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Dear Colleagues,

On behalf of the UEG Scientific Committee, I would like to take this opportunity to thank you most sincerely for your contribution as an abstract reviewer for the original programme of UEG Week Barcelona 2019. The abstract reviewing process is a crucial aspect, ensuring the scientific quality and relevance of UEG Week. I know just how much time and effort reviewing abstracts takes, but without your expertise we would not have achieved the excellence in the abstract-based sessions, and UEG Week would not be the top international digestive diseases meeting that it has become today.

We have received 87 video cases and 358 clinical cases which were formally evaluated by the Scientific Committee for presentation in Barcelona. As in previous years, late breaking abstracts have been scored by the Scientific Committee.

The quality of reviewing this year was excellent, but if you have any further (positive or negative) comments, please do let us know! Finally, but most importantly, thanks to all investigators both within and outside Europe who have submitted their research to the meeting, and who are clearly contributing to making UEG Week Barcelona 2019 such a great success!

Thank you!

We received a number of 3,621 abstracts in total for UEG Week 2019. In total, 2,443 abstracts were accepted, giving an acceptance rate of 67.5%. 366 abstracts will be delivered as oral presentations and 2,077 as posters. I am even more pleased to tell you that standards have again reached a very high level and we can expect most interesting research and great presentations. This high volume and high standard confirm that UEG Week is the most important forum at which to present your best research.

Herbert Tilg
Chair of the UEG Scientific Committee
Acknowledgements
(as of September 20, 2019; in alphabetical order)

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PO445 PRELIMINARY DATA ON ORAL AND FECAL MICROBIOLOGIA IN PATIENTS AFFECTED BY LYNN SYNDROME


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Introduction: Microbiota alterations seem to play an associated role in colorectal cancer (CRC) pathogenesis. Bacteroides, Fusobacterium, Salmonella, Escherichia and Campylobacter have been widely studied, demonstrating their role on inflammatory environment, producing of molecules affecting DNA stability and alteration of proliferative responses. Aims are ongoing on microbiota alterations in patients affected by Lynch syndrome (LS).

Methods: Our aim was the characterization of oral and fecal microflora in LS patients compared with healthy normal controls. We analyzed oral and fecal microbiota of 17 LS patients: 12 patients were MSH2 mutation carriers, 3 MLH1 mutation carriers. 11 underwent on emicoeloscopy and one protocolecctomy for CRC, besides one gastric cancer, one endometrial cancer and one duodenal cancer. Total DNA was purified from fecal samples and oral washes. The 16S rRNA configuration was used. DNA was quantified and libraries were diluted and mixed for pooling with unique molecular tags.

Results: Sequencing of 16s rRNA of fecal samples and oral washes and analysis were performed on Illumina software.

Conclusions: Oral wash microbiota of Lynch patients and 41 matched normal healthy controls were analyzed. No significant differences were observed between the two groups. Alpha diversity was significantly different between the two groups. No significant differences were observed between alpha diversity and beta diversity between the two groups. Taxonomic analysis of fecal samples identified a statistically significant increase of Bifidobacteriales in Lynch patients compared to controls (12% vs 8%) and a slight increase of Enterobacteriales in Lynch patients (1% vs 0%). Conclusion: An increase of Veillonella and a decrease of Reissneria was observed in oral wash samples of Lynch patients. A comparison of Lynch patients versus oral wash samples of Lynch patients would need to be confirmed.

Disclosure: Nothing to disclose.

PO446 SERUM METABOLITE PROFILES IN ACUTE RADIATION ENTERITIS: ANIMAL MODEL STUDY

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Introduction: Acute radiation enteritis (ARE), a complication with radiotherapy for pelvic and abdominal tumors, seriously undermines the life quality, even shortens the life span of survivors. Untargeted metabolomics analysis may help find the diagnostic biomarkers, metabolic mechanism and intervention strategies for ARE.

Disclosure: Nothing to disclose.
P0486 DECISION MAKING IN THE MANAGEMENT OF ADULTS WITH MALIGNANT COLORECTAL POLYPS: AN EXPLORATION OF THE EXPERIENCES OF PATIENTS AND CLINICIANS

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Introduction: Ten percent of cancers diagnosed within the English Bowel Cancer Screening Programme are polyp cancers. The management of polyph cancers usually involves a choice between surgery and surveillance. This choice is contentious and can be described as ‘preference sensitive’; a situation where one treatment option does not have superiority in terms of evidence. The best choice therefore depends on how individual patients value the risks and benefits of treatments. Difficulties in decision-making for both clinicians and patients can arise because of the unexpected nature of a diagnosis of polyp cancer. This research focuses on the experiences of clinicians and patients of treatment decision making following a diagnosis of colorectal polyph cancer. To date, and to the author’s knowledge, there are no previous studies which investigate how patients make the decision between surgery or surveillance, even though each option could have a significant impact on the individual patient’s quality of life.

Aims & Methods: This study was conducted across four NHS Trusts within the North East of England. A qualitative approach was taken, using interpretative Phenomenological Analysis (IPA) as the approach to explore the experience and perspectives of both clinicians and patients following an unexpected diagnosis of polyp cancer. In depth semi-structured interviews with ten clinicians who were involved in the care of patients diagnosed with polyp cancer, and five patients who had experience of making a treatment decision were carried out. The focus of the interviews was around the experiences of making the decision between surgery and surveillance. The phenomenonological and interpretive nature of IPA allowed the researcher to use her experiences as a nurse consultant within the analysis to identify important themes and issues expressed by the participants.

Results: Analysis of the interview transcripts showed that clinicians and patients were supportive of a shared approach to treatment decision making. Several themes were identified which currently prevent this from taking place. Themes which were common to both groups include: complexity of the risk information; lack of patient information resources; system patient pathway factors and time. Additional clinician related themes included lack of clinical data to support discussion, and influences from the multidisciplinary team. Patient related themes included the influence of family and significant others. Many of the themes were directly related to the unexpected nature of the diagnosis of polyp cancer.

Conclusion: This research study has evidenced several factors which are preventing patients being fully involved in important treatment decisions following a diagnosis of polyp cancer. Recommendations for improvements in practice resulting from this study include: improving awareness of preference sensitive decisions amongst the population; improvements in patient pathways and improved access to information and resources relating to polyp cancer management for patients.

Disclosure: Nothing to disclose

P0487 COMPARISON OF LONG-TERM OUTCOME OF THE COLORECTAL STENT VERSUS TRANSESSAL DRAINAGE TUBE AND EMERGENCY SURGERY FOR LEFT-SIDED OBSTRUCTIVE COLORECTAL CANCER: A RETROSPECTIVE MULTI-CENTER OBSERVATIONAL STUDY

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Introduction: As colorectal stent has been covered by Japanese medical insurance, emergency operation and colorectal stent have become a mainstream of treatment for the colorectal cancer obstruction instead of transanal decompression tube. But "bridge to Surgery" by colorectal stent is not recommended in the European guidelines 2016.

Aims & Methods: We evaluated retrospectively the treatment outcomes and long-term outcome of patients with obstructive colorectal cancer in Japan. This is a retrospective multi-center observational study under the Japan Colonic Stent Safe Procedure Research Group. The subjects were patients with histologically proven stage III/IV left sided colorectal cancer with obstruction, who underwent subsequent surgery with curative resection between 2010 and 2016. The patient age ranged from 20 to 80 years. The definition of the obstruction was defined as the necessity of continual decompression or the difficulty of oral intake. There were 302 patients from 27 institutions. Patients were divided into three groups; group E (emergency surgery, n=103), group S (stent placement, n=114), and group T (transanal decompression tube placement, n=86).

Results: There were no significant differences in age, gender, site of primary tumor between the E group and the S group. The rate of rectal cancer was significantly higher in the group T than the group E and the ratio of Stage IIIb was significantly higher in the group S and in the group T than the group E. The 3 year Recurrence Free Survival (RFS) rate was 64.8% in S group, 69.9% in E group, 55.7% in T group, respectively. There was no difference between S group and E group, and T group was significantly less than E group (p=0.0170). Subgroup analysis showed that the 3-year RFS of patients with colon cancer did not differ among the three groups, while the 3-year RFS in patients with upper rectal cancer was lowest in the T group (P<0.05). Technical success rate was not different between group S: 98.4% and group T: 96.1%, but clinical success rate was higher in group S: 98.2% compared with group T: 95.9%. Complications of perforation and migration tended to be high in group T: 31% compared with group S: 18%. Complications after curative surgery are easier in group S and group T than group E. Temporary or permanent stoma rate was significantly lower in group S than in group E.

Conclusion: There was no difference in 3-year relapse-free survival rate between emergency surgery and colon stent, and the transanal stents tube was poor. This is possibly due to tumor locations and stages, as well as complications related procedure such as perforation and migration. Safe colorectal stenting has good treatment outcomes and might have not poor prognosis compared with other procedure for the patients of obstructive colorectal cancer.

Disclosure: Nothing to disclose