prognosis and the overall survival (OS) were performed using the Cox proportional hazard model.

Results Multivariate analyses show that the number of the lesions ($P=0.006$, IDDF2021-ABS-0020 Figure 1. OS curves according to tumour location (Cox proportional hazards model)), the lymph nodes metastasis ($P<0.001$, IDDF2021-ABS-0020 Figure 2. OS curves according to tumour type (primary or metastatic) (Cox proportional hazards model)), the overall treatments ($P=0.020$), and the surgery ($P=0.025$) are the independent factors that may affect the prognosis of patients with gastrointestinal mucosal melanomas. What's more, this is a rare study to analyze the association between the certain expression of immunohistochemical indexes and the OS of patients with gastrointestinal mucosal melanomas. However, we did not find it significantly associated with the OS of our patients. All the results shown above need further exploration.

Conclusions The condition of primary or metastatic tumors, the anatomic sites in the gastrointestinal tract, and the lymph nodes metastasis may be the independent factors that affect the prognosis of patients with gastrointestinal mucosal melanomas. This study is expected to provide some clues for future exploration which will help clinicians improve the accuracy of judging prognosis.

IDDF2021-ABS-0021 BETTER BOWEL PREPARATION – APPROPRIATE PREOPERATIVE TIME AND GRAPHIC GUIDANCE TO STRENGTHEN EDUCATION BEFORE EXAM

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Background Inadequate bowel preparation (BP) was considered as a major obstacle for successful colonoscopy, which leads to the lower rate of adenoma and polyp detection, increasing related costs, lower cecal intubation rate, and the possibility of repeated examination. We performed a secondary analysis of a colorectal cancer screening program to explore the factors which could improve the bowel preparation quality before colonoscopy.

Methods 738 patients were included in this study. Divided into graphic group (n=242) and word group (n=496),

according to their education of BP, and 6-8 hours (group 1, n=106), 9-12 hours (group 2, n=228) and 13-17 hours (Group 3, n=402) according to the interval between BP and colonoscopy. All patients were scored BP according to the BBPS score during the exam.

Results The BP of graphic group was significantly better than that of word group ($P < 0.001$). The score of BP of the Group 1 and Group 2 were both significantly higher than that of Group 3 ($P < 0.001$). After adjustment, the score of BP of the Group 1 and Group 2 were still both significantly higher ($P=0.012$ and $P=0.032$) (IDDF2021-ABS-0021 Figure A. The relationship between BBPS and interval time of non-adjustment B) (IDDF2021-ABS-0021 Figure B. The relationship between BBPS and interval time after adjustment for gender, age, smoking history, drinking history, family history of colorectal cancer, family history of cancer, type of laxatives, education methods).

Conclusions Patients who use graphic version of the education manual were getting better bowel preparation and the BP is better starting in 6-12 hours and best in 6.5 hours before the exam.

IDDF2021-ABS-0023 EFFECTIVITY OF MOIST EXPOSED BURN OINTMENT (MEBO) AND THE ROLE ON REDUCING THE CHEMOTHERAPY INTERRUPTION OF CAPECITABINE ASSOCIATED HAND FOOT SYNDROME ON STAGE III COLORECTAL ADENOCARCINOMA

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Background A common adverse effect of the fluoropyrimidine chemotherapy agent capecitabine is Hand-foot syndrome (HFS), known as a palmoplantar erythrodysesthesia. Hand-foot syndrome of any grade is reported to affect 43% to 71% of patients treated with single-agent capecitabine chemotherapy.

Abstract IDDF2021-ABS-0021 Figure 1

Abstract IDDF2021-ABS-0023 Figure 1

Abstract IDDF2021-ABS-0023 Figure 2

Although HFS is not a life-threatening adverse effect, it can have a great impact on the quality of life (QoL) and daily living activities of a patient. The dose interruptions and reductions are sometimes required after observation of HFS and could impact on dose intensity and clinical outcomes. As an option for the treatment of this case, we would report our single centre study in evaluating the effectiveness of MEBO for stage II and III HFS.

Methods We will evaluate the clinical sign and symptoms of hand-foot syndrome grade II and III associated with capecitabine as an adjuvant chemotherapy agent on advanced-stage colorectal cancer. All patients with HFS will be treated with topical MEBO twice daily, the clinical improvement of the symptoms will be recorded.

Results Eight cases of grade II and III hand-foot syndrome were reported during this study period, 2 patients were grade III HFS (IDDF2021-ABS-0023 Figure 1. Hand foot syndrome pre-treatment) and the others were grade II. The HFS symptoms occurred during the first 3 months after capecitabine administration. These local topical MEBO were administered twice daily for 3 months following the chemotherapy schedule, pain reduction was achieved with no capecitabine dose interruption and reduction during the chemotherapy period. The allergic reaction was not found during and after MEBO application in this case (IDDF2021-ABS-0023 Figure 2. Hand foot syndrome post-treatment).

Conclusions Since there was no gold standard therapy, moist exposed burn ointment was an effective treatment option in managing HFS, with a good clinical response on reducing the pain without interrupting the capecitabine doses. Early recognition and multimodality treatment is the best effort in treating HFS.

IDDF2021-ABS-0025 DISCRIMINATING ENDOSCOPIC FEATURES OF SESSILE SERRATED LESIONS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Sessile serrated lesion (SSL) is notorious for its malignancy potential and the difficulty to be detected and distinguished under endoscopy. This systematic review and meta-analysis aimed to evaluate endoscopic characteristics of SSL and delineate features that inform distinction between SSA/P and other types of lesions, including hyperplastic polyp (HP) and conventional adenoma.

Methods MEDLINE, Embase and Cochrane Library from the inception to September 9, 2020, were searched for cohort, cross-sectional or case-control studies comparing endoscopic characteristics of SSL and other polyps. The primary outcome measure was the odds of finding specific endoscopic characteristics in patients with SSL compared with other types of polyps in patients undergoing colorectal cancer screening.