feeding) with only an improvement of 35 ± 97 from baseline. An improvement in HAD score was seen both for depression and Anxiety in 52% and 55%, respectively. The HADs-D and HADs-A score improved significantly from baseline to the end of the intervention (8 weeks). Surprisingly this improved further once feeding stopped and maintained this improvement by week 16. There was no correlation between HADS-D ($R^2=0.001383$; $P=0.8175$) and HADs-A ($R^2=0.04309$; $P=0.1928$) score and IBS-SSS symptoms at week 8.

Conclusion Treatment with *B. longum* 35624® and *B. longum* 1714® benefits IBS, regardless of subtype, and also has a beneficial impact on co-morbid anxiety and depression. IBS symptoms and anxiety/depression scores differ in their response time to treatment where an improvement in anxiety/depression was observed in response to the initial improvement in IBS symptoms

PTH-104 COMPARING THE CHARACTERISTICS OF COLORECTAL CANCER IN YOUNG VERSUS OLD PATIENTS

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Introduction The overall lifetime risk of developing colorectal cancer (CRC) is approximately 4% in men and women. Over the past few decades, there has been an increase in incidence of CRC in the young population (defined as 50 years and under) despite an opposite trend in the older population (over 50 years old). Furthermore, more advanced disease has been observed at the point of diagnosis in young patients. Although recognised environmental and genetic factors play a role in this increase, the exact aetiology in this age group is unknown, but is likely multifactorial. Our study aimed to compare the differences in presentations, tumour characteristics and outcomes in patients with CRC according to age group.

Methods A prospectively maintained endoscopy database of all colorectal cancers at a London district general hospital between January 2019 and May 2021 was interrogated in conjunction with our colorectal multidisciplinary team meeting outcomes. Data were collected on age, presentation, indication for initial scope, tumour size and site, and biochemical parameters. We compared differences between the 55 year olds and under with the over 55 year olds. Categorical variables were analysed using the chi-squared test and the Fischer's exact

test. Continuous variable were analysed using two tailed T-test. Significant values were considered when $p < 0.05$. All data was performed In R version 1.4.1106.

Results There were 160 patients included in this study. There were 86 females and 74 males. The median age was 72 years old (IQR: 31-94). There were 39 patients in the 55 years and under category and 121 in the over 55 category. There were significant differences in initial presentation with younger patients most commonly presenting with rectal bleeding (33.3%) and abdominal pain (10.2%) whereas older patients presented with iron deficiency anaemia (28.1%) and change in bowel habits (19%) ($p = < 0.01$). Furthermore, there was significantly more lymphovascular invasion in younger patients when compared with older patients (53.8% vs 33% $p < 0.03$). In the younger population the sigmoid colon was the most common site of malignancy (25.6%) compared to the rectum in the older population (24.0%). There was no difference in TNM stage at presentation between the two groups ($p=0.93$). Figure 1 shows the survival analysis between the two groups.

Conclusions Younger patients present differently than older patients with colorectal cancer. Older patients present much more commonly with iron deficiency anaemia compared with younger patients. Furthermore, younger patients present with greater lymphovascular invasion than older patients. Despite differences, survival appears to be similar between the two groups.

PTH-105 SIGMOIDOPEXY-ASSISTED PERCUTANEOUS ENDOSCOPIC COLOSTOMY (PEC) – A STEPWISE IMPROVEMENT IN SAFETY

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Introduction Percutaneous endoscopic colostomy (PEC) is an established alternative to surgery for recurrent sigmoid volvulus or pseudo-obstruction. Tube migration resulting in peritonitis remains a serious safety concern. Endoscopic sigmoidopexy allows fixation of the colon to the abdominal wall prior to PEC insertion, reducing the risk of tube migration or faecal leakage. We present our initial experience of sigmoidopexy-assisted PEC.

Methods After endoscopic decompression of the colon, a suitable place for sigmoidopexy is identified (usually mid-sigmoid), using trans-illumination and/or finger indentation.

A triangulated 3-point sigmoidopexy is then performed with a Pexact suturing device. A 15Fr Freka gastrostomy tube is then inserted within the sigmoidopexy points using a standard pull-through technique, to act as the PEC. A flatus bag is attached to the PEC and left on free drainage for 24 hours. Antibiotics are administered peri-procedurally. The sigmoidopexy sutures are removed after 14 days, and the PEC tube is left in situ for a minimum of 3 months.

Results Over an 18 month period 12 patients had sigmoidopexy-assisted PEC (recurrent sigmoid volvulus 9, pseudo-obstruction 3) after MDT case selection. All cases were considered unsuitable for surgery after surgical review.

There were no procedural complications and no episodes of faecal peritonitis or other significant sepsis.

Abstract PTH-104 Figure 1