Conclusions The most reported comorbidities in FD trials are depression and anxiety levels, overlaps with gastro-oesophageal reflux and IBS, *H. pylori* gastritis and diabetes mellitus. Overall, at least one of these co-morbidities was reported in almost all articles, with a mean of about 2.5 comorbidities reported in each one.

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PWE-63 RECRUITMENT POTENTIAL OF ENHANCED IBS TRIAL RECRUITMENT STRATEGIES IN THE COMMUNITY

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Introduction Participant recruitment is a major factor to the success of a clinical trial and new strategies developed with the aim to increase community recruitment need to be evaluated. This is especially important in chronic conditions where patients are not routinely managed in specialist clinics. This study aims to describe the demographic of screened eligible individuals using the virtual trial process to an interventional irritable bowel syndrome (IBS) trial.

Methods The RELIEVE IBS-D trial was a commercially sponsored pragmatic trial assessing the efficacy of an over-the-counter intestinal adsorbent in the management of diarrhoea predominant irritable bowel syndrome (IBS-D). Following conversion to a virtual trial, consent for contact registries (C4CR), digital media (DM) and newspaper advertising (NA) were used to recruit participants. Potential participants were directed to an online web-based pre-screening questionnaire to assess their eligibility, before a virtual consultation and electronically consented.

Results 540 (41.7%) of the 1292 screened population were eligible. C4CR identified participants had a different geographical distribution to those recruited through NA and DM, seen in figure 1.

Demographics were: C4CR mean age of 43 ± 14.08 , with a male to female ratio of 1:3. DM, mean age 43.9 ± 14.96 with a male to female ratio of 2:7. NA, mean age was 60.6 ± 16.59 and male to female ratio of 1:2.

Abstract PWE-63 Figure 1

Conclusions It is increasingly recognised that methods of reaching out to community-based participants is needed to improve recruitment to trials of some chronic conditions like IBS. Different recruitment modalities appear to appeal to different participant demographic. An effective 'recruitment engine' requires a multi-modality approach.

PWE-64 UNDERSTANDING FACTORS THAT AFFECT RECRUITMENT TO AN INTERVENTIONAL TRIAL OF IRRITABLE BOWEL SYNDROME

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Introduction Although functional bowel disorders are common, interventional therapy trials have often struggled to recruit to time and target. The challenges to trial recruitment include the fact that a high proportion of patients are not under specialist clinics; standard therapies are limited so that placebo control arms are unappealing; the ROME IV criteria are relatively restrictive. Understanding the factors that preclude eligibility is an important part of improving efficiency of trial recruitment.

Method The RELIEVE IBS-D trial was a commercially sponsored pragmatic trial assessing the efficacy of an over-the-counter intestinal adsorbent in the management of diarrhoea predominant irritable bowel syndrome (IBS-D). The second half of the trial, carried out during the pandemic, included a completely virtual trial management process; 233 patients were consented to the trial in this way. 1292 patients, who believed themselves to have IBS, volunteered for the virtual trial and were asked to undergo online eligibility screening followed by video-consultations. The reasons for failed eligibility were recorded in detail.

Results 233 (18%) participants were consented out of 1292 that completed online screening. Table 1 describes the breakdown of criteria that limits eligibility.

Conclusions It is important that trial study cohorts represent the populations that will use the treatment. Virtual trial recruitment lends itself to detailed analysis of eligibility success due to the semi-automated algorithmic process employed. This study has shown that only 1 in 5 of those who believe they have IBS-D are eligible. The biggest cause of loss is the presence of significant levels of constipation symptom.