09:06 - 09:18  OP170
DEVELOPMENT AND VALIDATION OF A SIMPLE CLASSIFICATION SYSTEM FOR IN VIVO DIAGNOSIS OF COLORECTAL POLyps USING THE NEWLY INTRODUCED OPTICAL ENHANCEMENT (OE) TECHNOLOGY
Helmut Neumann, Germany; Michael Vieth; Lucia Fry; Gian E. Tontini; Klaus Mönkemüller

09:18 - 09:30  OP171
FREQUENCY AND PREDICTORS OF ADVANCED HISTOLOGY IN LARGE NON-PEDUNCULATED COLORECTAL POLyps: EXPERIENCE-BASED DATA AT A UNIVERSITY HOSPITAL
Hao R. Cheng, The Netherlands; Roel M. M. Bogie; Bjorn Winkens; Heike I. Grabsch; Rolger de Ridder; Jan W. A. Straathof; Ad A. Masclee; Silvia Sanduleanu

09:30 - 09:42  OP172
HEALTH EFFECTS AND COSTS DUE TO POST-COLONOSCOPY COLORECTAL CANCER
Mattias Aronsson, Sweden; Per Carlsson; Anders Ekborn; Rolf Hultcrantz; Anna Forsberg

09:42 - 09:54  OP173
COMPARISON OF COLONOSCOPY, SIGMOIDOSCOPY AND MULTIPLE ROUNDS OF FIT-BASED COLORECTAL CANCER SCREENING: LONG-TERM FOLLOW-UP
Elisabeth J. Grobbe, The Netherlands; Manon van der Vlugt; Anneke J. van Vuuren; An K. Stroobants; Rosalie C. Mallant-Hent; Iris Lansdorp-Vogelaar; Patrick M. Bossuyt; Ernst J. Kuipers; Evelien Dekker; Manon C. W. Spaander

09:06 - 09:18  OP176
IMPACT OF MINIMALLY INVASIVE SURGERY ON QUALITY OF LIFE AFTER SURGERY FOR CROHN’S DISEASE TERMINAL ILEITIS
Imperio Angriman, Italy; Oscar Zini; Renata D’Inca; Giacomo C. Sturniolo; Romeo Bardini; Marco Scarpa

09:18 - 09:30  OP177
CLOSE RECTAL DISSECTION VERSUS TOTAL MESORECTAL EXCISION IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE UNDERGOING PROCTECTOMY
Joline de Groof, The Netherlands; Oddeke van Ruler; Manon Wildenberg; Jessica de Bruyn; Gijs R. van den Brink; Willem A. Bemelman; Christianne J. Buskens

09:30 - 09:42  OP178
LONG-TERM FOLLOW-UP AFTER ILEORECTAL ANASTOMOSIS IN ULCERATIVE COLITIS (UC): A GETAID/GETAID CHIRURGIE MULTICENTER RETROSPECTIVE COHORT OF 343 PATIENTS
Mathieu Uzzan, France; Jacques Cosnes; Nathalie Gault; Aurelien Amiot; Jean-Marc Gornet; Philippe Seksik; Stéphane Nance; David Laharie; Matthieu Allez; Maria Nachury; Anne L. Pelletier; Vered Abitbol; Mathurin Fumery; Anthony Buisson; Romain Altwegg; Yves Panis; Xavier Treton

08:30 - 10:00 Room L8
Surgery in IBD
Chairs: Dieter Hahnloser, Switzerland
Gianluca Sampietro, Italy

08:30 - 08:42  IP339
State-of-the-art introduction
Gianluca Sampietro, Italy

08:42 - 08:54  OP174
OUTCOMES OF EMERGENCY ADMISSIONS WITH CROHN'S DISEASE IN ADULTS IN ENGLAND BETWEEN 2004 AND 2014
James Rees, United Kingdom; Jemma Mytton; Felicity Evison; Prashant Patel; Rachel Cooney; Nigel Trudgill

08:54 - 09:06  OP175
IS THE 'RESET' SURGERY EFFECTIVE FOR CROHN’S DISEASE PATIENTS REFRACTORY TO ANTI-TNF THERAPY?
Shiho Takashima, Japan; Sakiko Hiraoka; Yoshitaka Kondo; Toshihiro Inokuchi; Daisuke Takei; Asuka Nakarai; Yuusaku Sugihara; Masahiro Takahara; Keita Harada; Hiroyuki Okada

08:30 - 10:00 Room L7
Free Paper Session

08:30 - 08:42  IP339
State-of-the-art introduction
Gianluca Sampietro, Italy

08:42 - 08:54  OP174
OUTCOMES OF EMERGENCY ADMISSIONS WITH CROHN’S DISEASE IN ADULTS IN ENGLAND BETWEEN 2004 AND 2014
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08:54 - 09:06  OP175
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08:30 - 08:42  IP340
State-of-the-art introduction
Antonio Gasbarrini, Italy

08:42 - 08:54  OP180
THE RISK OF CLOSTRIDIUM DIFFICILE INFECTION IN PATIENTS WITH PERNICIOUS ANAEMIA: A RETROSPECTIVE COHORT STUDY USING PRIMARY CARE DATABASE.
Fatmah Othman, United Kingdom; Colin J. Crooks; Timothy Card

08:54 - 09:06  OP181
CONSISTENT AND REPRODUCIBLE PRODUCTION OF A MICROBIOTA-BASED DRUG FOR RECURRENT C. DIFFICILE INFECTION: APPLICATION OF A NOVEL DIAGNOSTIC FOR DYSBIOSIS
Courtney Jones, USA
08:54 - 09:06  
**OP187**  
EVALUATION OF CLINICAL FACTORS ASSOCIATED WITH THE TECHNICAL DIFFICULTY OF SELF-EXPANDABLE METALLIC STENT PLACEMENT FOR MALIGNANT COLORECTAL OBSTRUCTION  
Mamoru Shimada, Japan; Toshio Kuwai; Akibumi Kanazawa; Shuntaro Yoshida; Hiroyuki Isayama; Takeaki Matsuzawa; Tomonori Yamada; Shuji Saito; Nobuto Hirata; Takashi Sasaki; Koichi Koizumi; Kenji Tominaga; Iruru Maetani; Yoshihisa Saida

09:06 - 09:18  
**OP188**  
17 YEARS OF SINGLE CENTER EXPERIENCE WITH SELF-EXPANDABLE METAL STENTS IN COLONIC OBSTRUCTION  
Trine Bjerke, Denmark; Morten Rasmussen; Soren Meisner

09:18 - 09:30  
**OP189**  
LONG-TERM SURVIVAL AFTER ENDOSCOPIC STENTING AS A BRIDGE TO SURGERY IN OBSTRUCTIVE COLON CANCER: A SINGLE CENTER STUDY  
Bram Verstockt, Belgium; Annelien Van Driessche; Marc De Man; Pieter van der Spek; Koen Hendrickx; Veerle Casneuf; Pieter Dobbels; Yves Van Molhem; Jo Vandervoort

09:30 - 09:42  
**OP190**  
IMPACT OF MORTALITY FROM SURGICAL ADENOMA REMOVAL ON THE EFFECTIVENESS OF COLORECTAL CANCER SCREENING  
Maaike Buskermolen, The Netherlands; Miriam P. van der Meulen; Esther Toes-Zoutendijk; Monique van Leerdam; Manon C. W. Spaander; Harry de Koning; Iris Lansdorp-Vogelaar

09:42 - 09:54  
**OP191**  
SCREENING COLONOSCOPIES IN SENIORS OVER 70 YEARS OF AGE  
Ivana Mikoviny Kajzrlikova, Czech Republic; Petr Vitek; Josef Chalupa; Jan Kuchar; Jiri Platos; Pavel Reha

08:06 - 09:18  
**OP182**  
A METHYL DONOR MOLECULES-SUPPLEMENTED DIET ERADICATES E. COLI POPULATION AND METHYLATES CEACAM6 PROMOTER DECREASING ITS EXPRESSION IN COLONIC EPITHELIAL CELLS IN MICE  
Elodie Gimier, France; Allison Agus; Nicolas Barnich; Jérémyn Denizot

08:18 - 09:30  
**OP183**  
COMPARATIVE GENOMICS AND SINGLE NUCLEOTIDE POLYMORPHISM DISTRIBUTION BETWEEN ADHERENT-INVASIVE ESCHERICHIA COLI (AIEC) AND NON-AIEC STRAINS FROM THE HUMAN INTESTINE  
Carla Camprubí, Spain; Mireia Lopez-Siles; Meri庭xell Ferrer-Guiexeras; Laura Nuibo-Carulla; Carles Abellà-Ametller; Jesús Garcia-Gil; Margarita Martínez-Medina

09:30 - 09:42  
**OP184**  
ENTEROHEMORRHAGIC ESCHERICHIA COLI TROPISM TO PEYER’S PATCHES: ROLE OF LONG POLAR FIMBRIAE AND INHIBITION BY A PROBIOTIC YEAST  
Charlotte Cordonnier, France; Justine Ramboz; Jonathan Thévenot; Lucie Etienne-Mesmin; Amandine Rougeron; Sandra Renier; Nicolas Barnich; Stéphanie Blanquet-Diot; Valérie Livrelli

09:42 - 09:54  
**OP185**  
CURRENT OR PAST CLOSTRIDIUM DIFFICILE INFECTION IS ASSOCIATED WITH INCREASED MORTALITY, MORBIDITY AND RESOURCE UTILIZATION AMONG PATIENTS HOSPITALIZED FOR CROHNS’ DISEASE: RESULTS OF A NATIONWIDE ANALYSIS  
Paul Kroner, USA; Marwan S. Abouergi

**Free Paper Session**

**08:30 - 10:00**  
**Room 1.86**  
**Colon cancer: From screening to palliation**  
Chairs: Dirk Domagk, Germany  
Vivian Ekkelenkamp, The Netherlands

08:30 - 08:42  
**IP341**  
State-of-the-art introduction  
Dirk Domagk, Germany

08:42 - 08:54  
**IP342**  
SELF-EXPANDABLE METALLIC STENT AS BRIDGE TO SURGERY IS MORE SUPERIOR THAN TRANSANAL DRAINAGE TUBE AT QUALITY OF LIFE FOR THE PATIENTS WITH PRIMARY MALIGNANT COLORECTAL OBSTRUCTION.  
Kentaro Kojima, Japan; Nobuo Toda; Shigeyuki Kurosaki; Kazuyoshi Funato; Satoshi Kawamura; Yuki Karasawa; Shuya Maeshima; Takamasa Ohki; Michiharu Seki; Kazumi Tagawa

09:00 - 10:00  
**Hotspot**  
Diagnosis of IBS: What is the preferred strategy?  
Chair: Fermin Mearín Manrique, Spain
Disclosure of Interest: All authors have declared no conflicts of interest.

OP187 EVALUATION OF CLINICAL FACTORS ASSOCIATED WITH THE TECHNICAL DIFFICULTY OF SELF-EXPANDABLE METALLIC STENT PLACEMENT FOR MALIGNANT COLONIC OBSTRUCTION

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Introduction: In January 2012, the National Health Insurance began covering endoscopic self-expandable metallic stent (SEMS) placement for malignant colonic obstruction, and now this procedure is widely used in Japan. However, the clinical factors affecting the technical difficulty of SEMS placement are unclear.

Aims & Methods: This study aimed to clarify the clinical factors associated with the technical difficulty of SEMS placement for malignant colonic obstruction. We performed the Colonic Stent Safe Procedure Research Group to provide instructions on how to safely perform SEMS placement, and we then conducted its prospective, observational, single-arm, multicenter clinical trial between March 2012 and October 2013 in Japan. Forty-six facilities participated in this study. An uncovered WallFlex Enteral Colonic Stent (Boston Scientific Corporation) was placed in each patient. Technically difficult cases of SEMS placement were defined as those that had a procedure time longer than 45 min (i.e., 1.5-fold longer than the median procedure time). We evaluated the clinical data and extracted risk factors associated with the technical difficulty of SEMS placement by using univariate and multivariate analyses.

Results: A total of 518 consecutive patients were enrolled in this study. Seven patients were excluded and the remaining 511 patients constituted the per-protocol cohort. Of these, 289 were men (57%), and the mean age was 70.6 years. Three hundred fifteen patients (61%) underwent stenting as a bridge to surgery, and 200 (39%) underwent stenting for palliation. Technical success was achieved in 501 patients (98%). The median (range) procedure time in the cohort with technical success was 30 min (4–170 min). One hundred thirty-six patients (27%) were defined as technically difficult cases of SEMS placement. Clinical risk factors independently associated with the technical difficulty of SEMS placement were metastasis of peritoneal carcinomatosis (odds ratio [OR], 2.24; 95% confidence interval [CI], 1.26–3.96; p < 0.001), a Colorectal Obstruction Scoring System (CROSS) score of 0 before SEMS placement (OR, 2.00; 95% CI, 1.18–3.40; p < 0.01), tumor site in the right colon (OR, 3.33; 95% CI, 2.06–5.42; p < 0.001), stricture length >5 cm (OR, 1.65; 95% CI, 1.01–2.70; p = 0.04), the placement of ≥ 1 stent (OR, 5.96; 95% CI, 1.39–29.27; p = 0.02), and a length of ≥ 6 cm for the first stent (OR, 2.21; 95% CI, 1.38–3.56; p < 0.01). However, the clinical risk factors independently negatively associated with technical difficulty were a history of chemotherapy before SEMS placement (OR, 0.47; 95% CI, 0.22–0.98; p = 0.04), digestive tract decompression (OR, 0.45; 95% CI, 0.25–0.81; p < 0.01), and a diameter of 25 mm for the first placed stent (OR, 0.32; 95% CI, 0.12–0.76; p = 0.02).

Conclusion: This large study demonstrated the high technical success rate of SEMS placement for malignant colonic obstruction. However, clinicians should perform this procedure very carefully in cases with metastasis of peritoneal carcinomatosis where stenos with a CROSS score of 0, and or long strictures treated with a long stent.

Disclosure of Interest: M. Shimada: personal fees;Century Medical Inc., Boston Scientific Japan., Piolax M edical Device, BC Medical
S. Yoshida: personal fees;Century Medical Inc., Boston Scientific Japan, ZEON
I. Maetani: Lecture fee: Century medical inc., Boston Scientific Japan., Piolax M edical Device, BC Medical
Y. Saida: grants and personal fees;Century Medical Inc., Boston Scientific Japan, Olympus Medical System
All other authors have declared no conflicts of interest.

Reference

OP188 17 YEARS OF SINGLE CENTER EXPERIENCE WITH SELF-EXPANDABLE METAL STENTS IN COLONIC OBSTRUCTION

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Introduction: Since 1991, self-expandable metal stents (SEMS) has been used in the treatment of malignant colonic obstruction (1). In 1997, Bispebjerg Hospital was the first hospital in Denmark to initiate the use of SEMS in the treatment of malignant colonic obstruction. This study represents the largest material from a single centre ever published.

Aims & Methods: This is a prospective registration of all patients who underwent SEMS at our institution, in the period from January 1st 1997 to October 1st 2014. Most of the patients were elderly. The majority of patients were eventually malignant, but a few were performed at benign indications. All procedures were performed with a combined endoscopic and fluoroscopic technique. Relevant patient characteristics, the postoperative course, complications and follow-up data, were gathered by retrospective patient chart review.

Results: In the period, 521 SEMS procedures was performed in 455 patients, 402 of these had colorectal cancer. Mean age was 74 ± 13 years, and 50.3% were male. The indications for SEMS placement were malignant colonic obstruction in 418 patients, including 158 as bridge to surgery (BTS), 237 as palliation, three with malignant anastomotic stricture and 20 patients with obstruction due to external tumor compression. The technical success rate was 98.7%, and a postoperatively diverticulitis stricture in 15, diverticulitis fistula in two and benign anastomotic stricture in 20. Two hundred and seventy-seven patients had manifested total colonic obstruction and 121 had small bowel dilatation at the time of the procedure. The placement of the SEMS was 111 in rectum, 221 in sigmoid colon, 52 in descending colon, 30 in splenic flexure, 30 in transverse colon, 6 in hepatic flexure and 5 in ascending colon. Mean length of stenosis was 4.5 ± 1.9 cm and mean days of obstruction was 5.2 ± 3.4 days. There was an overall technical success rate at 90.3% and clinical success rate of 87.7%. Stent procedure related complications was 4.2%, mainly guidewire perforations, and none of these complications required a second stent intervention was performed in 5.9% in the BTS group, 11.9% in the palliative group and in 27.3% in the group of benign indications, external tumor compression and malignant anastomotic stricture. Very few patients required additional re-interventions. The overall 30-day mortality rate was 13.4%, 5.8% for BTS group and 17% for palliative group. Follow up time for BTS group was mean 79 ± 70 months and at last follow up 35.3% (36/102) showed clinical signs of recurrence. 5-year survival in BTS group was 32.3% and 23% in the palliative group.

Conclusion: Our data shows that routine use of SEMS insertion is a safe and effective technique for colonic decompression in the setting of malignant large bowel obstruction, as either a bridge to surgery or as a bridge to subsequent resection. SEMS for benign conditions is feasible but with less favourable outcome.

Disclosure of Interest: All authors have declared no conflicts of interest.

Reference
1. Dohomoto M. Endoscopic implantation of rectal stents in palliative treat

OP189 LONG-TERM SURVIVAL AFTER ENDOSCOPIC STENTING AS A BRIDGE TO SURGERY IN OBSTRUCTIVE COLON CANCER: A SINGLE CENTER STUDY

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Introduction: Self-expandable metallic stents are increasingly used in the treatment of obstructive colorectal cancer. Although endoscopic stenting is widely accepted in a palliative setting, disagreement exists about its role in a curative setting (1). The main advantage of this approach is the elective, and thereby less invasive, character of the surgical resection. It offers the opportunity for an adequate pre-operative assessment of the patient and a good preparation of the colon (2).

Aims & Methods: This study aims to describe the long-term survival data in a large patient group, treated with a stent as a bridge to surgery (BTS) for colon cancer. Ninety-seven patients, who presented in a Belgian secondary hospital between June 1998 and November 2013 with a large bowel obstruction due to colon cancer, were included. All patients underwent endoscopic stenting as a BTS in an essentially curable disease. Follow-up related complications, and long-term follow-up survival data were collected and compared with the colon cancer mortality in Belgium in the same era (3).