**Abstracts**

**P76** SURVEILLANCE GUIDELINES: LONG-TERM ADENOMA SIMULATION TRAINING FOR ENDOSCOPY ASSISTANTS

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**Introduction** 1 in 10 people in the UK have a detectable colorectal adenoma. Most adenomas are asymptomatic and detected incidentally during national screening and surveillance programmes. Post-polypectomy, these patients are considered to be at an increased risk of colorectal cancer (CRC), with calculations primarily based on polyp size and multiplicity.

To investigate the outcomes of endoscopic surveillance and compare the British Society of Gastroenterology (BSG) 2012 guidelines with the recently revised 2019 guidelines. The primary outcome was to determine the incidence of advanced adenomas on repeat investigations following the complete guideline for polyp surveillance reduces the burden of colono-

**Methods** Post-polypectomy patients under surveillance at a single large tertiary referral centre serving a secondary care population of approximately 1 million were identified. Patients with a familial hereditary condition, polyposis syndrome, inflammatory bowel disease (IBD), previous CRC diagnosis with a familial hereditary condition, polyposis syndrome, were excluded. Patients were categorised as ‘high’, ‘intermediate’ or ‘low’ risk using the 2012 BSG guidelines and re-categorised as ‘large non-pedunculated colorectal polyp (LNPCP), ‘high risk’, or ‘discharge’ using the 2019 BSG guidelines. Patients were assigned an advanced Polyp Index (API) score following each endoscopy (size $\geq 10$ mm = 1, number $\geq 5$ = 1, high-grade dysplasia = 2) for analyses.

**Results** Between October 2011 and Dec 2014, 1190 patients (M=816(69%), mean age=62) had a primary colonoscopy and polypectomy. During surveillance, $n=2(0.19\%)$ CRCs were detected (mean interval =3.2 years). Patients were stratified into high (n=484), intermediate (n=303) and low (n=403) risk groups and follow-up data was collected until December 2019, mean=7.6[SD=±0.9] years.

API $\geq 1$ during surveillance was detected in n=46(9.5%), n=11(3.6%), n=7(1.7%) patients in high, intermediate and low risk patients respectively, as per 2012 guidelines; high risk vs intermediate risk (p=0.0017), intermediate risk vs low risk (p=0.146). On re-stratification to 2019 guidelines, API $\geq 1$ was determined in LNPCP (n=177), high risk (n=296) and discharge (n=717), as n=15 (8.5%), n=34 (11%) and n=18 (2.5%) respectively.

**Conclusions** Using 2019 revised guidelines, 717 (60.1%) patients would have been discharged following the index procedure and no CRC would have missed. 18 (2.5%) patients with an API $\geq 1$ would have been missed, however this was not significant (Fisher’s Exact Test; p=0.42). The revised BSG guideline for polyp surveillance reduces the burden of colonoscopy to patients and the healthcare system, without compromising the identification of significant pathology or CRC.

**Introduction** The Joint Advisory Group (JAG) ISREE initiative in 2019 called for an improvement of safety in endoscopy, one of the recommendations was simulation training for staff. Endoscopy simulation courses have shown positive results for improving staff confidence in handling emergencies (Menabey, T et al, 2018). A hospital conducted a simulation day in conjunction with the local simulation centre and the impact on was staff analysed.

**Methods** Training was provided to a range of staff from 3 endoscopy units. Simulations were delivered using a combination of clinical mannequins and simulated patients. Simulations consisted of: vasovagal, respiratory arrest, and cardiac arrest. Staff confidence in managing emergencies was assessed before and after the training using a 1–5 Likert scale for the following questions:

- How confident do you feel...
  1. that your clinical knowledge is appropriate to your level?
  2. to practice within the limitations of your level?
  3. that you possess sufficient strategies to raise concerns when necessary?
  4. that you are receptive to feedback from others?
  5. that the course can teach you something new?
  6. that you possess the skills and knowledge to assess and treat acutely unwell patients?
  7. that you possess the skills required to communicate information to the MDT?

Questions with free text responses were also asked. Responses were divided into registered and unregistered.

**Results** 35 staff attended: 19 RNs, 2 ODPs, 2 Nurse Endoscopists, 1 Trainee Nursing Associate, and 11 HCAs. 100% of registered staff and 91% of unregistered staff said they would recommend the course to a colleague. All registered staff showed an improvement in confidence, with the most improvement being communication during emergencies (Q3 +0.37) and clinical knowledge (Q1 +0.65). Question 6, relating to treating the acutely unwell patient, showed a -0.37 drop in scores for unregistered. Conversations in the debriefs indicated that most were not aware of potential endoscopic emergencies. Taking in to account their positive free text answers, it could be concluded that the decrease was due to staff realising their need for further training.

**Change in staff responses:**

**Conclusions** Simulation training was well received by staff and improved knowledge of emergency protocols and confidence in dealing with emergencies.

**REFERENCES**


**P77** SIMULATION TRAINING FOR ENDOSCOPY ASSISTANTS

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**Simulation Training for Endoscopy Assistants**

**Abstracts**

**P78** SUBJECTS WHO UNDERWENT BOWEL SCOPE SCREENING ARE SIGNIFICANTLY MORE LIKELY TO RETURN FOBT/FIT SCREENING KITS

Tania Baldwin, Ajay Verma*. Kettering General Hospital NHS FT, Kettering, UK

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Introduction Bowel Scope screening (BoSS) was launched in 2013 for individuals aged 55 after a landmark study showed that sigmoidoscopy based colorectal cancer (CRC) screening reduced cancer incidence by 23%. Longer term follow up in this study showed that the protection given by sigmoidoscopy based screening from colorectal cancer lasted at least 17 years.

What is not known is how subjects who underwent BoSS at age 55, would interact with the home faecal occult blood/immunochemical test (FOBt/FIT) based screening offered at age 60, compared to non-BoSS screened subjects engaging who engage with FOBt/FIT.

Methods 429 Northamptonshire subjects who underwent BoSS in 2014 had their interaction with the FOBt/FIT screening in 2019 recorded and analysed, benchmarked against non-BoSS screened subjects’ data (from Exeter database dashboard; 2017 & 2018).

Results 429 subjects’ data analysed, 205 females (47.8%), 412 subjects attended a BoSS examination. 30/412 had the benefits shown in the original studies. 1, 2 bigger sample (eg; all the regions of England), this may represent this trend for lower positivity is established when looking a sample size is too small to reach statistical significance, but if the BoSS cohort than the non-BoSS screened population. The cohort of subjects who underwent BoSS in 2014 had their interaction with the FOBt/FIT screening in 2019 recorded and analysed, benchmarked against non-BoSS screened subjects’ data (from Exeter database dashboard; 2017 & 2018).

Conclusion The cohort of subjects who underwent BoSS in 2014 were significantly more likely to return FOBt/FIT kits when compared to a non-BoSS screened population (benchmark with data from 2017 & 2018), Even considering the switch to FIT from FOBt during 2019, the marked improvement in returns suggests that the majority of subjects who underwent BoSS found it a positive experience making them much more likely to engage with FOBt/FIT at the age of 60 and older.

Despite the higher uptake, the positivity rate is lower for the BoSS cohort than the non-BoSS screened population. The sample size is too small to reach statistical significance, but if this trend for lower positivity is established when looking a bigger sample (eg; all the regions of England), this may represent the benefits shown in the original studies. 1, 2
