Conclusion There is a substantial cost associated with the treatment of recurrence after ER which has not been considered in studies evaluating the efficacy of EMR. Injudicious prior manipulation contributes to the heavy cost burden. ESD should be evaluated more closely as it results in fewer subsequent treatments for recurrence and the possibility of longer surveillance intervals.

PTH-017 REGISTRAR-LEVEL TRAINING IN COLORECTAL ESD IN WESTERN PRACTICE: OUTCOMES OF INDEPENDENT TRAINEE PERFORMED ESD

Andrew Emmanuel*, Shraddha Gulati, Nishmi Gunasingam, Sophie Williams, Margaret Burt, Bu Hayee, Aryn Haji. *King's College Hospital NHS Foundation Trust, London, UK*

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Introduction There are no published reports on registrar training in colorectal Endoscopic Submucosal Dissection (ESD) in western practice. It is unclear if any such training takes place in western centres where uptake of colorectal ESD has been slow and training, where it exists, is confined to experienced endoscopists who have already completed specialist training. We report our experience of registrar training in ESD and report outcomes from the first 10 cases completed by a trainee unassisted by a trainer.

Methods A registrar's ESD training over a 12 month period was evaluated after sequential training in colonoscopy, magnification endoscopy and endoscopic mucosal resection. The trainee had no prior first-operator experience in ESD. Cases were assigned by the trainer as either 'trainee to perform part' or 'trainee to complete'. Procedures were designated 'trainee completed, unassisted' if completed without the trainer handling the endoscope. A standardised ESD technique was employed. Outcomes for trainee completed cases included ESD proficiency (resection speed in cm²/hour), R0 resection and complications.

Results The trainee performed part or complete colorectal ESD for 22 cases over the study period of which 10 were completed en bloc unassisted by trainer (mean size 48 mm, range 22 mm-110 mm). 8 of 9 cases assigned 'trainee to complete' were successfully completed unassisted, and 2 cases assigned 'trainee to perform part' were completed unassisted. Lesions were located in the rectum (n=8) and sigmoid (n=2). 1 case was performed under general anaesthetic due to extreme size (110 mm) and patient tolerance. Mean proficiency for unassisted trainee completed cases was 12.7 cm²/hour. There were no perforations and 1 case of post procedure bleeding managed with observation alone. R0 resection was achieved in 100%, including a case of submucosal invasive cancer.

Conclusions Registrar level training in ESD in western centres is feasible and safe. With appropriate prior diagnostic and EMR training, progress in ESD training is rapid and good proficiency (speed of resection) is achieved even for initial unassisted cases whilst clinical and oncological safe outcomes are maintained.

PTH-018 SHORT-TERM OUTCOMES OF A PROTOCOL OF ESD/HYBRID-ESD AS THE PRIMARY RESECTION STRATEGY FOR RECTAL ADENOMAS

Andrew Emmanuel*, Shraddha Gulati, Christo Lapa, Sophie Williams, Nishmi Gunasingam, Margaret Burt, Bu Hayee, Aryn Haji. *King's College Hospital NHS Foundation Trust, London, UK*

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Introduction ESD is rarely practiced in western centres. Given its technical difficulty, many western experts believe indications for ESD are limited. However, histopathologic diagnostic and treatment uncertainty resulting in over- or under-treatment can have grave consequences in the rectum. As a result, our unit recently opted for the exclusive use of ESD/Hybrid ESD to resect all large rectal adenomas. We report short term outcomes using this protocol for 12 months.

Methods Endoscopic resection (ER) of large (≥ 20 mm) colorectal adenomas were analysed and outcomes compared after adoption of an exclusive ESD resection strategy for all rectal adenomas ≥ 20 mm for 12 months (Period 2) compared to earlier resections (Period 1) when resection strategy was based on lesion morphology, surface characteristics and ER experience.

Results ER was performed for 185 rectal adenomas (period 1 n=154, Period 2 n=31) with a mean size of 63 mm (range 20-160 mm). ESD/Hybrid ESD was used for 97% of ER in Period 2 *versus* 61% in Period 1 ($p < 0.001$). A trainee performed part or all of 52% of ERs in Period 2 *versus* 7% in Period 1 ($p < 0.001$). There were no differences between time periods in complications (OR 0.4, 95% CI 0.1-3.6, $p = 0.44$) post procedure bleeding (OR 1.0, 95% CI 0.1-8.8, $p = 1$) or risk of stenosis (OR 1.7, 95% CI 0.2-16.7, $p = 0.66$). Rates of submucosal invasive cancer were similar (12.9% *versus* 7.8%, $p = 0.36$). There were no clinically significant perforations in either group.

Conclusions ESD/Hybrid ESD for all large rectal adenomas, even when incorporating ESD training, is feasible and safe with sufficient expertise and experience. Data for long term outcomes are desirable to evaluate potential benefits in oncological results, reduced recurrence and potential fewer additional procedures.

PTH-019 EFFICACY OF FCSEMS FOR REFRACTORY CBD STONES AT A SINGLE CENTRE OVER THREE YEAR PERIOD

Kohilan Gananandan*, Cameron Green, Simon Phillpotts, Yasser El-Sherif, Sudeep Tanwar. *Whipps Cross University Hospital, Barts Health NHS Trust, London, UK*

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Introduction 10-20% of patients have 'complex' CBD stones whereby extraction by ERCP is unsuccessful despite additional techniques, due to stone impaction and/or stone size. Cholangioscopy with laser/electrohydraulic lithotripsy is efficacious in patients with refractory stones but is normally only available in tertiary centres. Herein, we report the effect of introducing an