Results Themes identified are summarised:

Abstract PTH-096 Table 1

Themes	Sub-themes (* most frequently occurring themes)
Facilitators in shared decision-making (SDM) and decision confidence	<p>Feeling well informed:</p> <ul style="list-style-type: none"> • Give balanced & accurate information* • Explain all alternative options • Address patient priorities: effect on quality of life, family, career • Allow time for independent research • Personalised risk prediction allows rational decision-making • Joint medical/surgical clinics <p>Good relationship with clinical care team:</p> <ul style="list-style-type: none"> • Trust in experience & peer consensus* • Patient-centred & supportive* <p>Address emotional and psychological wellbeing:</p> <ul style="list-style-type: none"> • Social media reduces stigma • Positivity increases confidence • Prepare for potential colectomy early • Provide counselling and patient support network <p>Education may dispel fears (preferred formats: patients, video, leaflet)</p> <p>Suboptimal relationship with clinical team:</p> <ul style="list-style-type: none"> • Lack of options* • Feeling rushed • No continuity in care • Not patient-centred • Making wrong assumptions <p>Internet and social media can be unrealistic and irrelevant</p> <p>Avoidance of reality:</p> <ul style="list-style-type: none"> • Youthful naivety • Over-optimism • Fear
Barriers in SDM	<p>Dying from cancer is not an option*</p> <p>Changing priorities with age</p> <p>If segmental colectomy was an option</p> <p>Reasons to accept a stoma:</p> <ul style="list-style-type: none"> • Allows more control • Uncertainty about pouch function impact on lifestyle • More acceptable in older age <p>Reasons to accept a pouch</p> <ul style="list-style-type: none"> • It's closer to normality • Can go back to stoma if it doesn't work <p>I feel fine, why risk my quality of life?</p> <p>Surveillance is reassuring enough</p> <p>Uncertainty in dysplasia prognosis</p> <p>Negative patient stories</p> <p>Concerns about stomas:</p> <ul style="list-style-type: none"> • Not normal • Disrupts life • Body image • Leaks, smell and pain <p>Concerns about pouches:</p> <ul style="list-style-type: none"> • Pouch frequency disrupts life* • Peri-operative complications • Risk of cancer in pouch/cuff <p>Faith in alternative therapies and lifestyle changes</p> <p>Fear of being a burden on family</p>
Reasons to accept colectomy	
Reasons to decline colectomy	

Conclusions This is the first in-depth qualitative study to our knowledge exploring the barriers and facilitators for shared decision-making in IBD dysplasia management. These findings should guide clinicians to embrace a more patient-centred approach.

PTH-097 DIETARY ANTIOXIDANTS AND THE RISK OF DEVELOPING ULCERATIVE COLITIS: A NESTED-CASE-CONTROL STUDY WITHIN EPIC-NORFOLK

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Introduction Oxidative stress may be involved in ulcerative colitis (UC) aetiology. Here we investigate, for the first time using a prospective study design, whether the dietary antioxidants vitamins C, E and zinc are associated with a decreased risk of developing UC, using 7-day food diaries, the most accurate dietary methodology.

Methods A cohort of 23,658 participants, aged 40–74 years, enrolled in the European Prospective Investigation of Cancer-Norfolk between 1993–1997. At recruitment participants completed 7-day food diaries that recorded food intake including frequency, brands and portion sizes. Nutrient intakes were computed using a specifically designed nutrient database of 11,000 food items. The cohort was monitored to 2004 to identify incident UC cases. Conditional logistic regression analysis calculated odds ratios (OR) of developing UC across tertiles of intake. Adjustments were made for smoking status and energy intake.

Results During follow-up 26 individuals (42% female) developed UC, 35% of whom had left-sided disease. Multivariable analyses showed no associations between any of vitamin C, vitamin E and zinc and the odds of UC, with no trends across tertiles (For vitamin C: 3rd vs 1st tertile OR=2.03, 95% confidence interval (CI)=0.67–6.20; trend OR=1.42, 95% CI=0.82–2.45; For vitamin E 3rd vs 1st tertile OR=1.04, 95% CI=0.27–4.07; trend OR=1.10, 95% CI=0.57–2.14; For zinc 3rd vs 1st tertile OR=2.00, 95% CI=0.42–9.53; trend OR=1.38, 95% CI=0.69–2.78).

Conclusions The data does not support a role for any of vitamin C, vitamin E and zinc in preventing UC. Further follow-up of the cohort is continuing to make estimates with better precision.

PTH-098 MINIMALLY INVASIVE ENDOSCOPIC APPROACHES TO MANAGE COMPLICATED IBD PATIENTS AT A TERTIARY CARE CENTER

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Introduction Patients with complicated IBD have a higher risk of recurrent surgeries, prolonged hospitalizations, morbidity and mortality. We aim to review endoscopic stenting for management of strictures and/or fistula as primary or rescue interventions in these complicated IBD patients.