poster prompts can be used to serve as a point of reference. ESS should routinely be incorporated into departmental induction and education.

### Abstracts

#### P28 COMPARISON OF ANXIETY AND DEPRESSION SCORES BETWEEN 2-WEEK WAIT AND BARRETT’S SURVEILLANCE ENDOSCOPY REFERRALS

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10.1136/gutjnl-2020-bsgcampus.103

**Introduction** BSG guidelines recommend endoscopic surveillance for patients with Barrett’s oesophagus (BE), due to the 0.5% annual risk of developing oesophageal adenocarcinoma. Approximately 10% of GP 2-week wait (2WW) referrals result in a cancer diagnosis, and patients on a 2WW pathway should be told of a theoretical risk of cancer. We therefore performed a case-control study, comparing outpatients referred to endoscopy for BE surveillance (BES) and GP 2WW referrals, to ascertain the effect of possible cancer on patients’ anxiety and depression under 2 different scenarios.

**Methods** Patients were recruited as part of the Saliva to Pre-alimentary and Warwickshire Regional Ethics Committee (17/WM/0079). Anxiety and depression was measured using the Hospital Anxiety and Depression Scale (HADS) questionnaire; this was completed at recruitment in the endoscopy department.

**Results** Out of 157 patients who were approached, creating a submucosal tunnel. The tunnel wall is then collapsed to remove the lesion. Data from a tertiary referral centre is depicted in table 1, demonstrating tunneling technique is a safe, effective and efficient way to perform ESD, especially in Western settings.

### Abstract P29 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Average size (cm square)</th>
<th>Mean duration (min)</th>
<th>En-bloc resection</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oesophageal (N=15)</td>
<td>17</td>
<td>99</td>
<td>100%</td>
<td>Bleeding-0  Perforation-0</td>
</tr>
<tr>
<td>Colorectal (N=9)</td>
<td>36</td>
<td>221</td>
<td>100%</td>
<td>Bleeding-0  Perforation-0</td>
</tr>
</tbody>
</table>

**Conclusions** These results suggest that 2WW patients undergoing endoscopy have higher baseline anxiety and depression than patients. Patients on a 2WW list would have had at least one previous endoscopy, and may have developed expectations and adaptive mechanisms to their procedure. A previous study found a reduction in depression but not anxiety scores in patients with BE and non-specific symptoms undergoing OGD. Our study partially concurs with this; it may be that 2WW patients have an additional element of anxiety compared to a cohort with non-specific symptoms, which will need further clarification.

### References


#### P29 ENDOSCOPIC SUBMUCOSAL DISSECTION (ESD) IN THE WESTERN SETTING – IS TUNNELING TECHNIQUE THE WAY FORWARD?

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10.1136/gutjnl-2020-bsgcampus.104

**Introduction** Since the advent of Peroral Endoscopic Myotomy (POEMS), tunneling technique has become a popular way of performing ESD.

**Conclusion** After initial distal dissection, proximal end of the lesion is approached, creating a submucosal tunnel. The tunnel wall is then collapsed to remove the lesion. Data from a tertiary referral centre is depicted in table 1, demonstrating tunneling technique is a safe, effective and efficient way to perform ESD, especially in Western settings.