population and should be offered CD testing. Migraine should be added to current testing guidelines.

Colon and anorectum

HFR-7 PREVENTABLE EARLY COLORECTAL CANCER IN CYSTIC FIBROSIS: IS THERE 'SCOPE' FOR A UK SCREENING PROGRAMME?

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Introduction Adults with cystic fibrosis (CF) have a high incidence of premalignant colorectal polyps and early colorectal cancer (CRC), forming the basis for CRC screening recommendations for patients with CF ≥ 40 years of age in the USA¹. Despite this, there are no equivalent UK guidelines for CRC screening in CF. In the absence of a national screening programme, we evaluated the current utility and diagnostic yield of colonoscopy, the incidence of CRC, and the proportion of patients that would potentially benefit from CRC screening programme at a CF centre.

Methods Data were collected from a prospectively maintained database of all patients with CF attending the Manchester Adult Cystic Fibrosis Centre (MACFC) between 2010 and 2020. Patients included were all ≥ 30 years of age and had to have undergone a colonoscopy within the 10-year study period.

Results Overall, 709 patients with CF attended MACFC, 361 (51%) were aged ≥ 30 years, and 135 (19%) were ≥ 40 years old, and would have fulfilled the criteria for CF CRC screening colonoscopy in USA.¹ Only 33/361 (9%) of CF patients ≥ 30 years of age (mean age 44.8 ± 11.0 years) underwent 39 colonoscopies between 2010-2020. Of the 33 CF patients that underwent an index colonoscopy, the majority (31/33, 94%) were for symptomatic indications, and only 2/31 (6%) were for screening in the context of a family history of CRC. Colonoscopy completion rate was 94.9%. Extended bowel preparation was used in 14/39 (36%) of procedures. Diagnostic views were achieved with standard preparation in 18/25 (72%) vs. 12/14 (85.7%) with extended preparation ($p=0.44$). At colonoscopy, in 11/33 (33%) of CF patients aged ≥ 30 years, 20 polyps were detected and removed, 5/20 (25%) of these polyps were 10-20mm size, overall polyp retrieval rate was 80%, and of those polyps retrieved 93.8% were premalignant and 87.5% were proven adenomas. The majority of the patients that underwent colonoscopy were ≥ 40 years of age (24/33, 73%), and this group also accounted for most of those who were found to have polyps (8/11, 72.7%). Over 10 years of follow-up, no patients in this study developed post-colonoscopy CRC. However, of the CF patients ≥ 40 years of age that did not have a colonoscopy (111/135, 82.2%), four subsequently developed CRC, three of whom died from complications of their cancer.

Conclusion This 10-year experience from a CF centre suggests that colonoscopy screening is rarely performed in those ≥ 40 -years of age despite the known increased of premalignant polyps and early CRC, and supports the development of a UK screening programme, especially given the increasing life-expectancy in CF.

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Gastroenterology service

HTH-2 MYCHART APPLICATION IN ADDRESSING IBD PATIENTS' CONCERNS AND IMPACT ON SERVICE UTILISATIONS

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Introduction MyChart is an electronic patient portal within the electronic patient record provider EPIC. We asked patients to complete an electronic survey via MyChart. A threshold was set that any patient who recorded a severe disease activity score (MAYO >3 , HBI >8) or signaled they had a concern on their questionnaire created a 'BPA' message that was routed to our clinical nurse specialists. Our aim was to assess the impact of this on addressing patients' concerns and service utilization.

Methods We reviewed the electronic notes of all IBD patients who received infliximab in the month of September 2020. Notes were reviewed for demographics, status on MyChart, number of questionnaires filled, type of concerns raised and outcomes of concerns, number of inpatients and outpatient appointments pre- and post- the introduction of the online questionnaire.

Results 141 IBD patients on infliximab were identified. 3 were excluded (2 had insufficient details, 1 did not commence on infliximab eventually). 77 males (55.8%), mean age of 27 years. 110 (78.70%) were diagnosed with Crohn's, 24 with UC (17.0%) and 4 with unspecified type (2.8%). 104 (75.1%) were active on My Chart and 83 (78.3% of MyChart population, 58.9% of total ($n=138$)) completed the infliximab questionnaire.

44 patients (53%) raised concerns on the questionnaire with a total of 54 concerns (10 of the patients had 2 concerns). 33 (61.1%) of the concerns were addressed through MyChart communication alone, 16 (29.6%) required an outpatient IBD nurse review and 3 (5.6%) required an outpatient medical review. 2 concerns (3.7%) were not addressed. The mean time to address these concerns were 6 days. There were no significant differences in terms of mean age, gender and type of IBD between the two groups. A greater proportion of those who did not fill in the questionnaire were found to be in clinical remission (83.6% vs 67.5%).

Abstract HTH-2 Figure 1 Flow diagram