highest risk. However, more studies are needed to see if these results are reproducible and related to individual procedure. Early endoscopy readmissions could therefore be used as a surrogate marker for endoscopic complications and has the potential to be used in a KPI study.

Introduction The Endorings™ is a distal attachment consisting of two layers of circular flexible rings that evert mucosal folds. Aims; to investigate if Endorings Colonoscopy (ER) improves polyp and adenoma detection compared to standard colonoscopy (SC).

Methods This multi-centre, parallel group, randomized controlled trial included screening, surveillance and symptomatic patients. Primary outcome; number of polyps per patient. Secondary outcomes; number of adenomas per patient, adenoma/poly detection rates and withdrawal times.

Results Total of 556 patients (214 females, 342 males) randomized to ER (275) or SC (281). Mean age 67. Colonoscopy completed 532/556 (96%) cases. EndoRings removed in 74/275 (27%) patients. In 66/74 (89%) cases removal was performed due to difficulties with sigmoid intubation. Remainder removed to facilitate retroflexion or polyp removal/retrieval. Total number of polyps in ER limb 571 vs 444 for SC limb. Our study showed a statistically significant difference in the mean number of polyps per patient in both the Intention to Treat (ITT) (1.8 SC vs 2.1 ER, p-value 0.02) and Per Protocol (PP) (1.8 SC vs 2.25 ER, p-value 0.009).

There was a trend towards a greater polyp detection rate in the ER colonoscopy (67.5% SC vs 75.2% ER, p-value 0.05).

Conclusions Despite the high removal rate of Endorings, there was a statistically significant increase in the mean number of polyps in the ER limb compared to the SC limb. Our study shows promise for the EndoRings™ device to improve polyp detection.

Increased diagnostic sensitivity of pancreaticobiliary malignancy by modifying ERCP brushing practice: A single centre experience

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