograde procedure. Adjunct therapies such as endoscopic suturing, transanal drainage, biocompatible plugs or biodegradable plugs were used in 33.3% of patients. On follow up, 10 patients (83%) had durable endoscopic response without the need for further interventions but two required surgery including one with permanent end ostomy. Both failures were in the patients who had strictures complicated by fistulas. One patient acutely presented with stent obstruction. In four patients stents spontaneously migrated without residual symptoms and in five, stents were removed after symptom resolution. One patient still has stent in place 8 months after endoscopic stent placement.

Conclusion Minimally invasive endoscopic management in high-risk for adverse outcome (HRAO) patients who were otherwise destined to a permanent end ostomy is a safe & effective management option. A consideration should be given to endoscopic intervention as it has potential to avert redo surgery or permanent end ostomy.

Abstracts