complications in gastric cancer patients undergoing surgery. The preoperative CCR showed a good predictive ability for short-term postoperative complications, with an optimal cut-off value of 7.117. Patients with low CCR had a higher incidence of overall complications (P<0.001), including mild complications (P<0.001) and major complications (P<0.001).

Conclusions The preoperative CCR was identified as a reliable nutrition and sarcopenia assessment tool for predicting short-term prognosis for patients with gastric cancer after surgery.

Background Frailty has been described in young patients with chronic inflammatory conditions. We aimed to determine the prevalence and impact of frailty among inflammatory bowel disease (IBD) outpatients.

Methods Patients were prospectively recruited from our tertiary IBD clinic Nov 2018-Nov 2019. Frailty was defined by Fried Frailty Index (FFI). Crohn’s Disease Activity Index (CDAI) for Crohn’s disease (CD) or partial Mayo score for ulcerative colitis (UC) and IBD unclassified (IBDU), IBD questionnaire (IBDQ), Patient Health Questionnaire-9 (PHQ-9) and Charlson comorbidity index (CCI) were collected.

Results Forty-one patients were recruited (63% female, median age 32, 22% UC, 71% CD, 7% IBDU). Five patients (12%) were frail (FFI>3) and 36 (88%) were non-frail: 20 (49%) pre-frail (FFI=1–2), 16 (39%) robust (FFI=0). Frail patients were older (median age 54vs.31, P=0.03) with longer duration of IBD (median 20vs.6 years, P=0.05) compared to non-frail. FFI correlated with CCI (Pearson r.32, P=0.04). Mean CDAI and median partial Mayo scores were higher in frail/pre-frail patients with CD (224 vs.112, P<0.01) and UC/IBDU (3vs.0.5, P=0.03) compared to robust patients. Conversely, the proportion of frail/pre-frail patients increased with IBD activity: remission (24%), mild (36%), moderate (89%) and severe disease activity (100%), PP=0.02). Compared to robust patients, frail/pre-frail patients had higher mean PHQ-9 scores (11.0vs.7.1, P=0.02) and higher depression rates (60%vs.25% with PHQ-9≥10, P=0.03). Anti-depressant use increased with FFI score (11% FFI=0, 17% FFI=1, 40% FFI=2, 100% FFI≥3, P=0.02). Frail/pre-frail patients had lower mean IBDQ scores (141vs.169, P=0.02) compared to robust patients denoting worse quality of life (QOL).

Conclusions Frailty or prefrailty is common among IBD outpatients and associated with older age, comorbidity, IBD duration, disease activity, prednisone use, depression and lower QOL.

Background The COVID-19 pandemic has placed increased strain on healthcare systems worldwide with enormous reorganisation undertaken to support ‘COVID-centric’ services. Non-COVID-19 admissions have been shown to have reduced due to public health measures to halt viral transmission. We aimed to understand the impact of the response to the COVID-19 pandemic on the outcomes of upper gastrointestinal bleeds (UGI).

Methods A pan-London retrospective observational multicentre study comparing outcomes following endoscopy for UGI bleeds from 24th March 2020 to 20th April 2020 to the