cancer in different triage categories was: 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), with a negative predictive value of 99% and a positive predictive value of 8%. A summary of all endoscopy findings from the service evaluation is presented in figure 1.

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.

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 Barberio, Catarina Frias-Gomes, Daniele Noviello, Dmytro Oliinyk, Eduard Brunet, Florian Tran, Gabriele Dragoni, Georgiana-Emmanuela Gîlcă-Blanariu, Gorm Roager Madsen, Haluk Tarik Kani, Hubert Zatorski, Iago Rodríguez-Lago, Ivana Mikolasevic, Lauranne AAP Derikx, Leah Gilroy, Maria Miasnikova, Marie Truyens, Matthias Lessing, Marcin Włodarczyk, Philip R Harvey, Nicolas Benech, Tiago Lima Capela, Tom Konikoff, Vaidota Maksimaityte, Vita Skuja, Vladimir Milivojevic, [1]Jan Kral, [2]Radislav Nakov, [3]Bram Verstockt, [4]Jonathan Segal. *[1]Institute for Clinical and Experimental Medicine, Prague, Czech Rep; [2]Tsaritsa Yoanna University Hospital, Sofia, Bulgaria; [3]University Hospitals Leuven, Leuven, Belgium; [4]Hillingdon Hospital, Uxbridge, UK*

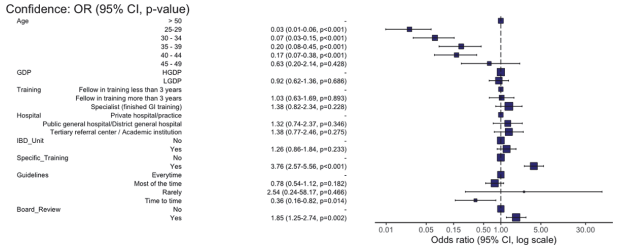
10.1136/gutjnl-2021-BSG.53

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 PracticE 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 dieticians (32.4% vs 16.6%) and psychologists (16.7% vs 7.5%) are mainly present in high GDP countries ($p<0.001$).



Abstract HMO-1 Figure 1 Factors associated with confidence on multivariate analysis

On multivariate analysis (**Abstract HMO1 Figure 1**) GDP was not a factor that dictated confidence in treating patients with IBD. Those that had experienced specific IBD training were more than 3 times more likely to report confidence in treating IBD patients. Furthermore, there was a direct correlation with confidence related to the quantity of patients seen per week with each additional 10 patients improving confidence by a factor of 10. These factors are important as they are easily modifiable targets that can help improve confidence across Europe in managing patients with IBD.

Treat-to-target approaches are implemented everywhere (85.0%), though access to biologicals and small molecules differs significantly. Almost all (94.7%) use faecal calprotectin for routine monitoring, whereas half also use intestinal ultrasound (47.9%).

Conclusion A lot of variability in IBD practice exists across Europe, with marked differences between high vs low GDP countries. Further work is required to help address some of these inequalities, aiming to improve and standardise IBD care across Europe.

HMO-2 ADHERENCE AND DISCONTINUATION OF ORAL 5-AMINOSALICYLIC ACID AMONGST ADOLESCENTS AND YOUNG ADULTS WITH ULCERATIVE COLITIS

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10.1136/gutjnl-2021-BSG.54

Background Adherence to maintenance 5-amino-salicylic-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.[1]

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 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 $\geq$ 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