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.

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

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

- **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 started 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