Abstract 057 Table 1 Characteristics of SPS patients with positive genetic testing

Gene affected	Mutation	WHO SPS type	Age at diagnosis	Clinical outcome
RNF43	c.471 del G <i>Pathogenic variant</i>	II	68	Cascade genetic testing for at-risk relatives
MUTYH APC	c.1187G>A <i>Pathogenic variant</i> c.646-4T>G <i>Uncertain variant</i>	I	70	Cascade genetic testing for at-risk relatives
MUTYH	c.1187G>A <i>Pathogenic variant</i>	II	32	Cascade genetic testing for at-risk relatives
SMAD4	c.455-2A>G <i>Pathogenic variant</i>	I	78	Upper GI endoscopic surveillance, HHT screening and cascade genetic testing for at-risk relatives
POLD1	c.946G>A <i>Pathogenic variant</i>	I	70	Cascade genetic testing for at-risk relatives
CHEK2	c.1427C>T <i>Pathogenic variant</i>	I	34	Annual PSA testing and cascade genetic testing for at-risk relatives
CHEK2	c.1100delC <i>Pathogenic variant</i>	I	68	Moderate risk breast screening and cascade genetic testing for at-risk relatives
MSH6	c.1054G>A <i>Uncertain variant</i>	I	30	No change
MSH6	c.2398G>C <i>Uncertain variant</i>	I	59	No change
MSH6	c.3026A>T <i>Uncertain variant</i>	I	36	No change
MSH2	c.835C>G <i>Uncertain variant</i>	I	37	No change
APC	c.3479C>A <i>Uncertain variant</i>	II	54	No change
APC	c.2486C>T <i>Uncertain variant</i>	I	38	No change
NTHL1	c.512C>T <i>Uncertain variant</i>	II	52	No change

REFERENCES

1. Clendenning M, Young JP, Walsh MD, *et al.* Germline mutations in the polyposis-associated genes BMPR1A, SMAD4, PTEN, MUTYH and GREM1 are not common in individuals with serrated polyposis syndrome. *PLoS ONE* 2013;**8**:e66705.
2. Monahan KJ, Bradshaw N, Dolwani S, *et al.* Guidelines for the management of hereditary colorectal cancer from the British Society of Gastroenterology (BSG)/ Association of Coloproctology of Great Britain and Ireland (ACPGBI)/United Kingdom Cancer Genetics Group (UKCGG). *Gut* 2020;**69**(3):411–444.
3. Rosty C, Brosens LAA, Nagtegaal ID. Serrated Polyposis. WHO Classification of Tumours. Digestive System Tumours, 2019.

Neurogastroenterology

058 IS THE LOW FODMAP DIET EFFECTIVE IN THE LONG TERM? THE LARGEST MULTICENTRE PROSPECTIVE STUDY

¹Anupam Rej*, ¹Rachel L Buckle, ¹Christian C Shaw, ¹Nick Trott, ¹Sebastian Adu-Tei, ²Anurag Agrawal, ²Joanna Mosey, ³Katie Sanders, ⁴Rupert Allen, ⁴Sophie Martin, ⁵Aimee Newton, ⁶Kelly Robinson, ⁶David Elphick, ¹Imran Aziz, ¹David S Sanders. ¹Academic Unit of Gastroenterology, Royal Hallamshire Hospital, Sheffield Teaching Hospital NHS Foundation Trust, Sheffield, UK; ²Doncaster and Bassetlaw Hospitals NHS Trust, Armthorpe Road, Doncaster, UK; ³University Hospital Lewisham, Lewisham High Street, London, UK; ⁴Bradford Teaching Hospitals NHS Foundation Trust, Duckworth Lane, Bradford, UK; ⁵York Teaching Hospital NHS Foundation Trust, Wigginton Road, York, UK; ⁶Chesterfield Royal Hospital NHS Foundation Trust, Calow, Chesterfield, UK

10.1136/gutjnl-2020-bsgcampus.58

Introduction The low FODMAP diet (LFD) has been demonstrated to be effective in managing the symptoms of irritable bowel syndrome (IBS) in the short term. However, data remains limited on the long-term effects of this dietary therapy. The aim of this study was to assess the long-term effect of the LFD on symptom management and adherence.

Methods Patients with IBS who had received LFD advice between 2012–2019 were prospectively recruited at 7 centres in the United Kingdom. Participants were invited to complete dietary questionnaires assessing the LFD at long term follow up (>6 months). Symptoms were assessed using a modified gastrointestinal symptom rating scale (0, none; 1, mild; 2, moderate; 3, severe).

Results 589 patients were approached, with 154 participants completing the study (76% female, mean age 51±15 years). The mean duration of follow up following initiation of the LFD was 42±28 months. A statistically significant improvement in abdominal pain (2.3±0.8 vs 1.2±0.9, p<0.001), abdominal bloating/distention (2.3±0.8 vs 1.4±1.0, p<0.001) and bowel urgency (2.0±1.1 vs 1.3±1.0, p<0.001) was noted following the LFD at long term versus baseline. 78% (n=120) of individuals reported following an adapted LFD at long term follow up. 60% (n=92) reported grains (wheat, rye, barley) as a trigger for their symptoms, with 64% (n=98) purchasing gluten or wheat free products in the long term.

Conclusion This is the largest study demonstrating the efficacy of the LFD in the long term for individuals with IBS. Adherence to an adapted LFD appears to be good in the long term, with the majority of individuals reporting grains as a trigger and purchasing gluten or wheat free products to manage their symptoms.

059 MRI METHODS TO DEFINE COLONIC FUNCTION IN HEALTH AND CONSTIPATION

¹Victoria Wilkinson-Smith*, ¹Caroline Hoad, ²David Atkinson, ¹Luca Marciani, ¹Maura Corsetti, ³S Mark Scott, ²Stuart Taylor, ¹Penny Gowland, ¹Robin Spiller. ¹NIHR Nottingham Biomedical Research Centre, University of Nottingham, Nottingham, UK; ²Centre For Medical Imaging, UCL, UK, London, UK; ³Neurogastroenterology Group, QMUL, London, UK

10.1136/gutjnl-2020-bsgcampus.59

Background RECLAIM is a multicentre study examining patients with functional constipation (FC) and IBS with constipation (IBS-C), along with healthy volunteers (HV) to correlate MRI findings with those from colonic manometry, and