Abstract P38 Table 1 Findings

Variable	N (%)
Sex	M 698 (48.8%)
Age	Median 59±13.7 years
Obesity (WHO: BMI>30)	487 (34%)
Central obesity (Waist circumference: M>94 cm, F>80 cm)	1090 (76.2%)
Hypertension*	480 (33.6%)
Type II Diabetes*	181 (12.7%)
Raised HbA1c in non-diabetics	104 (7.3%)
Raised total cholesterol (>6 mmol/L)	255 (19.6%)
Raised triglycerides (>1.7 mmol/L)	290 (22.4%)
Metabolic syndrome (NCEP ATP III criteria)	250 (19.5%)

*Pre-existing diagnosis

34 patients (2.37%) had a prior diagnosis of NAFLD. 553 patients (44.4%) had a raised FLI>60, and 149 (26.9%) of these had indeterminate or abnormal FIB-4. 158 patients (12.2%) had ALT >40 U/L. Of these, 67 (46.5%) had an indeterminate or abnormal FIB-4. 19 patients had ALT ≥3xULN, of whom only 6 had a prior diagnosis of liver related problem. Of 57 patients with abnormal FIB-4 score, 52 (91%) had not previously been diagnosed with liver disease.

1102 patients (78.7%) consumed alcohol. Of these 593/1102 (53.8%) scored ≥5 in the AUDIT-C questionnaire and 169/1102 (15.3%) drank above recommended limits.

Conclusions In a population attending colonoscopy, the burden of fatty liver disease, obesity and metabolic syndrome was high. Many individuals consumed alcohol to excess. These factors are associated with a range of adverse health outcomes, but are potentially modifiable. Endoscopy may provide a 'teachable moment' for delivering brief health behaviour interventions.

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IMPORTANCE OF METABOLIC SYNDROME IN COLORECTAL NEOPLASIA OUTCOMES: SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/gutjnl-2020-bsgcampus.114

Introduction Metabolic syndrome (MetS) is a cluster of factors including hyperglycaemia, hypertension, obesity, hyperlipidaemia and hypercholesterolaemia. It has been suggested that MetS increases the risk of colorectal neoplasia and colorectal cancer (CRC) mortality among general population. This systematic review aimed to examine the association of MetS with 1) recurrent colorectal adenoma or occurrent CRC after adenoma resection 2) CRC-related post-surgical complications 3) CRC survival including overall survival (OS), cancer-specific survival (CSS) and progression-free survival (PFS).

Methods The review was conducted according to PRISMA guidelines. MEDLINE, Embase, Scopus and Web of Science

were searched up to 22.11.2019. Eligible studies with extractable hazard ratios (HR) or odds ratios (OR) were included in meta-analyses (where ≥3 studies were available on a specific outcome) using random effects models. I²-test was used to assess between-study heterogeneity. Quality appraisal was undertaken with Newcastle-Ottawa score.

Results 1108 non-duplicate articles were identified with 61 selected for full text assessment: 20 were eligible and included. These articles used different definitions of MetS: 8 AHA or NCEP ATP III or IDF, 5 modified AHA or ATP III, 5 Chinese Diabetes Society, 2 three of four MetS components.

Two articles reported an insignificant association between MetS and recurrent adenoma. Two articles combined adenoma and CRC as an overall outcome and found an association with MetS (HR=1.33 or 1.42). One article reported a significant association between MetS and recurrent nonadvanced adenoma (OR=1.52) only in women and null associations with neoplasia (which included adenoma and CRC) in both sexes. Five articles reported post-surgical complications in CRC patients: 4 assessed CRC-related post-surgical complications (pooled OR=2.76, 95%CI 0.94–8.15) and 1 combined CRC-related and other post-surgical complications. Ten articles assessed the survival in CRC patients. MetS was statistically significantly associated with CSS (pooled HR=1.80, 95%CI 1.04–3.12) but was not with OS (1.04, 0.94–1.15) or PFS (1.12, 0.89–1.42). Between-study heterogeneity was insignificantly modest in OS studies.

Conclusions Our findings suggest that MetS is associated with worse CSS but not with OS, PFS or cancer-related post-surgical complications in CRC patients. Studies on recurrent adenoma or occurrent CRC post adenoma resection are limited. Varying definitions of MetS made comparison of studies difficult and a standardised definition should be developed. Well-designed research is required to better understand the association of outcomes between MetS and colorectal neoplasia.

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PRELIMINARY RESULTS OF THE OBESITY RELATED COLORECTAL ADENOMA RISK (OSCAR) STUDY

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10.1136/gutjnl-2020-bsgcampus.115

Introduction Obesity and non-alcoholic fatty liver disease (NAFLD) is associated with colorectal neoplasia.^{1 2} In the UK, colonoscopy is performed for patient symptoms, Bowel Cancer Screening Programme (BCSP), family history or surveillance. We aimed to further explore obesity and NAFLD as risk factors with a view to developing a risk model.

Methods OSCAR was a cross sectional study recruiting patients attending for colonoscopy. Patients' medical history, smoking habits, alcohol intake, medication, family history of CRC, waist circumference/height/weight and bloods results were recorded. Multivariate logistic regression was undertaken to test associations between obesity, NAFLD, other risk factors and colorectal adenomas. Preliminary results are reported.

Results 1430 patients were recruited (BCSP 410 [28.6%]; symptomatic 1020 [71.3%]). 698 were male (48.8%) with median age: 59 years. The burden of obesity and liver disease was high (reported in a further abstract).