High confidence optical diagnosis agreed with histopathology in 78.2% (366/468) of cases and disagreed in 21.8% (102/468). In cases of disagreement, the initial histopathology was reviewed and 7.8% (8/102) were due to histopathology error of which 3.9% (4/102) corrected on second review and 3.9% (4/102) corrected with deeper levels.

There were no polyp cancers and 1 case of high grade dysplasia.

Conclusions Although the majority of errors in optical diagnosis were related to incorrect high confidence calls a significant number were due to histopathology error. Change in practice to routinely perform additional deeper levels (ie 6 levels instead of 3) for small polyps appears to reduce this error rate by ~50%. Optical diagnosis errors may be reduced by increasing the threshold for assignment of high confidence.

HTU-4 COMPARISON OF POST COLONOSCOPY CANCER RATES IN SCREENING & SYMPTOMATIC SERVICES IN NHS GREATER GLASGOW
Jennifer Tham*, Eliana Saffouri, Jack Winter. Glasgow Royal Infirmary, Glasgow, UK
10.1136/gutjnl-2021-BSG.51

Introduction The Post-Colonoscopy Cancer Rate at 3 years (PCCR-3yr) is a key indicator of quality of a service. The bowel screening programme (BCSP) in NHS England has reported PCCR-3 of 3.6%. The bowel screening programme in Scotland has key differences to the English BCSP and does not rely on a specific accreditation programme with examination for screeners, although has concentrated investment in access by offering screening to age 50–74 years at outset. Our aim was to ascertain the PCCR in the bowel screening service in NHS Greater Glasgow and Clyde (the largest Scottish Health Board – population 1.14 million) during the period 2011-15, and compare with the rate in the symptomatic service for a similar age range (50-77yrs).

Method For each year within the study period, the total number of known cancer diagnoses was ascertained from cancer audit data submissions, identifying the ‘true positive’ colonoscopies. Cancer audit data was then linked to identify cases where a cancer was detected between 6 and 36 months after the index colonoscopy, giving the number of ‘false negative’ colonoscopies. Post colonoscopy cancer rate was then determined by expressing the number of ‘false negative’ colonoscopies as a percentage of the sum of ‘true positive’ and ‘false negative’ colonoscopies. The rates of post colonoscopy cancers between the screening and non-screening pathways were compared using the chi squared test.

Results There were 1909 true positive colonoscopies in the investigation period for the entire population. We found 102 cases of PCCR-3y, giving a rate of 5.2% (95% CI 4.6–5.6%). 678/2011 (34%) of all bowel cancers were screen detected. PCCR-3yr for the screening service was 4.4% (95% CI 3.6–5.2%), which was lower than 5.5% (95% CI 4.8-6.1%) for the symptomatic service but not statistically different.

Conclusion The overall PCCR-3yr for NHS GGC between 2011 and 2015 of 5.2% is similar to rates reported for England between 2015 and 2013. Post colonoscopy cancer rates for screening colonoscopy in NHS GGC were slightly lower than for the symptomatic service but not statistically different. Our rates were higher than rates reported for the English BCSP, but within the threshold of 5.5% that has been proposed by some investigators. This is the first report of PCCR-3yr in NHS Scotland and we believe that regular continuous audit of this important quality indicator should be replicated all Scottish boards. In our service, PCCR-3yr rates appear acceptable within NHS GGC and are slightly better for bowel screening compared with non-screening colonoscopy.

REFERENCE
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HTU-5 NATIONAL SERVICE EVALUATION OF THE TWO WEEK WAIT UPPER GI CANCER REFERRAL PATHWAY
Umair Kamar*. Dominic King, Matthew Banks, Sophie Barker, Matthew Caffrey, Danny Cheung, James Evans, Mark Fox, Michael Glynn, John Greenaway, Sanjay Gupta, Srisha Hebbar, Miriam Jones, Sudarshan Kadhri, David Mitchell, David Nylander, Rupert Randford, Sharan Shetty, Tony Tham, Matthew Williams, Nigel Trudgill. Upper GI cancer two week wait study group, UK
10.1136/gutjnl-2021-BSG.52

Introduction British Society of Gastroenterology (BSG) guidance on endoscopy during recovery from the COVID pandemic (April 2020) recommended that two week wait (2WW) referrals are triaged, with patients risk stratified for endoscopy or other investigation. We have prospectively evaluated the 2WW upper gastrointestinal (UGI) cancer pathway and its outcomes following this guidance.

Methods Data were collected at telephone triage by consultants and nurse endoscopists between May 2020 and February 2021 in 19 centres across the UK and recorded on a standardised data collection tool, which included recommendations on the timing of endoscopy based on the BSG recovery document. This project was supported by the BSG Clinical Services and Standards Committee.

Results Data for 1793 UGI 2WW referrals were received: median age 63 (IQR 51-74), 58% female. Dysphagia and odynophagia were the commonest reasons (83%) for referral. Other symptoms included dyspepsia (55%), weight loss (32%), globus (3%), and anaemia (3%). 15.8% of 2WW referrals were downgraded at triage to routine endoscopy (6.6%) or no investigation at all (9.2%). 56% were triaged to 2WW endoscopy; 19.6% to urgent (non-2WW) endoscopy; 4.7% to urgent CT scan; and 3.8% to barium swallow.

6.3% had UGI cancer (5.2% oesophageal, 1.1% gastric) and 0.9% had cancer at other sites (6 colorectal, 2 lung, 2 breast, 2 hypopharyngeal, 1 pancreatic and 2 unknown primary). Endoscopy results were available for 1387 patients (97.5% of all endoscopy pathways). The prevalence of UGI dysplasia was 10.1%. We detected dysplasia at the time of index colonoscopy in 7.5% of cases, with an additional 2.8% identified on second review.

Abstract HTU-5 Figure 1 The median interval from triage to endoscopy was: 12 days (IQR 8-18) for 2WW; 14 days (10-26) for urgent (non-2WW); and 17 days (9-38) for routine endoscopy.
cancer in different triage categories: 2WW 9%; urgent (non-2WW) endoscopy 3%; urgent CT 8.5%; and routine endoscopy 1%. Triage based on the BSG recovery guidance was 97% sensitive and 19% specific for upper GI cancer at 2WW or urgent endoscopy or CT scan. 6.6% of 2WW referrals were safely investigated routinely and over 9% of 2WW referrals required no investigation at all following triage. These findings should guide reform of the upper GI 2WW pathway to reduce the burden on endoscopy during and after the COVID pandemic.

**IBD**

**HMO-1**

**VARIATION IN IBD CARE AND EDUCATION ACROSS EUROPE RESULTS FROM A PAN-EUROPEAN SURVEY**

Viper collaborative Viper Collaborative Aileen Eek, Adonis A Protopapas, Anthea Pisani, Brigida Barbario, Catarina Frias-Gomes, Daniele Noviello, Dmytro Oliinyk, Eduard Brunet, Floriun Tran, Gabriele Dragoni, Georgiana-Emmanuela Gilca-Blanariu, Gorm Roager Madsen, Halkuk Tank Kani, Hubert Zatorski, Iago Rodriguez-Lago, Ivana Miklošević, Lauranne AAP Derikx, Leah Gilroy, Matthias Lessing, Martin Włodarczyk, Philip R Harvey, Nicolas Benech, Tiago Lima Capela, Tom Konikoff, Vaidota Maksimaityte, Vita Skuja, Vladimir Milkojevic, 1Jan Kral, 2Radislav Nakov, 3Bram Verstockt, 4Jonathan Segal, 1Institute for Clinical and Experimental Medicine, Prague, Czech Rep.; 2Tsaritsa Yoanna University Hospital, Sofia, Bulgaria; 3University Hospitals Leuven, Leuven, Belgium; 4Hillingdon Hospital, Uxbridge, UK

10.1136/gutjnl-2021-BSG.53

**Background**

2.5 million people in Europe are diagnosed with IBD. IBD affects quality of life, but also has important consequences for health systems. It remains unknown if there are variations in IBD care across Europe and to help address this question, we conducted this European Variation In Ibd PracticeE suRvey (VIPER) to study potential differences.

**Methods**

This trainee-initiated survey, run through SurveyMonkey®, consisted of 47 questions inquiring basic demographics, IBD training and clinical care. The survey was distributed through social media and national GI societies from December 2020 - January 2021. Results were compared according to GDP per capita, for which countries were divided into 2 groups (low/high income, according to the World Bank).

**Results**

There were 1268 participants from 39 European countries. Most of the participants are specialists (65.3%), followed by fellows in training (>/< 3 years, 19.1%, 15.6%). Majority of the responders are working in academic institutions (50.4%), others in public/district hospitals (33.3%) or private practices (16.3%).

Despite significant differences in access to IBD-specific training between high (56.4%) and low (38.5%) GDP countries (p<0.001) the majority of clinicians felt comfortable in treating IBD (77.2% vs 72.0%, p=0.04). Interestingly, a difference in availability of dedicated IBD units could be observed (58.5% vs 39.7%, p<0.001), as well as an inequality in multidisciplinary meetings (72.6% vs 40.2%, p<0.001), which often take place on a weekly basis (53.0%). In high GDP countries, IBD nurses are more common (86.2%) than in low GDP countries (36.0%, p<0.001), which is mirrored by differences in nurse-led IBD clinics (40.6% vs 13.8%, p<0.001). IBD diabetologists (32.4% vs 16.6%) and psychologists (16.7% vs 7.5%) are mainly present in high GDP countries (p<0.001).

**Conclusions**

Triage based on the BSG recovery guidance was 97% sensitive with a negative predictive value of 99% in diagnosing UGI cancer at 2WW or urgent endoscopy or CT scan. 6.6% of 2WW referrals were safely investigated routinely and over 9% of 2WW referrals required no investigation at all following triage. These findings should guide reform of the upper GI 2WW pathway to reduce the burden on endoscopy during and after the COVID pandemic.

**HMO-2**

**ADHERENCE AND DISCONTINUATION OF ORAL 5-AMINOSALICYLIC ACID AMONGST ADOLESCENTS AND YOUNG ADULTS WITH ULCERATIVE COLITIS**

1Nishani Jayasooriya*, 1Richard Pollok, 2Jonathan Blackwell, 3Irene Petersen, 2Alex Bottle, 2Hanna Creese, 3Sonia Saxena, 2St George’s University Hospital, London, London, London, UK; 1Imperial College London, Department of Primary Care and Public Health, London, London, UK; 3University College London, Institute of Epidemiology and Health, London, UK

10.1136/gutjnl-2021-BSG.54

**Background**

Adherence to maintenance 5-aminosalicylic-acid (5-ASA) therapy is associated with better health and quality of life of adolescents and young adults (AYA) diagnosed with Ulcerative Colitis (UC). However, little is known about rates of adherence and how often AYA discontinue oral 5-ASA treatment.

**Aims**

To determine rates and predictors of oral 5-ASA adherence and risk of discontinuation amongst AYA diagnosed with UC.

**Methods**

A retrospective data analysis was performed within the UK Clinical Practice Research Datalink amongst AYA diagnosed with UC between 1998 and 2016 and starting on oral 5-ASA treatment between the ages of 10 to 24 years. The proportion of individuals discontinuing treatment (first prescription gap of ≥ 90 days) in the first year of treatment and the median time until a first 90-day gap was estimated using Kaplan-Meier analysis. Adherence, measured as...