Abstract PTH-2 Table 1 Baseline demographic and clinical details

		Number(%)
Demographic Data	Male	26(28%)
	Female	67(72%)
	Age(range)	57(27-85)
Primary Cancers	Cervical	33(35%)
	Prostate	18(19%)
	Anorectal	16(17%)
	Endometrial	12(13%)
	Vaginal	3(3%)
	Vulval	3(3%)
	Sarcoma	1(1%)
	Bowel	1(1%)
	Lymphoma	1(1%)
	Ovarian and endometrial	1(1%)
	Chordoma	1(1%)
Cancer Treatments	EBRT*	67(72%)
	EBRT* followed by brachytherapy	26(28%)
	Brachytherapy without EBRT*	1(1%)
	Chemotherapy	53(57%)
	Surgery	17(18%)

*External beam radiotherapy

have high diagnostic yield². We report a large case series of patients referred to a tertiary pelvic radiation clinic with chronic diarrhoea.

Method Data were collected from electronic records of patients referred with chronic diarrhoea between July 2018 to December 2020, including demographic data, primary cancer, cancer treatments, symptoms and investigation results.

Results 93 patients were identified. Baseline demographic and clinical details are shown in Table 1.

44(47%) patients were treated for BAM. Of those, 13 (30%) had severe BAM (SeHCAT retention 0-5%), 5(11%) had moderate BAM (SeHCAT retention 5-10%), and 15(34%) had mild BAM (SeHCAT retention 10-15%), with 10(23%) having a borderline result (SeHCAT retention 15-20%), which can be associated with symptoms. SeHCAT result was not recorded for one (performed elsewhere).

17(18%) patients were diagnosed with SIBO. Of those diagnosed, 10(59%) had positive hydrogen breath tests and 7 (41%) patients were diagnosed clinically with SIBO. 8(9%) patients were diagnosed with both BAM and SIBO.

Conclusion This large case series confirms BAM is a common cause of chronic diarrhoea following pelvic radiotherapy, affecting over a third of patients. As per BSG

guidelines¹, SeHCAT scans and breath tests should be initial investigations in this patient group. SIBO remains a difficult condition to diagnose due to limitations of the investigations currently available, exacerbated by limited access during the Covid-19 pandemic. This may account for our lower diagnostic yield². Further work is needed to improve the detection of SIBO.

REFERENCES

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PTH-3

WHAT IS THE ROLE OF MULTIPLE URINE GIPS IN ESTABLISHED COELIAC DISEASE?

Anupam Rej*, William Holland, Anupam Rej, Graeme Wild, David Sanders. *Academic Unit of Gastroenterology, Sheffield Teaching Hospital NHS Foundation Trust, Sheffield, UK*

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Introduction The mainstay of treatment for coeliac disease (CeD) is a gluten-free diet (GFD). Poor adherence can result in persistent villous atrophy (VA) and subsequent complications. Non-invasive methods to assess adherence may be preferred by patients, with recent interest in urine gluten immunogenic peptides (GIPs). In view of this, the efficacy of using urine GIPs to assess GFD adherence was assessed, in comparison to the gold standard of duodenal biopsies.

Methods Individuals with known CeD (n=22, female 54.5% [n=12], median age 41 years [range 19-79]) who attended outpatient endoscopy for on-going symptoms were reviewed. Four D2 and D1 biopsies were taken. Villous atrophy (VA) was defined as Marsh 3a or above. Individuals completed three urine GIP samples (one weekday, two weekend) around the time of endoscopy. Rapid immunochromatographic testing was used for analysis. The presence/absence of VA was used to determine the sensitivities, specificities and positive/negative predictive values (PPV/NPV) of urine GIPs.

Results Over half (59.1%, n=13) of individuals had at least one positive GIP, of which 38.5% (n=7) had VA. The sensitivity of urine GIPs was poor, although multiple positive GIPs led to a high specificity and PPV, as seen in Table 1.

Conclusions The presence of two or more positive urine GIPs was a good non-invasive predictor of VA in this small cohort. More data is required to confirm these findings.

Abstract PTH-3 Table 1 Table showing sensitivity, specificity, PPV and NPV of urine GIPs as a predictor of VA

	Sensitivity,% (95%CI)	Specificity,% (95%CI)	PPV,% (95%CI)	NPV,% (95%CI)
1 or more positive GIP (n= 13)	71.4 (29.0 - 96.3)	46.7 (21.3 - 73.4)	38.5 (24.3 - 54.9)	77.8 (49.1 - 92.7)
2 or more positive GIP (n=4)	57.1 (18.4 - 90.1)	100.0 (78.2 - 100.0)	100.0	83.3 (68.0 - 92.1)
3 positive GIP (n=3)	42.9 (9.9 - 81.6)	100.0 (78.2 - 100.0)	100.0	79.0 (66.4 - 87.7)