these, one patient underwent SEMS placement within the SEMS, while others underwent surgery.

Conclusions Colonic SEMS placement achieves optimal palliation of malignant colonic obstruction in 86% of patients with few complications. Long term complications like obstruction occur in few patients after a median duration of 6 months.

IDDF2021-ABS-0174 'IDIOPATHIC' TERMINAL ILEAL ULCER – OUTCOMES OF INTERVAL ENDOSCOPY

Maimouna Nasser Mandhari*, Calvin Jianyi Koh, Jonathan Wei Jie Lee, John Shao Rong Mok, Bernice Tan, Juanda Leo Hartono. *Division of Gastroenterology and Hepatology, National University Hospital, Singapore*

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Background Isolated terminal ileal ulcers (ITU) of unknown cause is a relatively uncommon finding and data on its natural history is still scarce. In this study, we aim to evaluate the outcome of ITU which was found during index ileocolonoscopy at a tertiary academic referral centre.

Methods A 12-year electronic database review of all patients undergoing ileocolonoscopy from 1 Jan 2008 to 15 Sep 2020 at National University Hospital Singapore was performed. All patients with findings of 'ulcer' in 'terminal ileum' in the electronic database during index endoscopy were included in the analysis for the presence of interval ileocolonoscopy and the outcome of initial ITU. Patients with a clear diagnosis (cancer, inflammatory bowel disease (IBD), tuberculosis, Behcet's disease) based on clinical, radiology, and histological findings, and those with concomitant colonic inflammation (ulcers or colitis), were excluded from the analysis.

Results There were a total of 258 patients with ITU at index endoscopy, of which 71 patients subsequently underwent interval colonoscopy. Out of these 71 patients, 53 patients (74.6% of those with interval endoscopy; 20.5% of those with ITU at index endoscopy) presented with symptoms of gastrointestinal bleeding (25/71; 35.2%), altered bowel habit (16/71; 22.5%), abdominal discomfort (5/71; 7.0%), weight loss (3/71; 4.2%), anemia (3/71; 4.2%), and vomiting (1/71; 1.4%). The rest are asymptomatic (18/71; 25.3%) and underwent endoscopy for screening. In these 71 patients with interval ileocolonoscopy, ITU has healed in the majority of patients (44/71; 62.0%) with the remaining persisted (27/71; 38.0%). No significant differences were found in the presenting symptoms, or the lack of it, between those with persistent ulcers and those with healed ulcers.

Conclusions A small proportion of patients with 'idiopathic' terminal ileal ulcer developed symptoms requiring repeat ileocolonoscopy (20.6% of patients in this study). The majority of ulcers (62.0%) healed during interval ileocolonoscopy.

IDDF2021-ABS-0176 INFLUENCE OF ARTIFICIAL INTELLIGENCE ON COLONOSCOPY IN DIFFERENT EXAMINATION PERIODS

Guijun Zhao*, Xue Li, Xiong Liang, Hong Zhu, Mingxu Jia, Baitao Wang, Xiao Wang, Yu Bai, Hao Li. *Endoscopy Center, Inner Mongolia key laboratory of endoscopic digestive diseases, Inner Mongolia People's Hospital, Hohhot, Inner Mongolia Autonomous Region, China*

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Background Influenced by various factors, endoscopists have shown differences in the detection rate of adenomas (ADR) during different periods of endoscopy every day. The purpose of this study is to observe whether AI-assisted endoscopy can bring an improvement in ADR and whether the increase is consistent in different periods.

Methods We established a real-time AI-assisted colonoscopy system. The core of the system is a deep neural network for object detection, YOLOV3. The processing speed of this model was 60FPS. When polyps appear in the video of colonoscopy, the system can give a real-time warning on the monitor of the endoscope. We randomly divided the enrolled patients into four groups, which were arranged to receive colonoscopy in the first hour of the morning and the last hour of the morning, respectively. Meanwhile, we differentiated the AI-assisted group and the non-AI-assisted group. In order to remove the bias caused by the experience of the endoscopist, the trial was performed by two colonoscopists with comparable experience. Finally, the ADRs among the groups were compared.

Results With or without AI, endoscopy scheduled in the first hour of the morning had higher ADRs than endoscopy scheduled in the last hour of the morning (23% Vs 18%). AI assistance had a positive effect on the increase in ADR, but it had a greater effect on endoscopy scheduled in the latter period. (0.5% Vs 4.2%).

Conclusions The change of ADR detection rate in different time periods was mainly due to the change of attention of endoscopists, which had little correlation with the level of endoscopic operation. The use of artificial intelligence assistance can help endoscopic doctors improve their attention and ensure the stability of the ADR in different periods.

IDDF2021-ABS-0179 THE ASSOCIATION BETWEEN ORGANISED COLORECTAL CANCER SCREENING AND REDUCTION OF ITS RELATED MORTALITY: A SYSTEMATIC REVIEW AND META-ANALYSIS

¹Hanyue Ding*, ¹Jiaye Lin, ¹Zijun Xu, ¹Liwen Huang, ²Harry Haoxiang Wang, ¹Junjie Huang, ¹Martin Chi-sang Wong. ¹JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, China; ²School of Public Health, Sun Yat-Sen University, Guangzhou, China

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Background To evaluate the long-term association between organised colorectal cancer (CRC) screening and reduction of CRC-related mortality.

Methods We systematically reviewed studies on organized CRC screening through PubMed, Ovid Medline, Embase and Cochrane database from its inception to November 2020. Moreover, we retrieved the matched CRC-related mortality (over 50 years) of those areas from the initial year of CRC screening programmes to the latest data available obtained from the International Agency for Research on Cancer (IARC). The mortality in the initial year and the latest year was used to calculate the age-standardised mortality ratio (ASMR). We adopted a random-effects model to synthesis the ASMR. Subgroup analyses were performed according to the screening period and modalities. Furthermore, a linear mixed model (LMM) was conducted as a sensitivity analysis.