Irish Society of Gastroenterology

Hybrid Winter Meeting

The Grand Hotel, Malahide, Co. Dublin
November 17th and 18th, 2022

Welcome Message

A Chairde,

It is my great pleasure to welcome you all back to Malahide for the ISG Winter Meeting 2022. We unfortunately had to curtail in person attendance last year due to another COVID wave, so for many it will be our first opportunity in a long time to welcome you back to an ISG meeting in Dublin. The team have made every effort to develop what we hope will be both an educational and enjoyable event.

The program includes distinguished faculty from across Ireland, UK and Europe covering the core themes of minimally invasive and tailored gastroenterology, functional disease and new technologies. All the presentations suggests we are on the cusp of significant changes to how we practice, with new advances in both diagnostics and therapeutics, which I'm sure will be of interest to us all.

Our "Green ISG Meeting" agenda continues, with a hybrid format, the parallel e-poster sessions are retained, and e-programs are available to all participants. The drive to recognise the merits of both basic / translational and clinical research is also ongoing with dedicated best abstract sessions and prizes for both research categories. Similarly, the Trainee Committee are again running a case presentation session, which will be held on Friday afternoon. The live voting experiment continues for both the best abstracts and e-poster sessions. It was a great success in Belfast, thanks to our Young-ISG colleagues. It is democracy in action, with all its benefits and flaws, which I think, is here to stay.

New this year is the introduction of a dedicated audit category, which recognises their importance in maintaining quality assurance. As with the e-posters, the audit reports will be available electronically at the meeting and included in the program.

My particular thanks to Michael and Cora for their expertise and help in putting together the meeting and to my ISG board colleagues for their support throughout the year. My thanks also go to the many ISG members who have agreed to act as abstract reviewers, session chairs, and session co-ordinators without whom the meeting would not be a success.

Finally, my thoughts and best wishes go to colleagues who are unable to join us today, I hope to see them again soon.

I hope you enjoy the meeting,
Best wishes

Professor Deirdre Mc Namara
President, Irish Society of Gastroenterology
Consultant Gastroenterologist
Tallaght Hospital, Dublin

Irish Society of Gastroenterology
Hybrid Winter Meeting
The Grand Hotel, Malahide, Co. Dublin
November 17th and 18th, 2022

Day 1 Thursday 17th November Morning

8.00 — **Registration / Coffee/ Visit Stands**

9.00 - 10.30 — **Symposium 1**
"When Less Is More": A non-invasive approach to gastroenterology
Chairs: **Dr Carol Goulding,** Galway University Hospital
Dr Zita Galvin, St Vincent's Hospital, Dublin

9.00 - 9.30 — ***A non-invasive approach to Crohn's disease assessment.***
Prof. Subrata Ghosh,
Chair and Head of the Department of Medicine
University College Cork.

9.30 - 10.00 — ***CCE a colonoscopy sparing Initiative: Early data from the NHS roll out.***
Dr James Turvill,
Consultant Gastroenterologist
York Hospital, York, UK.

10:00 - 10.30 — ***"Non-invasive assessment of NAFLD and alcohol-related liver disease"***
Prof. Maja Thiele,
Prof. of Hepatology,
Odense University Hospital, Denmark

10:30 - 11.00 — **Coffee / Visit Stands**

11.00 – 12.30 — **Symposium 1 Continued.**
"When Less is more II": A less invasive approach to gastroenterology
Chairs: **Dr Jan Leyden,** Mater Hospital, Dublin
Dr Manus Moloney, Limerick University Hospital Group

11:00 - 11.30 — ***EUS as a less invasive therapeutic drainage option.***
Prof. Paul Fockens,
Prof. and Chair, Department of Gastroenterology and Hepatology
Amsterdam, UMC, The Netherlands

11:30 - 12:00 — ***When we need to do less. Stopping Early ERCP In predicted severe pancreatitis the evidence base.***
Prof. Julia Mayerle,
Prof. of Gastroenterology and Hepatology,
Munich University Hospital, Germany

12:00 - 12.30 — ***Endoscopic full thickness resection for complex polyps***
Dr Phil Boger,
Consultant Gastroenterologist,
University Hospital Southampton, UK

12:30 – 13.30 — **Lunch / Visit Stands**

Day 1 Thursday 17th November Afternoon

13:30 - 14.30 **Parallel E-Poster Sessions**
Endoscopy / IBD / Hepatology / Other GI

Endoscopy Chairs: **Prof Karen Boland,** Beaumont Hospital, Dublin
Dr Finbar McCarthy, St James's Hospital, Dublin
IBD Chairs: **Dr Geraldine McCormack,** Midland Regional Hospital Tullamore
Dr Margaret Walshe, OLOLH Drogheda
Hepatology Chairs: **Prof. Stephen Stewart,** Mater Hospital, Dublin
Prof. Orla Crosbie, Cork University Hospital
Other GI Chairs: **Dr Brian Egan,** University Hospital Mayo
Dr Ramona McLoughlin, Galway University Hospital

14:30 – 15.00 **Coffee / Visit Stands**

15:00 – 17.00 **Symposium 2**
Up to date with functional disease in 2022.
Chairs: **Dr Ion Cretu,** Naas Hospital, Co Kildare
Dr Garret Cullen, St Vincent's Hospital, Dublin

15:00 - 15.30 ***The burden of IBS in general in our population and the optimal approach to Management.***
Prof. Magnus Simren,
Prof. Senior Consultant
Dept of Molecular and Clinical Medicine
University of Gothenburg, Sweden.

15:30 - 16.00 ***Lessons from the United European Gastroenterology (UEG) and European Society for Neurogastroenterology and Motility (ESNM) consensus on Gastroparesis.***
Prof. Jan Tack,
Head of Clinic, Department of Gastroenterology
University Hospitals Leuven, Belgium

16:00 - 16.30 ***Functional disease and IBD: recognition and management***
Prof. Anthony O'Connor,
Head of Department of Gastroenterology
Tallaght University Hospital, Dublin.

16:30 - 16.45 **Panel discussion Q&A**

16:45 - 17.00 **Poster and Audit Awards Ceremony and Close Day 1**

17:10 - 17.45 **ISG Annual General Meeting**

18.00 - 18.30 **Satellite Meeting**
Galapagos
"Filgotinib – What Does JAK1-Preferential Inhibition Mean For Patients?"
Dr Tim Raine,
Consultant Gastroenterologist
Cambridge University Hospitals, UK

19:30 **Reception**

20.00 **60th ISG Anniversary Dinner**
Life Time Achievement Award for Prof Diarmuid O'Donoghue

Day 2 Friday 18th November

8:00 - 9.00 **Satellite Meeting**
AbbVie
''New Frontiers in Ulcerative Colitis"
Prof Karen Boland
Consultant Gastroenterologist
Beaumont Hospital, Dublin

9:00 - 10.00 **Parallel Best Clinical and Scientific Abstract sessions**
Scientific Chairs: **Dr David Kevans,** St James's Hospital, Dublin
Dr Barry Hall, Connolly Hospital, Dublin
Clinical Chairs: **Prof Colm O'Morain,** Trinity College Dublin
Dr Grainne Holleran, St James's Hospital, Dublin

10:00 - 10.30 **Coffee / Visit Stands**

10:30 - 12.30 **Symposium 3**
The rise of the Machines!
Chairs: **Dr Gareth Horgan,** St Vincent's Hospital, Dublin
Dr Syafiq Ismail, Cavan & Monaghan Hospitals

10:30 - 11.00 ***AI in Colonoscopy - polyp detection and characterisation. Is it safe to leave or resect and discard?***
Dr Cesare Hassan,
Associate Professor of Gastroenterology,
Humanitas University, Milan, Italy.

11:00 - 11.30 ***AI and Digital Medicine. From personalised medicine and improved risk stratification.***
Prof. dr Jeanin Van Hooft,
Consultant and Chair, Department of Gastroenterology and Hepatology,
Leiden University Medical Centre, The Netherlands.

11:30 - 12.00 ***The first active endoscope. Motorized Spiral enteroscopy in gastrointestina diagnostics and therapeutics.***
Prof. Torsten Beyna,
Head of Department of Gastroenterology and Therapeutic Endoscopy
Evangelisches Hospital
Düsseldorf, Germany.

12:00 - 12.30 ***Robotic Colorectal Surgery - Current Status and Future Directions***
Mr Colin Peirce,
Consultant Colorectal/General Surgeon
UL Hospitals Group, Limerick

12:30 - 13.00 **Best Clinical & Scientific Awards Ceremony**

13:00 - 13.45 **Lunch**

13.45 - 15.00 **Y-ISG Case Presentation session (Sponsored by MSD)**
Chairs: **Prof Deirdre McNamara & Prof John Ryan**
Panel: **Prof Eoin Slattery & Dr Cathy McShane**

15.00 **Case Presentation Awards and Y-ISG Reception**

Biographical Sketches

Prof. Subrata Ghosh
Chair and Head of the Department of Medicine University College Cork.

Professor Subrata Ghosh is the Chair and Head of the Department of Medicine, at University College Cork since March 2021. He is also Deputy Director of APC Microbiome Ireland. Subrata did his doctoral research on the immunology of Inflammatory Bowel Disease (IBD) at University of Edinburgh where he was appointed to Faculty. Between 2002 and 2008, he was Professor and Chair of Gastroenterology at Imperial College London and, from 2009 to 2016, he was Professor and Chairman of Medicine, University of Calgary, and Head of Medicine, Alberta Health Services, Canada. His research interests are precision medicine in IBD, innovative clinical trials, immune cell plasticity, targeted immunotherapies in IBD, interaction of nutrients, microbes and immune system, gut inflammation and nutrition, innate immunity and epidemiology and health care in IBD. He has published over 500 peer reviewed scientific articles and several books and has an h-index of 98 (Google).

Dr James Turvill
Consultant Gastroenterologist
York Hospital, York, UK.

James Turvill is a consultant gastroenterologist at York and Scarborough Teaching Hospitals NHS FT. He has a research interest in the early diagnosis of bowel disease working initially with faecal calprotectin and more recently FIT. During the covid pandemic he has collaborated in the NHS England pilots to support the evaluation of CCE in patients referred with suspected colorectal cancer who carry an intermediate range of risk based on FIT. He has since initiated allied studies to assess the patient experience and the health economic benefits of CCE. A second large NHS E pilot has recently opened to evaluate CCE in the polyp surveillance population, for which he is also the Chief Investigator.

Prof. Maja Thiele
Prof. of Hepatology,
Odense University Hospital, Denmark

Professor of Hepatology at Department of Gastroenterology and Hepatology, Odense University Hospital and University of Southern Denmark. ORCID id: https://orcid.org/0000-0003-1854-1924. Twitter: @MajaThiele
My research centers on the development and validation of diagnostic and prognostic biomarkers for alcohol-related liver disease and NAFLD, with a particular focus on early disease detection and cost-effective referral pathways. Elastography expert contributor to EASL Clinical Practice Guidance, the BAVENO VII consensus statement, and AASLD clinical guidance.

Prof. Paul Fockens
Prof. and Chair, Department of Gastroenterology and Hepatology
Amsterdam, UMC, The Netherlands

Paul Fockens, MD PhD, is the Chair of Gastroenterology & Hepatology at the Amsterdam University Medical Centers and professor of Gastroenterology & Hepatology at the University of Amsterdam as well as the Free University in Amsterdam.
He is the past-president of the UEG (www.ueg.eu) and is a former president and honorary member of the European Society of Gastrointestinal Endoscopy (www.esge.com).
His research interests are advanced diagnostic and therapeutic endoscopy. He focusses on colorectal, duodenal and pancreato-biliary neoplasia; pancreatitis and pancreatic fluid collections; EUS and advanced therapeutic interventions such as POEM in achalasia. His research is mainly clinically oriented. He has authored over 500 publications and is editor of two textbooks.
In his capacity as chairman of the European Postgraduate Gastrosurgical School he organizes an annual EUS course since 25 years (most recent EUS-course June 2022).
He is married, has two children and enjoys cycling and running.

Prof. Julia Mayerle
Prof. of Hepatology,
Prof. of Gastroenterology and Hepatology,
Munich University Hospital, Germany

Current Position
Professor of Gastroenterology and Hepatology, Chair Department of Medicine 2, Munich University Hospital, Ludwig-Maximilians-University, Germany
Field of Research
Diseases of the pancreas especially pancreatic cancer interventional endoscopy,
Professional experience
2016 Professor of Gastroenterology and Hepatology Chair Department of Medicine II, LMU Munich
2013 Board Certificate Endocrinology
2011 Tenured associate professor for Internal Medicine and Molecular Gastroenterology
2009 Board Certificate Gastroenterology
Lister Fellowship, Lister Department, Glasgow Royal Infirmary, University of Glasgow, UK
2007 – 2011 Consultant at the Department of Medicine A, University of Greifswald
2007 Assistant professor for molecular gastroenterology, University of Greifswald,
Board Certificate Internal Medicine
2003 - 2007 Residency in Internal Medicine, Department for Gastroenterology, Endocrinology and Clinical Nutrition / Nutritional Medicine, Department of Medicine A, University of Greifswald, Director Prof. Dr. M.M. Lerch.
2001 - 2003 Residency in Internal Medicine, Department of Medicine B, University Hospital of Münster, Director Prof. Dr. Dr. h.c. W. Domschke

Dr Phil Boger
Consultant Gastroenterologist,
University Hospital Southampton, UK

Dr Phil Boger is a gastroenterologist and advanced endoscopist at University Hospital Southampton. He specialises in resection of early tumours in the GI tract, and was the first to introduce endoscopic full thickness resection using the FTRD into the UK. Other interests include Barretts endotherapy and endoscopy training. He is director of the Southampton endoscopy training academy.

Prof. Magnus Simren
Prof. Senior Consultant
Dept of Molecular and Clinical Medicine
University of Gothenburg, Sweden.

Doctor Magnus Simrén graduated from medical school, University of Gothenburg in 1991, and afterwards completed his internship and fellowship in internal medicine at the County Hospital of Lidköping. From 1998 to 1999, Doctor Simrén completed his fellowship in gastroenterology at Sahlgrenska University Hospital, and has been working as a specialist physician in gastroenterology at Sahlgrenska University Hospital since 1999. He defended his thesis entitled Irritable Bowel Syndrome. Pathophysiological and clinical aspects in 2001. He was a post-doctoral research fellow at the University of Leuven, Belgium, in 2002. Between 2011 and 2016, Dr Simrén had a Senior Research position at the Swedish Research Council and the University of Gothenburg in Molecular Gastroenterology. He was visiting research scientist at the Center for Functional GI and Motility Disorders, University of North Carolina (UNC), Chapel Hill, NC, United States 2015-2016, and currently holds a position as Adjunct professor of Medicine at UNC School of Medicine (2017-). Since 2013 he has a combined position as Professor of Gastroenterology at the University of Gothenburg, and Senior Consultant at the Sahlgrenska University Hospital in Gothenburg, Sweden.
Doctor Simrén is head of the Neurogastroenterology Unit at Sahlgrenska University Hospital. His main research areas are the pathogenesis and pathophysiology of disorders of gut-brain interaction (DGBI), as well as the treatment of these. He has published more than 350 original articles and written several book chapters on GI motility diseases and DGBI, and is currently supervisor for fifteen PhD students and eight post-docs. Doctor Simrén has been the President of the Scandinavian Association for Gastrointestinal Motility (SAGIM), and Scientific Secretary to the Swedish Society of Gastroenterology, and served as council member for several international organizations. He has been the chair of the United European Gastroenterology (UEG) Scientific Committee 2013-2017, and is currently the UEG Secretary General (2018-2021), and a member of the UEG council (2013-2021). Professor Simrén has also been working as Deputy Editor and Associate Editor of Gut, and as the Clinical Editor of Neurogastroenterology and
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Motility. Currently, Professor Simrén is Associate Editor of Gastroenterology (2022-). He is also on the Rome Foundation Board of Directors since 2011. 2010-2012 he led the Rome Foundation Working Team, "Intestinal microbiota in Functional Bowel Disorders 2010-2012, and was on the Rome IV committees for Functional Bowel Disorders and Centrally Mediated Disorders of GI Pain. He currently serves on committees for Rome V (Questionnaire development, and Bowel disorders) and chairs the Rome Foundation Working Team "Overlap in Disorders of gut-brain interaction (DGBI)". Dr Simren

Prof. Jan Tack
Head of Clinic, Department of Gastroenterology
University Hospitals Leuven, Belgium

Professor Jan Tack is currently a Head of Clinic in the Department of Gastroenterology, a Professor in Internal Medicine, former Chairman of the Department of Clinical and Experimental Medicine at the University of Leuven, Belgium, and a founding researcher of TARGID (the Translational Research Center for Gastrointestinal Disorders) at the University of Leuven. He graduated summa cum laude in 1987 from the University of Leuven and specialised in internal medicine and gastroenterology at the same institution. A research fellow at the Department of Physiology at the Ohio State University, Columbus, Ohio, USA, from 1989 to 1990, he has been conducting research at Leuven University since 1990.
Professor Tack's scientific interest focuses on Neurogastroenterology and Motility, and includes diverse topics such as the pathophysiology and management of gastrointestinal functional and motor disorders such as gastroesophageal reflux disease, functional dyspepsia, gastroparesis, chronic constipation and the irritable bowel syndrome, the physiology and pharmacology of the enteric nervous system, gastrointestinal hormones and the control of satiation and food intake. With an h-index of 101, he has published more than 900 peer-reviewed articles in the international literature, with over 45000 citations, and he contributed more than 45 book chapters on various aspects of scientific and clinical gastroenterology. He has co-authored publications in all leading Gastroenterology journals, and several high-ranked general scientific journals (e.g. New England Journal of Medicine, Journal of Clinical Investigation, Nature genetics, PNAS, JAMA, Gastroenterology, Gut, Nature Reviews Gastroenterology Hepatology, ….). Professor Tack was the promotor of more than 25 Ph.D. fellows. He currently supervises a research group which comprises 10 Ph.D. fellows, 5 postdocs and 5 technical/support staff.
Professor Tack has won several awards for basic and clinical research in gastrointestinal science. He was awarded with the IFFGD Clinical Researcher prize in 2013 and with the Research Prize of United European Gastroenterology in 2015. He is currently president of the Rome Foundation and a council member of the European Association for Gastroenterology, Endoscopy and Nutrition.
Professor Tack is the founding Editor-in-Chief of the United European Gastroenterology Journal. He was President of the European Society of Esophagology, President of the International Society for Diseases of the Esophagus and member of the Steering Committee of the European Society for Neurogastroenterology and Motility and has served as (co-) editor for Neurogastroenterology and Motility, Gastroenterology, Gut and Digestion. He serves or has served as a member of the Editorial Board of Gastroenterology, the American Journal of Gastroenterology, Alimentary Pharmacology and Therapeutics, the Journal of Internal Medicine, Baillière's Best Practice and Research in Clinical Gastroenterology, Annals of Gastroenterology and the Journal of Gastroenterology.

Prof. Anthony O'Connor
Head of Department of Gastroenterology
Tallaght University Hospital, Dublin.

Prof. Anthony O'Connor is clinical associate professor in Gastroenterology at Trinity College Dublin and Head of the Department of Gastroenterology at Tallaght University Hospital. He graduated in medicine from University College Cork in his hometown in 2004. He completed BST training in Limerick before undertaking higher specialist training in Gastroenterology and General Medicine in Tallaght and St. James's Hospitals in Dublin. He was awarded an MD by Trinity College Dublin in 2012 for a thesis on Stomach Cancer supervised by Professor Colm O'Morain.
Upon completion of his training in Ireland he worked at Beth Israel Deaconess Medical Center/Harvard Medical School in Boston, USA before taking up an appointment as Consultant

Gastroenterologist at Leeds Teaching Hospitals NHS Trust in June 2014 and returning to Ireland in 2016 to an appointment at Tallaght University Hospital. He has published more than 60 peer-reviewed journal articles and has given invited lectures and oral presentations at several national and international meetings. His interests are Inflammatory Bowel Diseases especially Quality of Life for patients with IBD, the GI complications of cancer therapies, Helicobacter pylori infection and Gastric Cancer prevention. Away from work he is married with two small children and is vice-chairman of Ballinteer St. John's GAA club. Is gaeilgeoir é.

Dr Cesare Hassan
Associate Professor of Gastroenterology,
Humanitas University, Milan, Italy.

Cesare Hassan, MD, PhD, graduated in Medicine and Surgery in 1994, and he became a specialist in Gastroenterology and Digestive Endoscopy at 'Sapienza University' in Rome in 1998. His clinical and research turned mainly to the development of new approach for colorectal cancer screening, mainly focusing on clinical validation, cost-effectiveness and decision-making, as well as for prevention of upper GI-cancer, including endoscopic and medical treatment of pre-malignant gastric conditions and Barrett oesophagus. To date, his work has resulted in over 500 peer-reviewed publications, and is regularly invited to present at major national and international meetings. Dr. Hassan is currently the Treasurer of the European Society of Gastrointestinal Endoscopy, where he also served as Chair of the Guideline Committee, and he is Associated Professor of Gastroenterology at Humanitas University (Milan, Italy). His current research focuses on implementation of Artificial Intelligence for detection, characterization, and Quality Improvement of diagnostic endsocopy

Prof. dr Jeanin Van Hooft
Consultant and Chair, Department of Gastroenterology and Hepatology,
Leiden University Medical Centre, The Netherlands.

Professor Jeanin Elise van Hooft, MD, PhD, MBA, is a consultant gastroenterologist and Chair of the Department of Gastroenterology and Hepatology at the Leiden University Medical Centre, Leiden, The Netherlands and fellow of the European Board of Gastroenterology and Hepatology (EBGH) and the American Society for Gastrointestinal Endoscopy (FASGE).
Dr. Van Hooft is specialist in interventions endoscopy, in particular hepato-pancreatico-biliary interventions. Since 2009 she has been leading a research group with a strong focus on pancreatic diseases and in part on endoscopic treatment of gastrointestinal strictures. Dr. Van Hooft has authored and co-authored over 275 peer reviewed publications and textbook chapters and has lectured at more than 200 national and international meetings.
She has been the chair of the ESGE guideline committee from 2016-2021 and is currently the secretary general of the UEG. Furthermore she is a member of the board of Women in Endoscopy (WIE) and on National level she is active as member (treasurer) of the Pancreatitis Working group of the Netherlands (PWN) and member of the research board of the Dutch Pancreatic Cancer group (DPCG).

Prof. Torsten Beyna
Prof. of Hepatology,
Head of Department of Gastroenterology and Therapeutic Endoscopy
Evangelisches Hospital Düsseldorf, Germany

Head of Department of Gastroenterology and Therapeutic Endoscopy at the Evangelisches Krankenhaus Düsseldorf, Germany, Faculty of Medicine, Westfälische Wilhelms Universität Münster, Germany. Member of the advisory committee of the endoscopy section of the German Society of Gastroenterology (DGVS) and the German society of gastrointestinal endoscopy and imaging (DGEBV). Scientific director of the traditional Düsseldorf International Endoscopy Symposium (www.endo-duesseldorf.com).

Mr Colin Peirce
Consultant Colorectal/General Surgeon
UL Hospitals Group, Limerick

Colin qualified from Trinity College Dublin in 2004 and having completed Basic Surgical Training, he was awarded his MD by thesis from University College Dublin in 2010. Following Higher Surgical Training, he undertook a fellowship in Colorectal Surgery at the Cleveland Clinic, Ohio. He commenced as a General and Colorectal Surgeon in Limerick in 2016 and is also an Adjunct Senior Lecturer in Surgery, Associate Clinical Director of the Perioperative Directorate, Clinical Lead for Robotic Surgery, BowelScreen Endoscopist and Surgical Lead and RCSI Regional Director of Surgical Training.
Colin has published over 50 original manuscripts, including 3 randomised trials, and authored 7 book chapters. He has presented nationally and internationally on numerous occasions, has received national and international research awards along with several international travelling fellowships. In 2021 he delivered the 43rd Millin Lecture in RCSI entitled: 'Electrodes to robots – evidence based change in surgical practice'. He is a regular reviewer for a number of journals and has a very keen interest in surgical site infection and is the principal investigator for the international multicentre SELDDEC trial. Outside of work, he is a keen golfer, cyclist and rugby follower.

ISG Board Members

Professor Deirdre McNamara
President ISG
Consultant Gastroenterologist
Tallaght Hospital, Dublin

Deirdre is a graduate of Trinity College Dublin and completed Higher Specialist Training in Gastroenterology in Ireland before travelling abroad to complete periods of training in Interventional Endoscopy in Magdeburg, Germany and Cancer Prevention at the National Institute of Health, USA.
Deirdre was appointed to her first substantive post as a Luminal Interventional Gastroenterologist at Aberdeen Royal Infirmary in 2004. During her time in Aberdeen, she developed additional interests in minimally invasive capsule endoscopy and device assisted enteroscopy.
Deirdre returned to Trinity College and Tallaght Hospital as an Associate Professor of Medicine in 2010. She is Co-Founder and Director of the TAGG Research Centre (Trinity Academic Gastroenterology Group) and was Head of the Department for Clinical Medicine from 2012-2015. Clinically, she helped develop Tallaght's reputation as a centre of excellence for both Device Assisted Enteroscopy and Capsule Endoscopy.

In her spare time, Deirdre can usually be found in wellies outdoors, as a dedicated gardener, rider and dog owner.

Dr Garret Cullen
Hon Secretary ISG
Consultant Gastroenterologist
St Vincent's University Hospital, Dublin

Dr Garret Cullen is a Consultant Gastroenterologist at St. Vincent's University Hospital and an Associate Clinical Professor at University College Dublin. He is the Clinical Lead for Endoscopy in Ireland East Healthcare Group. His main clinical interests are inflammatory bowel disease and therapeutic endoscopy.

Dr Manus Moloney
Hon Treasurer ISG,
Consultant Gastroenterologist
University of Limerick Hospital

Dr Manus Moloney graduated in 1987 from Trinity College Dublin, trained in gastroenterology at the Mater and St James Hospital Dublin before moving to the Liver unit at King's College Hospital in London, training in hepatology and completing an MD thesis on Immunogenetics of Primary Sclerosing Cholangitis. Completed training at Ashford Hospital in Kent and Guy's Hospital. Dr Moloney returned to Ireland in 2000 to take up a Consultant post at Nenagh Hospital and Limerick Regional Hospital, now the University of Limerick Hospital Group. Dr Moloney is currently serving as endoscopy lead for the group, main interests include management of Inflammatory Bowel Disease and interventional endoscopy.

Dr Tony C.K. Tham
Consultant Gastroenterologist
Ulster Hospital, Dundonald, Belfast

Dr Tham qualified from the Queen's University of Belfast's medical school. He trained as a gastroenterologist and physician in the Northern Ireland training program. He completed his training as an Advanced Gastroenterology Fellow in the Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA.
He is a Consultant Physician and Gastroenterologist in the Ulster Hospital, Dundonald, Belfast. He is the President of the Ulster Society of Gastroenterology. He is a Past President the Irish Society of Gastroenterology. He is the chair of Ireland's National Clinical Program for Gastroenterology and Hepatology Clinical Advisory Group. He was the Chair of the British Society of Gastroenterology Clinical Services and Standards Committee and formerly the Society's quality improvement and guidelines lead.
He has more than 80 publications in peer reviewed journals. He is the first author of a book entitled "Gastrointestinal Emergencies" which has been published as a 3rd edition and translated into Polish and Chinese. He has contributed to several other book chapters. He has been co-author of guidelines on ERCP, lower gastrointestinal bleeding, Barretts oesophagus, perianal Crohns, non medical endoscopy workforce and UK gastroenterology services. He was the Guidelines Editor for Gut. He is on the International Editorial Board of the journal Gastrointestinal Endoscopy; Associate Editor of the World Journal of Gastrointestinal Endoscopy; Diagnostic and Therapeutic Endoscopy. He has received several awards for being a top reviewer for Gastrointestinal Endoscopy.
He was the Head of the School of Medicine, Northern Ireland Medical and Dental Training Agency (deanery). He is the Vice Chair of the Specialist Advisory Committee for general internal medicine at the Joint Royal Colleges of Physicians Training Board and Training Program Director in General Internal Medicine in Northern Ireland. He is an examiner for the Royal College of Physicians of Edinburgh and also Queen's University.
He has led service improvements for patients in Northern Ireland including those with gastrointestinal consequences in pelvic radiation disease, and inflammatory bowel disease.

Dr Patrick Allen
Consultant Gastroenterologist
South East Trust, Belfast

Dr Patrick Allen is a Consultant Gastroenterologist working in the South East Trust. He graduated from Queen's University of Belfast in 2002. He completed his training in NI and completed a fellowship in St Vincent's Hospital, Melbourne in Endoscopy and IBD. He has been Secretary for the Ulster Society of Gastroenterology from 2012 to 2017 and was on the organising committee for BIG Meeting 2013 and 2017. He is a BSG IBD committee member and is the BSG Four Nations Chair. His main interests are IBD and Endoscopy.

Professor Laurence Egan,
Dean of College of Medicine,
NUI Galway

Prof. Egan graduated from UCG in 1990 (M.B., B.Ch., B.A.O.), and completed internship, house officer and registrar training, based at University College Hospital Galway. He received Membership of RCPI in 1992, and Masters in Medical Science from UCG in 1994. From 1994 to 1999, at the Mayo Clinic in Minnesota he completed further training in Internal Medicine, Clinical Pharmacology & Gastroenterology, receiving American Board certification in those 3 disciplines. NUI Galway conferred an MD in 1999. Prof. Egan then undertook post-doctoral training from 2000 to 2002, in the Laboratory of Mucosal Immunology at the University of California, San Diego, before returning to the Mayo Clinic to take up a consultancy in Gastroenterology, with joint appointment in the Department of Molecular Pharmacology and Experimental Therapeutics. His research focuses on molecular characterization of signaling pathways involved in intestinal epithelial cell stress, death and malignant transformation, and optimization of personalized approaches to biological therapy. In 2005, Prof. Egan was recruited by NUI Galway and the Health Service Executive Western Region as Professor of Clinical Pharmacology/Consultant Clinical Pharmacologist and Head of the Department of Pharmacology & Therapeutics, a position he took up in August 2005. Prof. Egan has served as Interim Director of the HRB Clinical Research facility Galway and as Head of the discipline of Pharmacology and Therapeutics. He was associate editor at Gut, and has been editor-in-chief of the Journal of Crohn's and Colitis since 2014.

Professor Eoin Slattery
Consultant Gastroenterologist
University Hospital Galway

Professor Eoin Slattery graduated with honours from University College Dublin in 2002. He completed his internship and general professional training at St Vincent's University Hospital. He became a member of the Royal College of Physicians of Ireland in 2005. Thereafter, he commenced higher specialist training in gastroenterology, rotating through St Vincent's Hospital, Beaumont Hospital and St Luke's Hospital Kilkenny.
During his training he obtained a post-graduate Doctorate of

Medicine as the Abbott Newman fellow in Inflammatory Bowel Disease at University College Dublin. His translational research project focused on the beneficial effects of cigarette smoke on Ulcerative Colitis.
Following completion of higher specialist training, Professor Slattery embarked on sub-specialist fellowship training. He was appointed as the Irish Society of Gastroenterology Boston Scientific Advanced endoscopy fellow rotating through the Mater Hospital, Dublin and then on to Beth Israel Deaconess Medical Centre/ Harvard Medical School, Boston, MA. He then proceeded to spend 2 years as the Advanced GI nutrition support fellow in New York Presbyterian Hospital/ Columbia University Medical Centre..
He returned home to Ireland in 2015 where he was appointed as a consultant gastroenterologist at University Hospital Galway. Professor Slattery is also the Saolta group clinical lead for Endoscopy. In 2019 he was appointed as the National Specialty Director for training in Gastroenterology by the RCPI.

Dr Karl Hazel
SpR Training Representative
Beaumont Hospital, Dublin

I am a fourth year trainee on the Higher Specialist Training in Gastroenterology. I am currently undertaking my MD in RCSI and Beaumont Hospital, investigating the role of bile acids in IBD. I have an interest in all areas of Gastroenterology, with a special interest in IBD and endoscopy. I am delighted to be the trainee representative on the Board of ISG and hope we can continue to provide events for trainees in the vein of our breakout session at the ISG Winter meeting 2020 which was an outstanding success for all involved.

Dr Subhasish Sengupta
Consultant Gastroenterologist
Beaumount Hospital, Dublin / Our Lady of Lourdes Hospital, Drogheda

Dr Subhasish Sengupta works as a Consultant Gastroenterologist at Our Lady of Lourdes Hospital, Drogheda. Dr Sengupta graduated from Calcutta University, India and subsequently obtained his MRCP (UK) in 2000. He successfully completed his Specialist Registrar training (CCST) in Gastroenterology mainly working in Mater Misericordae and Beaumont University Hospitals Dublin in 2007. His worked on 'Adrenergic Control of Gallbladder Motility' and obtained his Masters Degree from University College Dublin (UCD) in 2007. He then undertook his Advanced Interventional Hepato-biliary fellowship at Dublin and Beth Israel Deaconess Medical Center, Boston MA, USA 2007-2008. Apart from doing general GI work between Lourdes Hospital Drogheda and Louth Hospital, Dundalk, he does hepatobiliary procedures (ERCP and EUS) at Beaumont University Hospital, Dublin.
Special Interests: Pancreatico biliary Disease and Inflammatory Bowel Disease.

Dr Zita Galvin,
Consultant Hepatologist
St. Vincent's University Hospital, Dublin.

Dr. Zita Galvin is a consultant Hepatologist at St. Vincent's University Hospital, Dublin. Zita graduated from the Medical School in University College Dublin in 2008 and also has a degree in Pharmacy from Trinity College Dublin (1999). She completed a post graduate Doctorate of Medicine, in the complications of portal hypertension, at University College Dublin/Mater Misericordiae University Hospital, Dublin (2013). She completed her General Internal Medicine, Gastroenterology and Hepatology training in Ireland before moving to Canada to do a fellowship in Transplant Hepatology at the Multi Organ Transplant Programme at Toronto General Hospital. She was appointed as Assistant Professor at the University of Toronto and Staff Medical Gastroenterologist and Hepatologist at Toronto General Hospital from 2017 to 2021. She is the author of a number of peer-reviewed articles. She has served as a reviewer for a number of medical journals including Journal of Hepatology, Transplantation and Liver Transplantation. Zita is passionate about education, teaching and mentorship. She completed the Master Teacher Program at the Department of Medicine, University Health Network (UHN), Toronto. During her time in Toronto, she was the Director of Education for the Multi-Organ Transplant Program and the Director of the Transplant Hepatology Fellowship Program.

Mr James O'Riordan
Consultant Colorectal Surgeon
Tallaght University Hospital

James O' Riordan MD FRCSI graduated from Trinity College Dublin in 1998 with an honours degree. He completed basic surgical training scheme in Ireland and was awarded Membership of the Royal College of Surgeons in Ireland in 2001. He then undertook a research degree and was awarded the Degree of Doctor in Medicine from Trinity College Dublin in 2004. He then commenced higher surgical training in Ireland, was awarded the Intercollegiate Specialty Exam in General Surgery in 2008 and completed an international colorectal fellowship at the University of Toronto in 2011. He has been working as a consultant colorectal and general surgeon in Tallaght University Hospital and St James' Hospital since 2011. His subspecialist interests include laparoscopic surgery, proctology, colorectal cancer and inflammatory bowel disease. He currently has 47 peer reviewed publications in general and colorectal surgery.

Time to Celebrate

As we look towards the end of another year, we are excited to be celebrating on a number of fronts.

This year we celebrate 60 years of Gastroenterology. We have invited all our Past Presidents along with their spouses to join with us on this joyful occasion. The response has been outstanding, many will be with us who we have not seen for a while, so it will be great to renew acquaintances and raise a glass or two in celebration.

On this occasion we will finally get to present Prof Diarmuid O'Donoghue with a Lifetime Achievement Award for his service in the field of Gastroenterology. This is the third occasion that we have tried to organise this event, but the pandemic continued to get in the way. Diarmuid retired recently from St Vincent's University Hospital and was one of the principal drivers of the Bowel Screen Programme before handing the reins over to Padraic MacMathuna. He will be introduced and profiled by his friend and colleague, Dr Hugh Mulcahy.

Last June the people of Caheragh in West Cork chose to commemorate one of their famous sons, the great surgeon of Mercy University Hospital Fame, Prof Gerry O'Sullivan or as more famously known "the great Gerry O". In 2011 ISG awarded Gerry a Lifetime Achievement Award shortly prior to his untimely death. I would like to express our gratitude to the Southern Star Newspaper in allowing us to copy the tribute to Gerry O - Ní fleicfidh a leithead arís.

Many thanks to all who contributed towards the success of this meeting. Our Speakers, Abstract authors, Review panel and chairs for their professional guidance. To our President, officers, board, NSD's and the industry for their ongoing support and assistance.

Kind Regards,

Michael Dineen
Chief Executive ISG

Dermot Kenny, Michael Berndt, Breda O'Sullivan, Gerry O'Sullivan, Aiden McCormick, Claire McCormick and Des Winter

Michael Dineen, Prof Gerry O'Sullivan and Prof Aiden McCormick

Gerry's family delighted with likeness of Caheragh statue in his memory

A quick selfie for the family with Professor Luke O'Neill – from left: Gearoid, Orla, Breda and Eoin with the keynote speaker.
(Photos: Anne Minihane)

'FREAKY good' is what some members of Prof Gerry O'Sullivan's family said when they saw the statue of him being created by sculptor Don Cronin.

That is what his daughter Orla Dolan told the crowd gathered last Sunday at its unveiling at the park named in his honour in his native Caheragh.

Orla was joined on the day by members of her family, former colleagues of her father's – the world-renowned cancer specialist – and Prof Luke O'Neill, who was the keynote speaker.

Theatre nurse Margaret Frahill, who had worked closely with the professor, before his untimely death in 2012 at the age of 65, recounted many great stories of their times together.

She told the crowd that he would often finish surgery in the atre at 9pm and he would say to the registrar to meet him at home to go through a research paper and the next morning they would 'start all over again.'

'Research research research' he said, was the only way to cure cancer or find a cure for it. He had a photographic memory, she said, and if you told him the name of a patient and their GP, he would remember their last visit and the tests he had ordered for them.

He was a real people person, the crowd was told. And Margaret remembered him teaching a Nigerian doctor how to speak Irish. On the doctor's last day in the hospital, 18 months later, Gerry got him to sing Oró, Sé Do Bheatha 'Bhaile.

And when things got tough during a procedure, Gerry would often stop, look out the window and say 'let us all look to West Cork for inspiration!' she said. He told everyone about hailing from 'Caheragh 4' and he treated everyone the same, regardless of who they were, or where they came from, she said. 'There was no two-tier system with Gerry.'

Orla Dolan, Gerry's daughter, who runs Breakthrough Cancer Research, said her dad told people he came from 'a very exclusive hamlet called Caheragh 4'. 'Something about this place and the people here never left him,' she noted.

From left: Clodagh O'Neill was facepainting for Catherine Hannick.
(Photos: Anne Minihane)

She said he also loved anything you could make with your hands – sculpture, art, word carvings. 'I know he'd be a bit bashful but also immensely chuffed to know there was a sculpture made here by the incredibly talented Don Cronin in his honour,' she said, minutes before it was unveiled by county mayor Gillian Coughlan.

She said the family were delighted with the care taken every step of the way by Don Cronin, to make sure they were happy with it. 'It's an amazing likeness – even down to the dimples,' she said. 'We were mesmerised … I think the words "freaky good" were used.' She said she knew the committee wanted the park to be

an inspiration as well as a lovely place to visit. 'One of Gerry's favourite quotes was the best way to change the future is to invent it or create it,' she said. 'This was just an idea only a few years ago, and now it has been delivered here today for all of us. As Gerry would have said, it is just marvellous, marvellous, marvellous!'

Keynote speaker Prof Luke O'Neill said that everybody knew Gerry – even at conferences abroad, and he had great time for everyone – even students starting out, often spending hours talking to young research scientists.

He was the first Cork surgeon to be president of the Royal College of Surgeons, and became a member of the prestigious American College of Surgeons – it was amazing for a man from Cork in Ireland to break into that crowd, said Prof O'Neill. He had written a paper in 1996 on the immune system and cancer, and his pioneering work on checkpoint inhibitors also influenced the drugs which were subsequently developed for immunotherapy.

'As well as being a people person, he also had the excellent science and the data to back it up, so they couldn't say no to him,' he noted.

He was also in the American College of Surgeons which only accepts 100 people a year from the whole world.

Chair of the committee Micheál Kirby, said: 'Professor O'Sullivan died at the young age of 65 from cancer, a disease he had spent his whole career saving others from. We are so incredibly proud of his achievements and the man he became and want to encourage the young.'

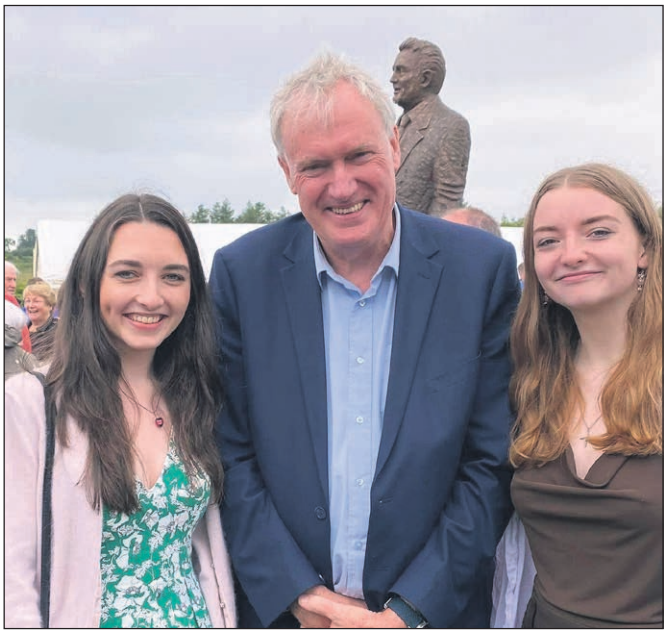
The Caheragh Memorial Park project aims to create Ireland's first Amenity Science Park.

It plans to emphasise the workings of science in our world, inspired by the professor's work.

More information on the park, and how to donate, at caheragh-memorialpark.com

Brothers and sisters of the late Gerry O'Sullivan, at Sunday's unveiling — Con O'Sullivan, Sean O'Sullivan, Joan O'Sullivan and Breda Cronin. (Photo: Gerard McCarthy)

Right: Martha Drake and Paul Finn from Courtmacsherry, were all at the unveiling at Caheragh Memorial Park on Sunday. (Photos: Anne Minihane)



Ellie and Brigid O'Sullivan from Ballydehob with Prof Luke O'Neill at the unveiling of their uncle Prof Gerry O'Sullivan's statue at Caher–agh Memorial Park recently. (Clonakilty photo: Andy Gibson)

Caheragh Memorial Park Committee members after the unveiling of the Professor Gerry O'Sullivan statue (from left): John O'Neill, Sean O'Sullivan, DJ Dineen, Micheál Kirby, Kathleen Kirby, Fachtna Whooley, Padraig O'Driscoll, John Scully and Kieran Daly. (Photo: Anne Minihane)

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1967-1968	Dr Byran G Alton
1964-1966	Professor Patrick Fitzgerald
1962-1964	Professor Oliver Fitzgerald

Abstract Submissions selected for Endoscopy E-Poster Presentation 2022

Thursday 17th November, Tara Suite - Main Room

Abstract No.	Ref:	Title	Author	Time
1	22W103	Histopathological Characteristics of Screening-Detected Colorectal Cancers. An Eight-year Single Institution Experience	Cian Ward	13.30
2	22W110	Current Approaches to the Identification and Management of Hereditary Colorectal Cancer in Ireland	Jane Cudmore	13.36
3	22W128	Could recent guidelines on the \'no biopsy\' approach to diagnosis of Paediatric Coeliac Disease be extrapolated to the adult population	Maeve Reidy	13.42
4	22W139	NICE referral guidelines: Impact on Upper GI Endoscopy Practice in patients < 55 years	Muhammad Ahmed Saif Ullah	13.48
5	22W147	Two-year experience of delivering a new colon capsule service in an Irish teaching hospital	Eimear Gibbons	13.54
6	22W159	Cloud Technology And Capsule Endoscopy: A single Centre Users' Experience Of Online Video Analysis And Reporting.	Conor Costigan	14.oo
7	22W167	General anaesthesia for enteroscopy: A look at patient-reported experience measures	Fintan O'Hara	14.06
8	22W170	Role Of A Novel Peptide-based Haemostatic Agent (PuraStat®) In Early Gastrointestinal Bleeding Management: A Single Centre Experience.	Conor Costigan	14.12
9	22W176	Assessing Pre-Procedural Outcomes and Technical Success In Elderly ERCP Patients Using The Charlson Co-Morbidity Index as a Marker of Frailty	Gregory Mellotte	14.18
10	22W178	HALT: Do Hot, Late or Tiring Conditions Affect Quality Measures in Colonoscopy?	John Campion	14.24

ENDOSCOPY POSTER PRESENTATIONS

ABSTRACT 1 (22W103) ENDOSCOPY E-POSTER

Histopathological Characteristics of Screening-Detected Colorectal Cancers. An Eight-year Single Institution Experience.

Author(s)
C Ward1, D Gibbons1, M Cotter1, N Swan1, N Nolan1, S Martin2, A Hanly2, D Winter2, R Kennelly2, A White1, B Nolan1, G Cullen3, G Doherty3, K Sheahan2

Department(s)/Institutions
1. Department of Histopathology, St. Vincents University Hospital, Dublin 2. Department of Colorectal Surgery, St. Vincents University Hospital, Dublin 3. Department of Gastroenterology, St. Vincents University Hospital, Dublin

Introduction
Colorectal cancer (CRC) screening detects cancers at an earlier stage, improving overall survival. However, when adjusted for stage the survival benefit in comparison to symptomatically presenting CRCs persists. The characteristics of screen-detected CRCs which contribute to a more favourable prognostic profile remain unclear.

Aims/Background
We aimed to evaluate the histopathological features of screen-detected cancers with comparison to a cohort of symptomatic cases.

Method
We analysed a database of all screen-detected CRCs in our institution since screening began in 2012. A cohort of symptomatic patients from 2020 was used for comparison. Histopathological reports were reviewed for prognostic factors such as lymphovascular invasion, perineural invasion and tumour budding. For neoadjuvant rectal cancer cases, the radiological stage pre-neoadjuvant therapy was also recorded.

Results
194 screen-detected CRCs were identified from January 2013 to December 2021. 176 symptomatic presentations were identified for comparison. There was a significant increase in early stage (stage I+II) detection in the screening group (61%vs39%, p=<0.001), largely driven by detection of T1 cases in both colon (31%vs14%, p=0.003) and rectal cancers (38% vs 12%, p=0.003). Screen-detected rectal cancers undergoing neoadjuvant chemotherapy had significantly higher complete response rates (42%vs17%, p=0.012). Rates of lymphovascular invasion were significantly higher in the symptomatic group (45%vs34%, p=0.007), predominantly due to extramural venous invasion (28%vs11%, p<0.001). Perineural invasion was also more frequent (16%vs7%, p=0.002). Rates of tumour budding and mismatch-repair protein status were similar.

Conclusions
Population screening for CRC results in cancer detection at an earlier stage. Screen detected CRCs have a more favourable risk profile, with lower rates of adverse prognostic factors such as venous and perineural invasion.

ABSTRACT 2 (22W110) ENDOSCOPY E-POSTER

Current Approaches to the Identification and Management of Hereditary Colorectal Cancer in Ireland

Author(s)
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Department(s)/Institutions
Department of Gastroenterology, Mater Misericordiae University Hospital

Introduction
Hereditary cancer syndromes account for 5-10% of all colorectal cancers (CRCs). Optimal management of hereditary CRC includes identification and diagnosis, access to genetic services, inclusion in a database or registry and high-quality endoscopic surveillance. In Ireland there are currently no national guidelines or referral pathways for hereditary CRC, which is likely to result in variability in approaches to identification and management.

Aims/Background
To examine current approaches to the identification and management of hereditary CRC within BowelScreen.

Method
A ten-question survey was distributed, via SurveyMonkey, to the lead endoscopist at 14 BowelScreen sites between February and May 2022.

Results
Twelve (86%) sites responded. Eight (67%) report testing all CRCs for Lynch Syndrome (LS). Only 58% of sites report referring those with mismatch repair deficiency (possible Lynch Syndrome) for genetic testing. While seven (58%) sites manage endoscopic surveillance, only three (25%) provide an outpatient service, with minimal nursing or administrative support, and only two (17%) maintain a database or registry. Two (17%) sites have access to a clinician with clinical genetics training and one site has access to genetic counselling.

Conclusions
There is significant variability in the identification and management of hereditary CRC. Key areas to address include ensuring testing of all CRCs for LS, maintenance of a registry of those with hereditary CRC and improved access to genetic services. Developing diagnostic guidelines and referral pathways, both as part of the National Genomics Strategy and within BowelScreen, could promote standardised management of hereditary CRC. BowelScreen may be uniquely suited to incorporate management of these individuals given the existing consultant-delivered endoscopy, strict KPIs and robust recall mechanisms and this should be explored further.

ABSTRACT 3 (22W128) ENDOSCOPY E-POSTER

Could recent guidelines on the 'no biopsy' approach to diagnosis of Paediatric Coeliac Disease be extrapolated to the adult population

Author(s)
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Department(s)/Institutions
Department of Paediatric Gastroenterology, Children's Health Ireland (CHI), @ Tallaght Hospital, D24

Introduction
ESPGHAN/NASPGHAN's 2020 guidelines redefined the Coeliac Disease (CD) diagnostic criteria in children. Recommendations include a 'no biopsy' approach in children with anti- tissue Transglutaminase (anti-tTg) IgA titres ≥x10 upper limits of normal (ULN) and positive anti-endomysial antibody IgA in a 2nd sample. Removal of the previously recommended HLA-based stratification (2012 guidelines) enabled application of the revised criteria to the Irish paediatric population.

Aims/Background
With implementation of the revised guidelines, we sought to determine the number of patients who could be diagnosed with CD without the need for biopsy at Children's Health Ireland (CHI) at Tallaght, Dublin. 280 oesophagogastroduodenoscopies (OGDs) are delivered, by a singlehanded gastroenterologist, there annually, each requiring general anaesthetic. Children often wait many months for a biopsy-confirmed diagnosis.

Method
Retrospective study of all children (<16-years, n=83), diagnosed with biopsy-confirmed CD, in CHI, at Tallaght within a 24-month period (2017-2019). Data was sourced from paper charts, histology and endoscopy records and analysed on Excel.

Results
Nearly three-quarters (n=55/76) of referrals reported anti-tTG titres ≥x10 ULN. Excluding patients with Type 1 Diabetes Mellitus (T1DM) (n=4), who are recommended to have histological confirmation, more than 60% of referrals (n=51/83) had titres ≥x10 ULN and could potentially have fulfilled the 'non-biopsy' CD diagnostic criteria.

Conclusions
Implementing these guidelines will reduce invasive investigations, save limited resources, and expedite paediatric CD diagnoses. This will improve the quality of patient care. Is it time to revisit the adult CD diagnostic guidelines?

ABSTRACT 4 (22W139) ENDOSCOPY E-POSTER

NICE referral guidelines: Impact on Upper GI Endoscopy Practice in patients < 55 years

Author(s)
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Department(s)/Institutions
Department of Gastroenterology, University Hospital Kerry, Tralee.

Introduction
Endoscopy demand is growing year on year. It is important that available resources are utilized appropriately. Adherence to referral guidelines for upper GI Endoscopy are important in ensuring best utilization of capacity.

Aims/Background
To study the impact of implementing NICE referral guidelines for upper GI endoscopy in patients < 55 years of age in University Hospital Kerry.

Method
1970 patients who underwent OGD between Jan-2021 and Dec 2021 were reviewed. Data was collected using Unisoft GI reporting tool. Patients who were < 55 years old were identified. 853 patients in this group were included in study. Patients' referrals were categorized as indicated or not indicated on the basis of the NICE referral guidelines standards.

Results
Out of 853 patients less than 55 years of age, 501 (58.7%) were females and 352 (41.3%) were males. 269 (31.4%) OGDs were indicated as per NICE guidelines and 584 (68.6%) were not indicated. There was only one malignancy (gastric cancer) detected in the indicated group. In the non-indicated group 15 (2.5%) patients had Barrette's oesophagus, 2 (0.3%) had duodenal ulcers and 5 (0.8%) had gastric ulcers. Hence, only 4% of non-indicated endoscopies yielded significant positive findings.

Conclusions
Our study showed that by implementing NICE guidelines for UGI endoscopic referrals in patients < 55 years of age, more than half 584 (68.6%) of the procedures could have avoided without missing malignancies.

ABSTRACT 5 (22W147) ENDOSCOPY E-POSTER

Two-year experience of delivering a new colon capsule service in an Irish teaching hospital

Author(s)
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Introduction
Colon capsule endoscopy (CCE) is a non-invasive, ambulatory method of viewing the entire large bowel without the need for sedation, a day-ward bed or invasive colonoscopy. It carries minimum risk. It has been demonstrated to be comparable to colonoscopy and CT colonography for detection of colonic pathology. It has been shown to be useful in both symptomatic screening participants and after incomplete colonoscopy.

Aims/Background
To retrospectively review the delivery of a new colon capsule service with regards to indications, outcomes, use of prep and boosters, complications and patient experience.

Method
All colon capsules performed over an 18 month period were included. A comprehensive database has been developed for the purpose of audit and research and this was used to garner necessary information. We spoke with 20 patients via telephone to capture their experience.

Results
81 colon capsules were completed between March 2021- August 2022 (median age 57, range 19-92, M:F 31:50). The most common indications were incomplete colonoscopy (29.6%) and constipation (42%). Patency capsules were used in 5 patients and prokinetics were required in 40.7%. 34.5% of capsules had no significant finding, requiring no follow-up. 38.2% were subsequently referred for colonoscopy. 18.5% of capsules were deemed incomplete. Of these, 60% had failed prep, and in 40% the battery died before excretion.

Conclusions
The use of CCE is now endorsed by the ESGE in certain situations. It seems to be more acceptable to patients. Further studies should look at its use in surveillance groups and the use of FIT as a filter test.

ABSTRACT 6 (22W159) ENDOSCOPY E-POSTER

Cloud Technology And Capsule Endoscopy: A single Centre Users' Experience Of Online Video Analysis And Reporting.

Author(s)
C Costigan, J O'Connell, F O'Hara, T Manoharan, Y Bailey, C Walker, E Omallao, D McNamara.

Department(s)/Institutions
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Introduction
Virtual medicine has progressed significantly. The use of newer & more integrated IT systems can improve healthcare delivery. The development of the world's first interactive cloud-based capsule platform could allow for the safe and timely virtual analysis of videos from a network of linked centres.

Aims/Background
To assess the efficacy of Medtronic's PillCam Remote Reader System.

Method
PillCam Remote Reader technical data was collected from the capsule endoscopy database and hospital server over a 6 month period. User-reported performance was collect using an online survey. Outcomes included: Overall procedure success, video upload and report download success rates and speeds, video analysis & technical success, encryption/decryption rates, and user/reader satisfaction.

Results
Data from 162 studies allocated to 7 different readers was collected, 141 SBCE, 21 CCE and 1 Crohn's capsule. Overall procedure success, video upload / download, rates were 100%. Only 2 upload delays occurred (both <24 hours). All videos were reported, in 1(0.6%) a Lewis score could not be completed. There were no encryption/decryption errors. 100% of respondents felt it easy to access and use, in contrast to 30% for the old system. 71% felt it increased department efficiency and 85% would 'definitely' incorporate it into future practice. Self-reported additional benefits included: off-site reading, enabling multisite conferences. Users reported issues included admin support for uploading, and lack of access to other hospital system while offsite.

Conclusions
PillCam remote reader is a reliable, secure and effective capsule analysis platform and should be incorporated into any capsule service development plan.

ABSTRACT 7 (22W167) ENDOSCOPY E-POSTER

General anaesthesia for enteroscopy: A look at patient-reported experience measures

Author(s)
F. O'Hara, C.Costigan, C.Walker, A.O'Connor, S.O'Donnell, N.Breslin, B.Ryan, D.McNamara

Department(s)/Institutions
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Introduction
Device Assisted Enteroscopy (DAE) is a time-consuming and invasive procedure. A BSG, JAG, and RCoA joint position statement highlights patient intolerance as an important factor in procedure success and recommends considering deep sedation for protracted and complex endoscopic procedures. Tallaght Hospital performs DAE under both general anaesthesia (GA) and conscious sedation (CS). DAE under CS has been shown to need higher doses of fentanyl and midazolam to maintain acceptable patient comfort in comparison to other endoscopic procedures. Deeper levels of sedation likely offer a significant procedural advantage and improved patient experience. We looked at patient-reported experience measures(PREM), an important measure of quality, for patients undergoing DAE using Endoprem, a recently validated PREM for endoscopy.

Aims/Background
To assess the patient-reported experience of DAE under GA and CS.

Method
Patients attending for DAE were asked to complete an Endoprem questionnaire post-procedure. Procedure data were also recorded. Comparisons were made between those having GA and CS.

Results
35 patients (response rate = 66%) returned completed questionnaires (GA = 14 and CS = 19). Overall satisfaction scores were excellent in both groups at 100%. However, in the CS group, discomfort during procedure was experienced by 47.4%, while 21.1% experienced moderate to severe pain. 26.3% of CS patients experienced more pain than they expected. Mean midazolam and fentanyl doses were 5.3mg and 69.0mg respectively in the CS group. Discomfort post-procedure was similar between both groups 21.1% (CS) vs 21.4% (GA), p=1.00. When demographics were examined GA procedures were performed on younger patients, 60yrs (CS) vs 41yrs (GA). Indication differences were also noted between the 2 groups with anaemia the main indication in 57.9% (CS) vs 7.1% (GA), p=0.004. GA procedures were more likely to have a targeted intervention in mind, 92.9% (GA)vs 42.1% (CS), p=0.004.

Conclusions
Patients have high satisfaction for DAE performed under GA. Significant discomfort and pain were experienced in the CS group with many experiencing pain greater than expected. Selection of more complex DAE procedures for GA will likely improve patient experience measures.

ABSTRACT 8 (22W170) ENDOSCOPY E-POSTER

Role Of A Novel Peptide-based Haemostatic Agent (PuraStat®) In Early Gastrointestinal Bleeding Management: A Single Centre Experience.

Author(s)
C. Costigan, R. Ballester-Clau, S. Sengupta, F. O´Hara and D. McNamara.

Department(s)/Institutions
Dept of Gastroenterology, Tallaght University Hospital, Dublin

Introduction
PuraStat® has been shown to be effective in controlling inta-procedural and delayed postpolypectomy bleeding. Its role as a haemostatic agent in all bleeding indications remains to be clarified.

Aims/Background
To assess the efficacy, feasibility and safety of PuraStat® in an open-label selected bleeding cohort.

Method
A retrospective analysis of all endoscopic uses of PuraStat® was performed. Demographics, endoscopic data, haemostasis rates, endoscopist assessment and short & medium-term outcomes from endoscopy database and EPR were collected.

Results
42 cases requiring monotherapy or adjuvant therapy with PuraStat® were identified over 18 months. 17(40.5%) were female. The mean age 65.9 years. The most common procedure was Gastroscopy in 33 cases(78.6%), Colonoscopy 6(14.3%), ERCP 2(4.8 %) and DAE 1(2.4%) The most common sources included peptic ulcer in 20 cases(47.6%), postpolypectomy 6(14.3%), oesophageal origin 4(9.5%), neoplasia 3(7.1%). Initial haemostasis was achieved in

all cases and no intra-pocedural complications were documented. 3(7.1%) patients re-bled (1 ischaemic oesophageal ulcer, 1 deep D3/4 ulcer, 1 ampulloma). 3 patients died within the first 30 days of therapy. Use of PuraStat® was reported "Very Easy" or "Easy" in all but 1 case(position & gravity) Where available, documented rationale for applying PuraStat® included difficult position or fibrosis (11/25 cases), and as rescue therapy following standard of care (4/25 cases).

Conclusions
In our cohort, PuraStat® was a safe and effective first line and rescue therapy for a variety of bleeding aetiologies, and considered easy to use in the majority. Its role as a front line agent should be considered in the future.

ABSTRACT 9 (22W176) ENDOSCOPY E-POSTER

Assessing Pre-Procedural Outcomes and Technical Success In Elderly ERCP Patients Using The Charlson Co-Morbidity Index as a Marker of Frailty

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Introduction
There are more considerations when undertaking advanced endoscopic procedures in older patients. We assessed whether the Charlson CoMorbidity Index(CCI) could be used as a marker of frailty to help predict the outcome of ERCP in older patients.

Aims/Background
To assess if age or CCI could be used as a measure to estimate ERCP technical success.

Method
We retrospectively identified inpatient ERCPs performed in Kilkenny 2021-2022. Patients were grouped into older(65-79) and super old(>80). Primary endpoints were technical success and complications. Technical success was defined as diagnostic or therapeutic success relative to ERCP indication. The CCI was calculated for all patients.

Results
81 ERCP procedures were identified, mean age 77(range65-93). Mean CCI 4.36(Range 2-12). 9(11.1%) procedures were not able to approach cannulation due to anatomy. Minor complications in 4(4.9%) procedures, 1 episode of mild pancreatitis. There was no mortality as a result of complications. 66 of 72(91.6%) of ERCPs were technically successful. Comparison of the super old with the older group did not show significant difference in technical success or complications(P=0.119, p=0.9). ERCPs limited by anatomy were significantly associated with the older group(p=0.004) Logistic regression was performed to ascertain the effects of age, and CCI on the likelihood that ERCP was technically successful or complications. The model did not reach statistical significance (p=0.453 & 0.897).

Conclusions
ERCP outcomes were similar in older and super old patients. Older patients had significantly higher rates of technical factors limiting ERCP. CCI as a surrogate marker of frailty was not accurate in predicting preprocedural technical success or complications.

ABSTRACT 10 (22W178) ENDOSCOPY E-POSTER

HALT: Do Hot, Late or Tiring Conditions Affect Quality Measures in Colonoscopy?

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Introduction
It has been postulated that polyp detection rate (PDR) and adenomas per positive procedure (APP)/polyps per positive procedure (PPP) vary according to time of day, with lower There is disagreement in the literature on the presence and magnitude of such variation. Separately, thermal stress is recognised as a potential cause of decreased productivity and increased fatigue, which may theoretically lead to increased polyp miss rate. Infection control measures during the initial phase of the COVID pandemic necessitated wearing extra personal protective equipment (PPE) during endoscopic procedures. Such PPE may further increase thermal stress and fatigue.

Aims/Background
1. To determine whether the quality measures of withdrawal time, PDR and PPP are affected by a. time of day b. morning versus afternoon list c. outdoor temperature 2. To determine whether withdrawal time, PDR and PPP on days with high outdoor temperature varied between pre-COVID and the initial wave of COVID.

Method
A retrospective study was performed using data on withdrawal time, polyp detection and polypectomy, extracted from the hospital's electronic endoscopy reporting system. Data on daily maximum temperature were obtained from Met Éireann. Descriptive statistics and non-parametric tests of correlation were performed using SPSS 27.

Results
Data were analysed from a total of 29,941 colonoscopies carried out at UHG between April 2013 and September 2019. The median withdrawal time for procedures where no polyp was detected was 8 minutes, with no difference observed according to time of day, morning versus afternoon list or outdoor temperature. There was a significant difference in PDR between morning and afternoon lists 38.6% vs 26.1% ($p<0.001$) but no significant difference between days with low/medium outdoor temperature and days with high outdoor temperature. A Mann-Whitney U Test showed PPP was higher in morning procedures (median 2) compared to afternoon procedures (median = 1) U = 8,996,429, p =0.014. There was no difference observed in withdrawal time, PDR or PPP during hot outdoor temperatures as compared to cool/medium outdoor temperatures during the initial phase of the COVID-19 pandemic.

Conclusions
Differences observed between PDR and PPP in morning and afternoon endoscopy lists may be partially explained by scheduling of national cancer screening colonoscopies preferentially on morning lists. Despite use of heavier PPE, quality measures were not compromised during hot weather in the COVID pandemic, in an endoscopy unit without air conditioning.

Abstract Submissions selected for IBD E-Poster Presentation 2022

Thursday 17th November, Graham Bell Suite

Abstract No.	Ref:	Title	Author	Time
11	22W111	A Retrospective Analysis of Fat Composition in a Cohort of Patients with Inflammatory Bowel Disease	Ciaran McHale	13.30
12	22W112	Triaging of Magnetic Resonance Enterography: A Quality Improvement Project at an Inflammatory Bowel Disease Centre.	Kelvin Lynch	13.36
13	22W123	An examination of the level of reproductive knowledge specific to inflammatory bowel disease and its effect on voluntary childlessness amongst female IBD patients in an Irish population"	Ella Patchett	13.42
14	22W125	Abnormal Liver Blood Tests in Inflammatory Bowel Disease	Ambily Tony	13.48
15	22W143	Retained Rectums In Ulcerative Colitis Patients; A Ten Year Follow Up	Annika Gallagher	13.54
16	22W150	Do Ustekinumab Trough and Antidrug Antibody Levels Post Induction Predict Treatment Failure?	Mark McCrossan	14.oo
17	22W158	A real world review of dose escalation and treatment failure of Tofacitinib in ulcerative colitis in a Tertiary Referral Centre	Maeve Clarke	14.06
18	22W165	Inflammatory Bowel Disease In The Elderly, A Population-based Survey Of Elderly patient Demographics, Disease-Related Complications And Compliance With Vaccination And Screening Services	Shane Elwood	14.12
19	22W166	Development and introduction of a pre-clinic screening, triage system and virtual consultations for patients with Inflammatory Bowel Disease: a nurse led quality improvement project	Sarah Gleeson	14.18
20	22W168	The Introduction of Nurse Led Inflammatory Bowel Disease Preconception and Pregnancy Education Clinics	Sarah Gleeson	14.24

IBD POSTER PRESENTATIONS

ABSTRACT 11 (22W111) IBD E-POSTER

A Retrospective Analysis of Fat Composition in a Cohort of Patients with Inflammatory Bowel Disease

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Introduction
The role of adipose tissue in Inflammatory Bowel Disease (IBD) is yet to be fully elucidated. Previous studies suggest that visceral adipose tissue may be a predictor of disease progression particularly in Crohn's disease.

Aims/Background
We elected to investigate the difference in fat composition of patients with IBD using computed tomography (CT).

Method
Using TeraRecon© software, this retrospective cohort study analysed the CT results of patients with diagnosed IBD to obtain the following parameters; Visceral Fat Area (cm3), Subcutaneous Fat Area (cm3), Area Ratio (V/(V+S)) (%), Outer Circumference (cm).

Results
A random cohort of 58 patients were initially identified. 30 of these patients were excluded from analysis as they did not have CT at our centre. The resulting 28 patients were analysed. 15 of these patients were taking biologic treatments. There were 12 males and 16 females. The majority of patients included were diagnosed as having Crohn's Disease (n=20). 7 patients had Ulcerative colitis and 1 was undifferentiated. In this cohort, there was no significant differences in fat composition found between patients with Crohn's Disease and Ulcerative Colitis. There was a significant difference (13.53%) in the mean percentage visceral fat area between the patients managed with biologics and those who were not (p=0.018). No difference in outer circumference was found between the subgroups analysed.

Conclusions
We report that in this cohort, patients managed with biologics have a significantly higher percentage of visceral fat compared to those who were not. Further work is needed, and ongoing, to correlate this with anthropometric characteristics and disease severity.

ABSTRACT 12 (22W112) IBD E-POSTER

Triaging of Magnetic Resonance Enterography: A Quality Improvement Project at an Inflammatory Bowel Disease Centre.

Author(s)
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Introduction
Magnetic Resonance Enterography (MRE) is a useful tool in assessment of small bowel involvement of Inflammatory Bowel disease (IBD). Access to MRE at Cork University Hospital (CUH) is limited to two patients per week. MREs in CUH are generally performed in chronological order from the time of booking, with a median waiting time of over 2 years.

Aims/Background
This project aimed to triage requests so that the patients most likely to have a subsequent management change are prioritised.

Method
We conducted a review of all MRE requests in CUH and correlated these with clinical correspondence and laboratory findings. We subsequently triaged each request into one of four categories as follows. Category 1: Known IBD, active flare clinically and biochemically. Category 2: Known IBD, obstructive symptoms present, but biochemically and other symptoms stable or improving. Category 3: Query of IBD with biochemical abnormalities (eg raised faecal calprotectin) or Known IBD, clinically and biochemically stable at present. Category 4: Query of IBD with no biochemical abnormalities. Requests not relating to IBD were excluded.

Results
A total of 125 requests were identified. 18 were triaged as category 1, 13 as category 2, 69 as category 3, and the remaining 25 as category 4. The median reduction in wait time for category 1 MREs was 21 months. 83 of the requests were for patients with known IBD.

Conclusions
MRE wait times for patients with known IBD which is active, and escalation of treatment is being considered can be significantly reduced with our triage system.

ABSTRACT 13 (22W123) IBD E-POSTER

"An examination of the level of reproductive knowledge specific to inflammatory bowel disease and its effect on voluntary childlessness amongst female IBD patients in an Irish population"

Author(s)
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Introduction
IBD commonly effects patients during their peak reproductive years. Current research indicates there is a lack of knowledge surrounding the effects of their condition on their reproductive health and fertility. Poor pregnancy related IBD knowledge can unfortunately result in unnecessary voluntary childlessness. Previous studies have proven a link between poor knowledge and childlessness but no such study has been conducted in an Irish population.

Aims/Background
To establish the level of IBD specific reproductive knowledge in female Irish IBD patients using the validated CCPKnow questionnaire and ascertain if there is an association between a low CCPKnow score and voluntary childlessness. Secondary objective to examine female IBD patients' perception of their condition on fertility, pregnancy and reproductive health.

Method
Cross sectional study of 63 female IBD patients recruited from Cork University Hospital. Participants completed the Crohns Colitis Pregnancy Knowledge questionnaire to assess reproductive knowledge. Demographics, IBD characteristics, reproductive history and attitudes regarding IBD and reproductive issues were also collected.

Results
Reproductive knowledge was poor in 43% of participants. Of the 63 participants, 8 were deemed voluntarily childless. The association of low CCPknow score and voluntary childlessness was not significant (p=.387). Participants had a negative outlook on how IBD affects reproductive issues and showed high levels of anxiety surroundings their condition.

Conclusions
Nearly half the patients scored poorly on the knowledge scale utilised. Anxiety surrounding obstetric issues were prevalent in this Irish IBD cohort. Patient education and interaction is essential. Intervention such as dedicated maternity and perinatal clinics may be useful in this setting.

ABSTRACT 14 (22W125) IBD E-POSTER

Abnormal Liver Blood Tests in Inflammatory Bowel Disease

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Introduction
Abnormal liver blood tests in inflammatory bowel disease (IBD) patients are common and may reflect significant co-existing pathology.

Aims/Background
To examine the prevalence of abnormal liver blood tests (LFT) in a cohort of IBD patients and assess the extent to which these abnormalities are investigated.

Method
The LFTs of IBD patients attending the IBD clinic in SVUH between June 2020 and December 2020 were recorded. The data were obtained from the hospital laboratory system and the SVUH IBD database. Abnormal LFTs were defined as an elevation in any liver blood test greater than two times the upper limit of normal. The records of patients with abnormal LFTs were checked for evidence of further investigation of possible underlying liver disease.

Results
Of the 805 patients attending the clinic in the study period, 131 patients had abnormal LFTs (16.3%). 81 were male. The mean duration of IBD was 14.1 years. Elevated ALT was the most common abnormality [42/131(32%)]. 73% (95/131) had a "liver screen" blood series performed and 49% (64/131) had a liver ultrasound. At the time of data collection, 40% (51/131) of patients' LFTs had normalised. Twelve patients (9%) were diagnosed with primary sclerosing cholangitis.

Conclusions
Three quarters of IBD patients with abnormal liver blood tests in our clinic underwent further investigation with a liver screen and half had basic liver imaging. Improved awareness of the need to check and act on LFT results in the IBD clinic may improve investigation of liver abnormalities and detect potentially significant liver disease.

ABSTRACT 15 (22W143) IBD E-POSTER

Retained Rectums In Ulcerative Colitis Patients; A Ten Year Follow Up

Author(s)
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Introduction
Patients who undergo subtotal colectomy for Ulcerative Colitis (UC) have a persistent risk of colorectal cancer (CRC) in the retained rectum and this increases overtime. There are currently no guidelines for rectal surveillance in this group.

Aims/Background
To assess the outcome of the retained rectum post colectomy in patients with UC.

Method
We conducted a retrospective analysis of patients with UC who underwent colorectal surgery in a tertiary referral centre. The Hospital In-Patient Enquiry system and the SVUH IBD Database were used to identify patients. Patients with colorectal cancer were excluded.

Results
In a six year period one-hundred and seventy six bowel surgeries were carried out for patients with Inflammatory Bowel Disease. Sixty five of these procedures were performed on patients with UC, eight of which would subsequently be re-diagnosed with Crohn's Disease. 73.6% (n=42) had a completion proctectomy within ten years, 12% (n=7) were lost to follow up and 5% (n=3) died from non-gastrointestinal disorders. 8.7% (n=5) retained their rectum after ten years. For patients who had a completion proctectomy the median time to surgery was two years. All patients in the retained rectum group had surveillance proctoscopy with a median frequency of 2.4 years. The risk of further surgery was a factor for two patients due to obesity and decompensated liver disease. A third patient had an ileorectal anastamosis abroad and continues to have active rectal disease. Dysplasia was found in the rectum of the fourth patient thirteen years post colectomy. A rectal adenocarcinoma was diagnosed ten years post-operation in the fifth patient.

Conclusions
Despite the absence of guidelines for completion proctectomy and/or surveillance of the retained rectal stump, three quarters of our UC patients had undergone completion proctectomy within ten years. A small but significant number of patients have a residual rectal stump after ten years, they require CRC surveillance and clear guidelines on this are needed.

ABSTRACT 16 (22W150) IBD E-POSTER

Do Ustekinumab Trough and Antidrug Antibody Levels Post Induction Predict Treatment Failure?

Author(s)
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Department(s)/Institutions
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Introduction
Ustekinumab (UST), a monoclonal antibody that blocks interleukins IL-12 and IL-23, is increasingly used in the treatment of Crohn's disease and Ulcerative Colitis. While there is an established role for therapeutic drug monitoring [TDM] in other biologic agents, there is a paucity of data regarding the clinical utility of TDM for UST.

Aims/Background
To determine whether loss of response (LOR) and treatment failure (TF) can be predicted by post UST-induction serum trough concentrations and antibody (ADA) levels.

Method
A retrospective observational study of patients who received subcutaneous induction of UST, following LOR to anti-TNF, for treatment of Crohn's disease in 2016 was performed. Drug trough levels had previously been measured post induction. Frozen serum samples used for this measurement were retrospectively tested for ADA levels using ELISA. Our IBD database and admissions data were analysed (2016-2022). Treatment failure was defined as switch to another biologic and/or surgery.

Results
A total of 10 patients (female=1, mean age 38.5 y) had trough and ADA levels measured. During the 6 year follow-up period, 3 patients failed treatment (mean age 30 y) while 7 remained on UST (mean age 42 y). There was no difference in Crohn's phenotype or smoking status between groups. Lower median trough (2.9mcg/ml vs 5.8mcg/ml, p=0.49) and higher median ADA levels (6.57 AU/ml vs 5.87 AU/ml, p=0.16) were noted in the TF group compared to those who continued on UST. All patients required dose escalation. All treatment failure patients were switched to alternative biologic agents, with 1 patient requiring surgery.

Conclusions
Ustekinumab trough and ADA levels may be useful in predicting LOR and TF. Further studies are required to determine whether this is clinically significant.

ABSTRACT 17 (22W158) IBD E-POSTER

A real world review of dose escalation and treatment failure of Tofacitinib in ulcerative colitis in a Tertiary Referral Centre

Author(s)
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Department(s)/Institutions
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Introduction
Tofacitinib is an oral JAK inhibitor licensed in ulcerative colitis following inadequate response/intolerance to conventional therapy. It is prescribed at 10mg BD for eight weeks as induction followed by 5mg BD maintenance.

Aims/Background
This study aimed to examine the maintenance dosage of Tofacitinib in a real world setting and to identify predictor variables of accelerated dosing.

Method
A retrospective observational study was carried out using Minitab for statistical analysis, $p < 0.05$ denoted statistical significance.

Results
32 patients prescribed Tofacitinib were included. Male patients n=17(53%). 50% had pancolitis (n= 16, of whom 56% were on 10mg BD maintenance) 34% had left sided disease, 9% proctitis. 16 patients in total (50%) were prescribed 10mg BD maintenance and 50% 5mg BD. 9/32 (28%) failed Tofacitinib and 1 patient was prescribed dual treatment with Ustekinumab. Of the failed cohort, n=5/9 received higher dosing (10mg BD). 2 accelerated patients successfully lowered their maintenance to 5mg BD after a short interval. Mean CRP was non-statistically higher in the 10mg BD group (20.6 vs 12,p=0.37), endoscopic mayo score was the same (2.67 vs 2.67,p=1.0). 15 patients had ≥2 biologics previously which did not influence higher dosing or drug failure (p=0.43,p=0.45). CRP and FCP were not associated with treatment failure (p=0.34,p=0.73).

Conclusions
Tofacitinib is an effective agent in the treatment of UC, particularly those who have failed biologics. Over 70% of our cohort remain in clinical remission. Further analysis is required to identify suitable patients for dose escalation and predictor variables for non-responders to optimise treatment.

ABSTRACT 18 (22W165) IBD E-POSTER

Inflammatory Bowel Disease In The Elderly, A Population-based Survey Of Elderly patient Demographics, Disease-Related Complications And Compliance With Vaccination And Screening Services

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Introduction
IBD in the elderly (>60yrs) is on the rise in concordance with the ageing population and rising incidence of IBD. More patients are presenting de novo with IBD in later years in addition to those with known IBD transitioning to being elderly. The presentation, disease course, risk of complications and choice of therapies differ from younger populations.

Aims/Background
To examine patient demographics and the incidence of adverse effects/complications amongst elderly IBD patients. To identify screening and appropriate vaccination rates amongst elderly IBD patients

Method
IBD patients >60yrs attending OPD or acutely admitted were invited to complete an anonymous written survey.

Results
Provisional data available for 22 patients. 64%(n=14) had a diagnosis of UC. Elderly onset (>60yrs) IBD was diagnosed in 32% (n=7). 55% were female (n=12). Mean BMI was 26.2 (95%CI:24.2,28.3). Biologic treatment was prescribed in 50% (n=11), anti-TNF therapy was the most commonly prescribed (n=6). Infections requiring treatment were reported by 27%(n=5), of whom 50% reported at ≥2 comorbidities. COVID-19 affected 46%(n=10), none required hospitalization. 68% reported a smoking history (n=15), 25% currently smoke. 18% reported prior malignancy; skin cancer being most common. 75% of cancer sufferers were smokers. All

Abstract Submissions selected for Hepatology E-Poster Presentation 2022

Thursday 17th November, Marconi Suite

Abstract No.	Ref:	Title	Author	Time
21	22W102	Single-centred, retrospective review of Transjugular Intrahepatic Portosystemic Shunt (TIPS) outcomes 2015-2021	Rachel Drayne	13.30
22	22W126	The Management Of Patients With Decompensated Liver Cirrhosis In The First 24 Hours- Room To Improve?	Cathal Clifford	13.36
23	22W129	Evaluate the impact of Covid-19 on the Nurse-Led Prison Inreach Service for HCV treatment	Suzanne Hunt	13.42
24	22W130	Acute severe hepatitis of unknown aetiology in children	Tiarnán Fallon Verbruggen	13.48
25	22W131	Results and Outcomes of Balloon-Occluded Retrograde Transvenous Obliteration for Gastric Variceal Bleeding, at 1 month and 1 year, in a Tertiary Referral Center for Liver Disease.	Megan McStay	13.54
26	22W140	APRI (Aspartate Aminotransferase to Platelet Index) performs better than Transient Elastography (Fibroscan®) in predicting significant fibrosis in patients post Fontan procedure	Paul Armstrong	14.00
27	22W145	\"Now For The New Normal?\" New Patients And The Need For A Nurse Specialist Hepatology Clinic	Dr Aoife Moriarty	14.06
28	22W149	Asking All About Alcohol; Patterns Of Alcohol Consumption In An Irish Hepatology Outpatient Setting And The Correlation With History And PEth Testing	Dr Aoife Moriarty	14.12
29	22W157	PSC recurrence post Liver Transplantation	Julia Sopena Falco	14.18
30	22W169	The prevalence of alpha-1 antitrypsin deficiency detected by targeted liver disease screening in a single centre.	Sadhbh Doherty	14.24

HEPATOLOGY POSTER PRESENTATIONS

ABSTRACT 21 (22W102) HEPATOLOGY E-POSTER

Single-centred, retrospective review of Transjugular Intrahepatic Portosystemic Shunt (TIPS) outcomes 2015-2021

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Introduction
TIPS is an effective treatment option for the severe complications of portal hypertension including ascites and variceal bleeds and outcomes have improved since the use of PFTE stents.

Aims/Background
To assess TIPS outcomes in SVUH.

Method
Retrospective study of all TIPS procedures performed between 01/01/2015 to 31/12/2021, Data was collected from clinical letters, labs and radiology reporting systems. SPSS was used for data analysis.

Results
Of the 56 patients included, 57.1% were male, mean age was 51.6 years (SD±13.7). Most common aetiology was ArLD (41.1%), followed by autoimmune (21.4%). 5.4% had HCC, 10.7% had previous HE (≥grade II) and 19.6% had PVT. 7.1% of patients were on HE treatment (rifaximin and lactulose) at time of TIPS. Mean MELD was 13.25 (SD±6.6), 19.6% of patients had a MELD>18. 20% were Child-Pugh-A, 66.6% CP-B, 12.7% CP-C. Indications for TIPS were 38.2% variceal bleeding, 35.7% refractory ascites (RA), 10.7% prophylactic pre-surgery, 6.4% other. Post-TIPS, 46.4% developed HE and the only risk factor identified was age (57.6 v 47.9, p0.05). 16.1% patients died during admission, and mortality at 3, 6 and 12 months was 16.1%, 20% and 32.7%, respectively. In univariant analysis, risk factors associated with survival included TIPS indication (40months OV, 11.3days GV, 59m RA, 23m pre surgery, p0.001), MELD>18 (30 versus 62 months, p0.03), HCC (100% mortality versus 28.8%, p0.011) and Child-Pugh (30 months CP-A, 65m CP-B, 5m CP-C, p<0.001).

Conclusions
Risk factors associated with poor survival were gastric varices, MELD≥18, HCC pre-tips and Child PughC. Prophylactic rifaximin/lactulose should be considered pre-TIPS, particularly in older patients.

ABSTRACT 22 (22W126) HEPATOLOGY E-POSTER

The Management Of Patients With Decompensated Liver Cirrhosis In The First 24 Hours- Room To Improve?

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Introduction
Decompensated liver cirrhosis is associated with significant mortality. The correct and timely management of patients reduces morbidity.The British Association for the Study of the Liver (BASLD)-Decompensated Cirrhosis Care Bundle has demonstrated improvements in the management of patients with decompensated cirrhosis.

Aims/Background
To assess the initial management of patients with decompensated liver cirrhosis presenting to the Emergency Department.

Method
We carried out an audit using the BASLD-Decompensated Cirrhosis Care Bundle-First 24Hours as an audit tool over a 3 month period.

Results
24 patients with decompensated liver cirrhosis were included, 84%(n=20) due to alcohol-related liver cirrhosis. 71% (n=17) presented with ascites, 25%(n=6) encephalopathy and 4%(n=1) had a variceal bleed. 29%(n=7) had an AKI and/or hyponatremia. A diagnostic tap was performed in 59% (n=10) of patients with ascites. On admission, 41%(n=7) of patients were weighed, 50%(n=12) had urine cultures and 21%(n=5) blood cultures taken. Lactulose was started in 83%(n=5) of patients with encephalopathy. 71%(n=5) had diuretics and other nephrotoxins stopped and urine output monitored. A liver ultrasound was booked 83%(n=20) of patients and a hepatology consult was sought in 87.5%(n=21) of cases. Antibiotics and terlipressin were started in the patient with a variceal bleed.

Conclusions
This audit demonstrates the initial care of patients with decompensated liver cirrhosis is suboptimal. As a result of this audit, we have introduced an electronic decompensated care bundle in our hospital to remind admitting and primary teams of the stepwise approach to the care of these patients. We plan to re-audit the care received following introduction of this bundle after 6 months.

ABSTRACT 23 (22W129) HEPATOLOGY E-POSTER

Evaluate the impact of Covid-19 on the Nurse-Led Prison Inreach Service for HCV treatment

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Introduction
People who inject drugs are identified as having a higher prevalence of Hepatitis C. Therefore, a large proportion of this cohort are in prisons in Ireland (Crowley et al. 2019). SJH Hepatology have been providing a nurse-led HCV inreach service to the Irish Prison Service for 15 years. Covid-19 proved a very challenging time to provide this service within the prisons due to strict lockdowns and limited access to prisoners.

Aims/Background
-Demonstrate the importance of HCV inreach service -Show improved numbers of prisoners on treatment throughout Covid-19 pandemic

Method
Throughout the Covid-19 pandemic, the prison services had

extremely strict lockdowns with very limited access to prisoners. This greatly impacted the HCV inreach service. From March-September 2020 and January to March 2021 there was no access to the prisons for inreach nurses. Outside these timeframes access was sporadic and clinics were often cancelled due to covid-19 outbreaks.

Results
Despite limited access, many prisoners were treated for HCV throughout this timeframe. In 2019 a total of 1210 patients were treated nationally for HCV, 26% treated via SJH Hepatology and of that 28% via the prison Inreach service. Despite restrictions in 2020, 568 patients were treated for HCV, 21% by SJH Hepatology and 37% of this via prison inreach. In 2021, 36% of all SJH Hepatology patients were treated via prison inreach. In 2022 to date, nearly half of all patients treated in SJH Hepatology were treated via Prison inreach service (48%).

Conclusions
The Prison provides a valuable opportunity to treat patients for HCV. Despite Covid-19 restrictions, this service managed to improve the percentage of patients on HCV treatment from pre-pandemic figures.

ABSTRACT 24 (22W130) HEPATOLOGY E-POSTER

Acute severe hepatitis of unknown aetiology in children

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Introduction
Acute severe hepatitis of unknown aetiology, also known as non-A to E hepatitis or seronegative hepatitis is a common cause of paediatric acute liver failure (PALF).

Aims/Background
While true incidence of this condition is unknown, a dramatic increase in cases was first reported in Scotland on April 5th 2022. As of September 29th, 555 cases have been reported in Europe with a total of more than 1000 world-wide.

Method
This is a retrospective review of children referred to the National Paediatric Liver Service in Ireland between January and August 2022. Children were less than 10 years of age at presentation and had a new acute hepatitis (AST and/or ALT of >500 IU/L).

Results
27 children (15 females) met the case definition. The majority were previously healthy children with a median age of 3 years and 11 months (interquartile range 2 years 8 months to 5 years 2 months). The most common features at presentation were jaundice (85%), lethargy (67%), abdominal pain (62%) and acholic stools or dark urine (55%). Median peak AST was 2464 IU/L (interquartile range 1597 – 4315 IU/L). 21 (78%) children were PCR positive for either adenovirus or Human Herpes Virus-7 (HHV-7) in blood at presentation. HLA subtyping in 22 children tested to date revealed an allele frequency of 34.1% for DRB1*04:01 (Irish blood donor allele frequency is 20%) and 4.5% for DRB1*04:07 (control 2.4%). 5 (19%) children met criteria for PALF of whom 2 required liver transplantation.

Conclusions
Ireland experienced a significant and unprecedented epidemic of acute severe hepatitis in children this year. The majority had either adenovirus or HHV-7 though at low levels at the time of presentation. HLA typing suggested a possible predisposition to autoimmunity in 14/22 (60%). Further studies into the pathogenesis and aetiology of this outbreak are ongoing.

ABSTRACT 25 (22W131) HEPATOLOGY E-POSTER

Results and Outcomes of Balloon-Occluded Retrograde Transvenous Obliteration for Gastric Variceal Bleeding, at 1 month and 1 year, in a Tertiary Referral Center for Liver Disease.

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Introduction
Balloon-Occluded Retrograde Transvenous Obliteration (BRTO) is an interventional radiological technique used to manage and prevent gastric variceal bleeding, commonly performed in Asia. The management of gastric variceal hemorrhage has much less confounding evidence than oesophageal varices. There have been few studies on BRTO carried out in Europe and America

Aims/Background
This audit aims to capture the technical success and clinical outcomes for all patients that had BRTO performed in a Tertiary Referral Centre.

Method
All patients that underwent BRTO in the Tertiary Referral Centre were included in the audit. Data was collected retrospectively from 2014-2022.

Results
There were seven patients included in total (n=7). All patients had a 1 month survival (100%) and 1 year survival occurred in 6 of the patients. Cause of death for 1 patient was hypoxic ischaemic encephalopathy. 4 of the patients were followed up with OGD after BRTO. 3 of the patients had experienced oesophageal variceal bleeding at 1 year.

Conclusions
Indication for BRTO was gastric variceal bleeding in 100% of patients. Classification of gastric varices was not captured in the audit. Technical success of BRTO procedure was 100% Two thirds of suitable patients had OGD at 1 month after BRTO. 28.6% of patients had worsening of their oesophageal varices (OV) after BRTO. 28.6% of patients had oesophageal variceal bleeding at 1 month post BRTO, 100% of whom had Grade 3 OV. 42.86% of patients had OV bleeding at 1 year post BRTO.

ABSTRACT 26 (22W140) HEPATOLOGY E-POSTER

APRI (Aspartate Aminotransferase to Platelet Index) performs better than Transient Elastography (Fibroscan®) in predicting significant fibrosis in patients post Fontan procedure

Author(s)
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Introduction
Fontan Associated Liver Disease (FALD) results from haemodynamic changes following the Fontan procedure for congenital heart disease, with many patients developing advanced fibrosis.

Aims/Background
Determine the prognostic value of FIB-4, APRI and liver stiffness (LS) scores in predicting histologically confirmed fibrosis in patients under investigation for FALD, to contribute important data regarding optimal non-invasive diagnostic methods for cirrhosis in FALD.

Method
Retrospective cohort study of patients with Fontan's undergoing liver biopsy. Data collected included FIB-4 and APRI scores, liver stiffness and histological staging (METAVIR 0-4), analysed using SPSS.

Results
48 patients identified (22 females, 26 males). Median age 26 (range 21-34 years). Fontan performed a median of 17 years before biopsy (15-23). Median LS 23.1kPa (17.2-26.6). 2 patients had no fibrosis (F0), 17 patients had mild fibrosis (F1-F2), and 29 patients had significant fibrosis (F3-F4). The median age of patient diagnosed with significant fibrosis was 26. Median LS for patients with significant fibrosis on biopsy was 23.9 (SD13.1) vs 19.2 (SD 5.97) for those without. No statistical association was found between higher LS and presence of significant fibrosis on biopsy (p=0.115). Mann Whitney U Test revealed significant difference in APRI scores of those found to have significant fibrosis on biopsy versus those without (0.7+/- 0.43 vs 0.48 +/- 0.21, p= 0.045). Spearman correlation coefficient =0.33, p= 0.043.

Conclusions
This study demonstrates that APRI performs better than Fibroscan as a non-invasive predictive test to identify risk of significant fibrosis in FALD. Liver biopsy remains the only accurate investigation for diagnosing advanced fibrosis in FALD.

ABSTRACT 27 (22W145) HEPATOLOGY E-POSTER

"Now For The New Normal?" New Patients And The Need For A Nurse Specialist Hepatology Clinic

Author(s)
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Introduction
New patient referrals to specialist hepatology clinics are increasing, particularly in the context of the metabolic associated liver disease epidemic. Concentrated efforts are required to establish which patients referred can be managed in primary care, thus improving specialist access for more complex cases.

Aims/Background
The aims of this prospective study were to evaluate new referrals to hepatology clinic in MMUH and to assess the impact of a hepatology nurse specialist on clinic outcomes

Method
New patients to clinic were reviewed by a hepatology nurse specialist. A questionnaire was completed including referral details, basic demographics and alcohol consumption data. Bloods (including liver screen) and transient elastography were performed. Patients with alcohol or non-alcohol related steatosis with low elastography scores were planned to be discharged to GP with lifestyle advice.

Results
200 new patients were reviewed in 3 months, 94 females and 106 males, average age of 50.93 years (+/-14.91 SD). Patients had an average BMI of 29.06kg/m2 (+/-7.09 SD) and median elastography scores of 6.2kPa(IQR 6.65), 255.5 CAP (IQR 89.25). 71% were referred by GP, with the majority of these (44%) referred due to abnormal blood results. Steatosis was the most common diagnosis (43%) made at clinic. 67% of patients consumed alcohol. Following this visit, 40% of referrals were discharged to their GP without requiring further review. 57% of patients with steatosis were discharged.

Conclusions
A hepatology nurse specialist clinic is a useful adjunct for managing new referrals, delivering targeted patient advice and achieving a high rate of discharge, particularly in the uncomplicated steatosis population.

ABSTRACT 28 (22W149) HEPATOLOGY E-POSTER

Asking All About Alcohol; Patterns Of Alcohol Consumption In An Irish Hepatology Outpatient Setting And The Correlation With History And PEth Testing

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Introduction
Alcohol remains a common problem for Irish healthcare with alcohol related hospitalisations costing €1.5 billion a year.

Aims/Background
The aims of this prospective study were to evaluate reliability of alcohol history and patterns of alcohol consumption in new referrals to a specialist liver clinic.

Method
All patients were asked to fill in a questionnaire including basic demographics and alcohol consumption data. A PEth test was also performed.

Results
200 patients were included, 94 females and 106 males with an average age of 50.93 years (+/-14.91 SD). Reference to alcohol history was made in 109 referrals, with units documented in 62% of these referrals. In our clinic, 134 patients reported alcohol

consumption. The mean weekly units consumed were 26.03 units (+/-64.24 SD) with a range of 0-546 units/week. Their mean PEth result was 211.57ug/L. There was a strong correlation between GP reported alcohol units consumed and clinic reported units (0.691 Pearson correlation coefficient). A weak correlation was observed between documented units of alcohol consumed and observed PEth test results (0.365 Pearson correlation coefficient). Only 5 patients who reported no alcohol consumption had a positive PEth result, the majority at very low levels. 26% consumed alcohol on 2-4 occasions/month, 24% 2-3/week, and 13% reported daily consumption. Beer was most frequently consumed (39%) followed by a mixture of alcohol (31%). 47% consumed alcohol primarily at home.

Conclusions
Our study shows the importance of documenting an accurate alcohol history and that the routine use of PEth testing in clinic is useful to further evaluate patients who report a history of alcohol consumption.

ABSTRACT 29 (22W157) HEPATOLOGY E-POSTER

PSC recurrence post Liver Transplantation

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Introduction
PSC accounts for 4% of total indications for liver transplantation (LT) in Europe and it has 70.8% graft survival after five years. Previous studies showed that between 10 to 28% of patients will develop recurrence of PSC (rPSC) within ten years. Multiple factors have previously been identified including donor related factors (donor age, graft quality), recipient related factors (colectomy before LT, cholangiocarcinoma as LT indication, MELD, presence of IBD) and post-transplant related factors (type of IS, presence and number of ACR episodes), etc.

Aims/Background
To assess the incidence of rPSC in an Irish cohort and its associated risk factors.

Method
Retrospective review of all first LT performed for PSC from 01 January 2000 until 31 June 2021. SPSS analysis

Results
124 patients were included in the study. 76.6% were male and mean age at LT was 48 (SD±12.9; 21-69). Indication for LT was in 40.3% decompensated cirrhosis, 16.1% CCA and 20.2% recurrent cholangitis, among others. 74.3% had IBD (76.7% UC; 21.1%CD, 2.2% indeterminate colitis) and 7.2% (n:9) had colectomy preLT. 30 patients (24.4%) developed rPSC within a mean time of seventy months (10-172mo). Younger age at PSC diagnosis and at LT were the only factors associated with rPSC ($p<0.001$). Patients with rPSC were at higher risk of developing graft cirrhosis (40% vs 3.2%, $p<0.001$) and requiring a second graft (30% vs 11.7%, p 0.018).

Conclusions
24.4% developed rPSC in this cohort. Younger age at PSC diagnosis and at transplantation were the only risk factors associated with rPSC.

ABSTRACT 30 (22W169) HEPATOLOGY E-POSTER

The prevalence of alpha-1 antitrypsin deficiency detected by targeted liver disease screening in a single centre.

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Introduction
Alpha-1 antitrypsin (AAT) deficiency confers a risk of liver and lung disease. This inherited disease is caused by mutations of the SERPINA1 gene resulting in low levels of the AAT protein. National data reveals that it is the second most common genetic disease in Ireland after cystic fibrosis with carrier rates of 1/25 for Z alleles and 1/10 for S alleles.

Aims/Background
All patients undergoing a targeted liver disease screen in St James's Hospital are tested for AAT deficiency. Our aim was to ascertain the prevalence of AAT deficiency and phenotypes detected compared to the national figures.

Method
We analysed a cohort of 937 patients who were screened for alpha-1 antitrypsin deficiency as part of a liver disease screen. We collected AAT level, phenotype, risk factors for liver disease, imaging results and FIB-4 scores.

Results
We identified 38 patients with AAT levels of <1 g/L; prevalence of 4.05%. Prevalence of each phenotype: 19 MZ, 7 MS, 7 MM, 4 SZ, 1 SS. Primary liver disease aetiology: NAFLD 7/38, Alcohol 6/38, AAT deficiency 1/38, mixed 24/38.

Conclusions
The most common AAT phenotype detected was MZ(50%). This aligns with national data suggesting that targeted screening, like this, detects a higher rate of Z allele frequency than the general population where the S allele is more common. This supports the hypothesis that Z mutations are of greater significance in the pathogenesis of diseases caused by AAT deficiency. There is scope to increase this database and further analysis may reveal whether certain phenotypes correlate to liver disease severity.

Photo Gallery

Dr Thomas Sheehan, Dr William Shanahan, Dr Niamh Mehigan Farrelly, Dr Julia Sopena Falco, Dr Cathal Clifford.

Dr Garret Cullen, Dr Jan Leyden, Dr Gareth Horgan

Photo Gallery

Audience view

Outgoing ISG President Dr Tony Tham receiving his award from incoming President Prof Deirdre McNamara.

Abstract Submissions selected for Other GI, E-Poster Presentation 2022

Thursday 17th November, Baird Suite

Abstract No.	Ref:	Title	Author	Time
31	22W104	PERCC1 – associated Congenital Diarrhoea - A Novel Cause of Intestinal Failure.	Emily Stenke	13.30
32	22W106	Eosinophilic Oesophagitis: Two Decades at Ireland's Largest Tertiary Referral Centre	Thomas Matthews	13.36
33	22W109	Prevalence of Potentially Inappropriate Prescribing of Proton Pump Inhibitors in Older Persons	Christine McAuliffe	13.42
34	22W114	What treatment options do patients with obesity complications prefer?	David Walley	13.48
35	22W135	Hospital Admissions For Paracetamol Overdose-Rising Rates In Young Females	Ciaran Mc Closkey	13.54
36	22W138	Comparison of Antimicrobial Resistance Testing and Treatment Failure Rates for Helicobacter pylori	TJ Butler	14.oo
37	22W141	Atypical Manifestations of GORD, is it the oesophagus or not?	Lillian Barry	14.06
38	22W148	The need for specialist weight loss management, with consideration for pharmacological intervention, in treating obesity and Non-alcoholic fatty liver disease	Thomas Sheehan	14.12
39	22W154	An Interactive Online Tool to Facilitate Communication with Ukrainian Patients Presenting with Inflammatory Bowel Disease	Micheál Doyle	14.18
40	22W175	Nurse-led virtual triage clinics improve outpatient access and reduce waiting times for paediatric gastroenterology care	Seamus Hussey	14.24

OTHER GI POSTER PRESENTATIONS

ABSTRACT 31 (22W104) OTHER GI E-POSTER

PERCC1 – associated Congenital Diarrhoea – A Novel Cause of Intestinal Failure.

Author(s)
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Introduction
Congenital diarrhoeas and enteropathies (CODEs) constitute a heterogeneous group of individually rare disorders manifesting with chronic diarrhoea and intestinal failure. We describe identical homozygous mutations in a novel gene (PERCC1) in two unrelated Irish patients with idiopathic congenital diarrhoea. The affected protein is essential for entero-endocrine function, offering the potential for treatment using enteric hormone analogues for this intractable condition.

Aims/Background
To determine whether mutations in the recently annotated PERCC1 were present in two unrelated Irish patients attending the intestinal failure programme at CHI-Crumlin/St James Hospital with idiopathic congenital diarrhoea requiring home parenteral nutrition.

Method
Currently 12- and 19-years old, these male patients presented with watery diarrhoea and hypernatraemic dehydration in infancy, with no cause identified despite comprehensive clinical investigations, and whole exome sequencing was negative. PCR and Sanger sequencing of the entire coding region and intron boundaries of PERCC1 were performed for each patient and their parents, and gastrin levels were analysed.

Results
In both patients, serum gastrin levels were low despite a meal challenge. Sequencing of the PERCC1 gene revealed a novel shared homozygous c.390C>G stop gain variant.

Conclusions
We present two unrelated patients harbouring a shared homozygous variant in PERCC1, comprising the first description of a point mutation in this gene. That both of only 2 parenteral nutrition dependent children/young adults with unexplained diarrhoea at our institution harboured a PERCC1 mutation suggests that PERCC1-associated enteropathy may be a common cause of CODEs in intestinal failure programmes worldwide and highlights the importance of its inclusion in exome sequencing interpretation.

ABSTRACT 32 (22W106) OTHER GI E-POSTER

Eosinophilic Oesophagitis: Two Decades at Ireland's Largest Tertiary Referral Centre

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Introduction
Eosinophilic oesophagitis is an inflammatory condition characterised by an eosinophilic infiltrate, dysphagia and food impaction.

Aims/Background
We aimed to audit treatment against European and American guidelines.

Method
Our histology database yielded 68 patients with clinicopathological diagnoses of EoE over the years 2000 to 2021.

Results
Ordinary least squares regression evidenced a significant increasing trend in incidence (c. 1 case per 3 years, $p < 0.0001$) with a projection of 10 per year by 2032. 17% (n=11) had a documented history of helicobacter, lower than the estimated local seroprevalence of 50%. 76% were male. Median age at diagnosis was 34 (IQR 26–44). 88% (n=58) complained of dysphagia. 23% (n=13) had histories of asthma, eczema or rhinitis. 21% (n=14) had prior food bolus obstruction. 20% (n=13) had stricture with 14% (n=9) requiring dilatation. Median IgE level was 133 (IQR 50-278). 39% (n=22) had prior eosinophilia and 48% (n=15) had lab findings of sensitivity to food allergens. 66% (n=45) had endoscopic stigmata of EoE. Median eosinophils were 20/hpf (IQR 20-40). 20% (n=8) and 52% (n=15) responded to PPI alone and to topical steroids respectively. 7% (n=5) were treated with dietary exclusion, with 80% (n=4) having a good clinical response (not biopsy proven). 15% (n=10) had histologic remission on a subsequent OGD, with 46% (n=31) undergoing only one endoscopy.

Conclusions
EoE at SJH is increasing in incidence and prevalence, and this accords well with the literature and with prior work by myself at Tallaght University Hospital. There may be an inverse relationship between EoE and helicobacter infection.

ABSTRACT 33 (22W109) OTHER GI E-POSTER

Prevalence of Potentially Inappropriate Prescribing of Proton Pump Inhibitors in Older Persons

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Introduction
Potentially Inappropriate Prescribing (PIP) has been associated with adverse health outcomes for older persons. STOPP/START is a widely used tool to help clinicians identify instances of PIP.

Aims/Background
The aim of this study was to identify the prevalence of PIP in a cohort of older inpatients. A secondary objective was to describe the incidence and nature of the most prevalent PIP identified.

Method
In this retrospective single-center cohort study, a random sample (n=150) was selected from a cohort of older (≥75 years) inpatients. Potentially Inappropriate Medications (PIMs) and Potential Prescribing Omissions (PPOs) were identified by applying STOPP/START criteria to discharge prescriptions.

Results
There were 394 incidences of PIP identified in 88% of patients. There was a high prevalence of both PIM (72%) and PPO (63.3%). The most frequently encountered PIM was the use of Proton Pump Inhibitor (PPI) at excessive dosage beyond the recommended duration. Inappropriate PPI accounted for 26% (64/244) of all PIMs. One hundred and fourteen patients were prescribed a PPI. As per NICE guideline classification, eighty six patients taking a PPI were prescribed these at "full dose" and five patients were prescribed "double dose" PPI without indication.

Conclusions
Addressing polypharmacy has been highlighted by the World Health Organisation as a key strategy to reduce severe avoidable medication-related harm. PPIs are associated with adverse effects such as B12 malabsorption, hypomagnesemia, clostridium difficile infection, fractures and pneumonia. The risk is greater in older patients. The results of this study show that PPIs are prescribed widely and without being appropriate reviewed in older patients.

ABSTRACT 34 (22W114) OTHER GI E-POSTER

What treatment options do patients with obesity complications prefer?

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Introduction
Obesity is recognised as a disease with more than 220 different complications including type 2 diabetes (T2D), chronic kidney disease (CKD) and non-alcoholic fatty liver disease (NAFLD), all of which contributes to an increased in mortality. Patients presenting with obesity complications face challenges when deciding on treatment options for their disease.

Aims/Background
We aimed to understand the patients' perspective of treatment options and what influences their decision.

Method
We used photovoice, a form of participatory action research. We recruited six patients with obesity complications.2 Over two weeks, patients took photos representing their concerns of living with obesity complications, their hopes and desires from engaging in treatment. Interviews were then conducted with patients to discuss the images. We then completed a thematic analysis.

Results
The overarching themes observed based on Photovoice were self-blame about the participant's weight compounded by a lack of support from health care professionals. Physical and emotional factors included a lack of mobility and anxiety impacting their intra-personal environment. Treatment choice was a universal theme for all participants with the majority expressing concerns in respect to access, availability, cost and side effects. The majority preferred nutrition-based therapy with a minority choosing pharmacotherapy or surgical therapy. Participants highlighted their perceptions of care received as well as their knowledge of treatment options.

Conclusions
Participants outlined their preferences for treatment and the factors which influence that process. The voice of patients with obesity complications needs to be considered when planning healthcare policy, guidelines, and services. Assessing factors that influence a patient's choice about treatment will inform service providers and enable providers to address patient concerns and barriers to treatment.

ABSTRACT 35 (22W135) OTHER GI E-POSTER

Hospital Admissions For Paracetamol Overdose-Rising Rates In Young Females

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Introduction
Paracetamol overdose (POD) is the commonest form of self-poisoning in developed countries. POD can result in acute liver failure, treatment with N-acetylcysteine significantly reduces mortality.

Aims/Background
To quantify the number of admissions to Irish hospitals with POD 2009-2019. We sought temporal trends in age, gender, length of stay, calendar month, associated diagnosis and mortality.

Method
The Hospital In-Patient Enquiry (HIPE) dataset was used to identify all discharges with the ICD code of POD (T39.1) from 2009–2019.

Results
10,891 admissions occurred over the study period. The incidence rose from 21 to 24 per 100,000. 68% were female and 82% were intentional. Most patients (58%) were under the age of 34. Peaks were seen in late Spring and Autumn. Overall mortality was 0.8%, with increasing age associated with worse outcomes. 1.4% developed acute liver failure and 2.9% developed acute renal failure. Admissions rose by 22% overall, 4% in males, and 32% in females. Females aged 10-19 accounted for a significant proportion of this increase, rising 77%, now accounting for 24% of total admissions. Within this group the prevalence of anxiety-related diagnoses (F41) rose 13-fold, and those with a history of self-harm (Z915) doubled. Rates of depression (F32) were stable. The prevalence of alcohol misuse (T51) and smoking (Z720) fell.

Conclusions
Approximately 1000 admissions for POD occur annually. A prior study on POD (1993-1999) showed an incidence of 30-40 per 100,000. Our data shows legislation introduced in 2001 limiting access to large quantities has led to a sustained reduction in admission rates. The rise amongst young women defies this trend. Further research is needed to ascertain reasons for this. There is no prohibition, on age grounds, regarding the sale of paracetamol-containing products. Age related restrictions should be considered.

ABSTRACT 36 (22W138) OTHER GI E-POSTER

Comparison of Antimicrobial Resistance Testing and Treatment Failure Rates for Helicobacter pylori

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Introduction
With Helicobacter pylori (HP) resistance on the rise nationally and globally, screening for antibiotic resistance is necessary to ensure populations are receiving appropriate therapies. Unfortunately, antimicrobial susceptibility testing (AST) has poor yields which are complicated by the ever increasing usage of proton pump inhibitors.

Aims/Background
To compare the antimicrobial resistance rates by AST to the observed treatment failure rates via urea breath testing (UBT).

Method
All patients referred for their first post eradication urea breath test, having received clarithromycin based triple therapy between 2020-2022 were identified. A positive UBT, delta >4 was considered a marker of clinical treatment failure. Following ethical approval and informed consent, adults were prospectively recruited for AST between February 2020 and August 2022. During routine gastroscopy subjects had 2 additional biopsies (1 antrum and 1 corpus) taken for AST.

Results
In all 482 patients were identified following UBT with the overall clarithromycin treatment failure rate of 25.5%. 250 patients were recruited following gastroscopy for AST, with 29 (11.6%) culture positive for HP and 96 (38.4%) reporting PPI usage. Of the 29 HP strains tested 12 (41.4%) were resistant to clarithromycin as per EUCAST guidelines. Results highlight the significant difference between culture-based resistance rate (41.4%) and treatment failure rates (25.5%) likely owing to the low yield on culture.
Conclusions
Current observed treatment failure rates do not correspond well with culture based methods for antimicrobial resistance, with high rates of PPI usage likely affecting culture success rates.

ABSTRACT 37 (22W141) OTHER GI E-POSTER

Atypical Manifestations of GORD, is it the oesophagus or not?

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Introduction
The Lyon Consensus 2018 describes mean nocturnal baseline impedance (MNBI) as a reflection of oesophageal mucosal permeability, with lower values found in erosive reflux disease than non-erosive reflux disease (NERD). Its role in patients with specific atypical symptoms attributed to reflux remains to be determined.

Aims/Background
To assess the relationship between MNBI, Acid Exposure Time (AET) & DeMeester Score in our patient population, focusing on suspected extra-oesophageal manifestations of GORD

Method
We reviewed High Resolution Impedance manometry and 24-hour ambulatory pH and impedance studies of 309 (127M, 179F) consecutive patients from February '21 to February '22.

Results
197/306 (64.37%) patients had typical symptoms of GORD 109 of 306 (35.6%) presented with atypical symptoms of GORD. 35/306(14M, 21F) (11.4%) had non-cardiac chest pain, 34/306(13M, 21F) (11.11%) had chronic cough and 40/306(14M, 26F) (13.07%) had pharyngeal discomfort. 51(35.02%) GORD had abnormal AET (>4.2%), 69 had elevated DeMeester (>14.72) & 139 (70.5%) had elevated MNBI (>2292 ohms) Chest pain; abnormal AET was found in 3 (8.5%), 4 (11.42%) abnormal DeMeester & 19 (54.2%) had elevated MNBI. Chronic Cough; abnormal AET & DeMeester was found in 5 (14.7%) patients. 22 (64.7%) had elevated MNBI. Pharyngeal discomfort; abnormal AET & DeMeester was found in 3 (7.5%) patients. 19 (47.5%) patients had elevated MNBI

Conclusions
Abnormal MNBI was a common finding in those with atypical symptoms of GORD compared to other conventional measurements used in pH/Z monitoring such as AET and DeMeester score indicating a possible non-acid aetiology in these conditions.

ABSTRACT 38 (22W148) OTHER GI E-POSTER

The need for specialist weight loss management, with consideration for pharmacological intervention, in treating obesity and Non-alcoholic fatty liver disease

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Introduction
There is a well established risk in developing non-alcoholic fatty liver disease (NAFLD) in obesity and Type 2 Diabetes Mellitus (T2DM). The first line management of NAFLD is weight loss through caloric restriction and lifestyle modifications. Patient may also benefit from pharmaceutical intervention.

Aims/Background
We assess the need for pharmacological intervention in NAFLD.

Method
100 T2DM patients had a BMI, Fib-4 score and transient elastography

recorded for NAFLD screening. We then retrospectively analysed patients BMI over a 2 year period to assess significant weight loss with or without medications. In a small proportion of patients we managed to assess interval transient elastography.

Results
Non-biased screening of our diabetic population showed that 34-45% required a referral to gastroenterologist for suspected NAFLD, depending on screening method. When analysing weight loss, 49.1 % managed clinically significant weight loss with a medicinal adjunct vs 22% who without. Semaglutide was extremely effective, with 83% achieving reduction in BMI.

Conclusions
The incidence of obesity is rising in Ireland leading to more T2DM and NAFLD. Patients can struggle to achieve weight loss independently. These patients may benefit from counseliing, MDT and therapeutic aid.

ABSTRACT 39 (22W154) OTHER GI E-POSTER

An Interactive Online Tool to Facilitate Communication with Ukrainian Patients Presenting with Inflammatory Bowel Disease

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Introduction
Subsequent to the Russian invasion of Ukraine, 47,962 Ukrainians had arrived in Ireland by 07 August 2022. Some of these arrivals will require ongoing management of inflammatory bowel disease (IBD), with most recent data suggesting a Ukrainian prevalence of 112.3 cases of IBD per 100,000 population. Refugees with IBD are faced with many challenges, including language and communication difficulties, which can persist on arrival to Ireland.

Aims/Background
We sought to develop a structured, accessible, and reproducible online tool to facilitate initial communication with Ukrainian patients presenting acutely with active IBD.

Method
Using free online survey and translation software, an iterative and patient-centred process was used to construct an interactive multilingual (English, Ukrainian, Russian) questionnaire. Ulcerative colitis and Crohn's disease-specific variants were developed. A quick response (QR) code was then generated, using another free online application, to provide image-based access to the questionnaire through the respondent's own mobile device.

Results
The resulting questionnaire seeks to gather information pertinent to the management of IBD in the acute setting, such as current and previous treatment, and time since IBD diagnosis. By incorporating disease activity indices, the questionnaire also facilitates stratification of disease severity. Responses are anonymised at source and are rapidly available at the time of completion.

Conclusions
A point-of-care communication aid was developed using widely available online software to facilitate early management of Ukrainian patients presenting with active IBD. We hope to trial the questionnaire at our institution, to circumvent language barriers in the event of such presentations.

ABSTRACT 40 (22W175) OTHER GI E-POSTER

Nurse-led virtual triage clinics improve outpatient access and reduce waiting times for paediatric gastroenterology care

Author(s)
Bríd Devery and Séamus Hussey

Department(s)/Institutions
National Centre for Paediatric Gastroenterology, CHI-Crumlin

Introduction
Children's Health Ireland - Crumlin is Ireland's sole paediatric tertiary GI, hepatology, nutrition and transplant centre, receiving referrals nationally from primary and secondary care sources. All referrals are actively triaged by consultants. Limited resourcing leads to delayed access to care, especially for less urgent and routine referrals which generate long-term wait-lists.

Aims/Background
This project aimed to reduce the waiting times of children on long-term waiting lists, and to identify patients in need of more priority access to care through a nurse-led validation and triage clinic.

Method
A nurse-led validation and triage (NLV) clinic was introduced in January 2021, funded by the National Treatment Purchase Fund. The CHI GI wait-list was assessed in chronological order from the 'longest waiter' to the most recent referral. The NLV clinics took place three times per week. Each child and parent were pre-scheduled by the administration team for a 30 minute consultation with the Clinical Nurse Specialist Practitioner (CNSp). Standardised questionnaires were developed by the CNSp to assess patients based on their clinical referral letters. Five consultation outcome categories were defined: suitable for discharge, additional investigations: blood test or stool sample; direct to endoscopy referral; GI consultant review (all <6 months) and referral to Emergency Department or Primary Care for urgent assessment. Children/adolescents who were categorised to the 'Endoscopy/ colonoscopy' outcome were discussed and referred to the endoscopy wait-list by the GI consultant. Children/adolescents who were categorised to the 'Investigations' outcome, received a follow up appointment within 8 weeks to review their blood/stool results and to determine their outcome.
Results
The GI department accepts a mean of 1000 referrals annually. A total of 385 patients were identified as 'long-waiters', including referrals waiting since 2016. Of these, 112 (29%) declined GI review and were discharged directly, while 273 (71%) still required NLV clinic review. The NLV clinic outcomes included discharge to primary care (35%), endoscopy referral (24%), consultant review required (35%) and 6% required further investigations. As of November 2021, all but 27 patients on the GI waiting list were within the HSE target waiting time category of <12 months.
Conclusions
Nurse-led validation clinics are a novel, cost efficient and effective approach to managing long waiting lists for outpatient access. Only 1:4 patients triaged still needed a consultant review, while other patients were better managed through direct endoscopy referral or clinically appropriate discharge. Nurse-led validation should be considered by other clinical services to improve access to care and prioritise patients in greatest clinical need.

Abstract Submissions selected for Best Clinical Abstracts 2022

Friday 18th November 2022, Tara Suite - Main Meeting Room

Abstract No.	Ref:	Title	Author	Time
41	22W120	Oral peppermint solution as an aid to improve completion rates in capsule endoscopy.	Fintan O'Hara	9.00
42	22W121	Satellite Liver Transplant Centres Improve Access To and Outcomes Of Liver Transplantation: A 20 Year Followup of the First UK Satellite Liver Transplant Centre	Neil McDougall	9.10
43	22W127	Capsule endoscopy with artificial intelligence assisted technology: AI in clinical practice.	Fintan O'Hara	9.20
44	22W144	Gastroenterology Active Triage (GAT) Clinic, CHI at Tallaght	Emer O'Toole	9.30
45	22W153	The Endoscopy Triage Nurse As A Valuable Gatekeeper To GI Endoscopy	Ciaran Mc Closkey	9.40
46	22W174	BINGO – Bleeding In Ireland, The National Gastroenterology Outcome Study	Lakshman Kumar	9.50

BEST CLINICAL PRESENTATIONS

ABSTRACT 41 (22W120) BEST CLINICAL

Oral peppermint solution as an aid to improve completion rates in capsule endoscopy.

Author(s)
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Introduction
Delayed gastric transit is a risk factor for incomplete capsule endoscopy (CE). Patients with risk factors for this may benefit from prokinetics. IV Metoclopramide (M) is commonly used but is associated with infrequent but serious adverse effects. Oral peppermint solution (PS) has been reported to aid gastric emptying.

Aims/Background
Aim: To assess the efficacy of peppermint oil as a prokinetic in patients at risk of incomplete SBCE.

Method
We performed an open-label randomised pilot study comparing 90mg of PS versus 10mg M. A matched control group (C) without risk factors was included for comparison. Patients for CE with risk factors for delayed gastric transit were included. Those with delayed transit at 30 minutes post capsule ingestion received either PS or M. If the capsule remained in the stomach 30 minutes later, a second prokinetic was administered.

Results
150 cases were included, PS (n=46, 31%) and M (n=53, 35%) and C (51, 34%). 30 minutes later the capsule had passed to the small bowel in only 30.4%(14/46) of PS group vs 84.9%(45/53) of M group ($p<0.001\%$; 95% CI 38.05%-70.89%). Gastric transit times (GTT) were PS (111min) vs M (97min, $p=0.1582$) vs C (34min, $p<0.001$). Small bowel transit time (SBTT) was significantly shorter in PS (118min) vs M (193min, $p=0.001$) and C (228min, $p<0.001$). Completion rates were similar; PS (83.3%) vs M (90.2%) vs C (96.3%).

Conclusions
Initially PS seemed to be an ineffective prokinetic. However, PS shows a significantly shortened SBTT compared to M or C indicating a possible delayed prokinetic effect. Recognition of this will help us further assess its utility as a prokinetic in CE.

ABSTRACT 42 (22W121) BEST CLINICAL

Satellite Liver Transplant Centres Improve Access To and Outcomes Of Liver Transplantation: A 20 Year Followup of the First UK Satellite Liver Transplant Centre

Author(s)
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Department(s)/Institutions
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Introduction
In 2000 the first UK satellite liver transplant clinic was established in Belfast linking with Kings College Hospital (KCH) with the purpose of improving access to liver transplantation (LT) and transplant outcomes for Northern Ireland.

Aims/Background
To assess the impact of a satellite liver transplant unit on access to LT and outcomes.

Method
A retrospective review was performed of all adult first liver transplants carried out for Northern Ireland (NI) through KCH from 1991 until 2020. Data was gathered for the number of transplants per 100,000 population and post-transplant survival for each decade since 1991. In addition, the survival data for NI was compared to data for rest of UK. The data and statistical analysis were obtained through NHSBT.

Results
During the 30 year period from 1 Jan 1991 to 31 Dec 2020, the number of first liver transplants carried out in each decade was as follows. 1991-2000. In NI, 58 LT with 1yr surv 82.5%, 5 yr surv 73.7% and 10yr surv 64.5%. Rest of UK, 3806 with 1yr survival 81.7%, 5yr survival 69.6% and 10yr surv 58.2%. 2001-2010. In NI, 101 LT with 1yr surv 93.1%, 5yr surv 81.1% and 10yr surv 75.1%. For rest of UK, 4300 LT with 1yr surv 89.4%, 5yr surv. 77.7% and 10yr surv 65.0%. 2011-2020. In NI, 187 LT with 1yr surv 95%, 5yr surv 82.1% and 10yr surv 53.8%. For rest of UK, 6210 LT with 1yr surv 94%, 5yr surv 83.5% and 10yr surv 67.7%. The number of transplants carried out per 100,000 persons in NI was 0.3 in first decade from 1991, 0.53 in second decade and 0.99 in third decade. The overall UK rates for the same 3 decades were 0.59, 0.70 and 0.96 respectively.

Conclusions
The introduction of the first UK liver transplant satellite unit in Belfast in 2000 improved access to transplant for NI from half the UK average to parity with the UK average. Survival figures for NI compare favourably with figures for rest of UK.

ABSTRACT 43 (22W127) BEST CLINICAL

Capsule endoscopy with artificial intelligence assisted technology: AI in clinical practice.

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Department(s)/Institutions
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Introduction
Capsule endoscopy (CE) reading is a time-consuming process with reading times ranging between 30–120 minutes. Artificial intelligence (AI) in CE is an attractive solution for reducing reading time by removing redundant images and simplifying the identification of abnormalities. Previous studies have demonstrated impressive sensitivity and specificity in created datasets of capsule images, but real-world data is lacking. OMOM® HD Capsule includes Smartscan technology which includes redundancy deletion, lesion detection, and classification software.

Aims/Background
Our aim was to evaluate the OMOM HD Smartscan software in a real-world setting against experienced capsule readers.

Method
OMOM® HD Capsule was employed prospectively in unselected patients presenting for CE. Recordings were then read by 2 separate modalities; Standard reading mode (SR) and "Smartscan mode" (SS) which was read after image processing by AI-assisted technology.

Results
40 patient procedures were included for analysis, mean age of 50 years (18-74); 65% male. All patients completed the procedure uneventfully. Complete visualization of the SB was achieved in 97.5% (n =39) of patients. No capsule retention was recorded. The indications for procedure were occult gastrointestinal bleeding 47.5% (n=19), suspected Crohn's disease 37.5% (n=15) and Crohn's disease assessment in 7.5% (n=3) The average reading time was significantly shorter using SS (2.4min) vs SR (30.3min), $p < 0.001$). There was excellent agreement between both modalities for lesion detection with 100% correlation for positive and negative studies. While a per lesion analysis (n = 373) also showed excellent correlation (k = 0.996). The only lesions not recorded by SS were 2 small angiodysplasias and a circumferential ulcer in an area of poor prep.

Conclusions
The correlation between SS and SR for the detection of pathology is excellent. SS has the potential to significantly improve reading time in CE without negatively affecting diagnostic yield.

ABSTRACT 44 (22W144) BEST CLINICAL

Gastroenterology Active Triage (GAT) Clinic, CHI at Tallaght

Author(s)
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Introduction
The GAT clinic, an innovative new virtual triage clinic, has reduced New Referral wait times for Paediatric Gastroenterology from eighteen months to under three weeks. GAT initially provided virtual management of new urgent referrals but has progressed to Routine Referrals. GAT is operated by a CNM 2, a Senior Dietician and the Clinical Lead is Dr Shoana Quinn.

Aims/Background
1. Triage of all New Referrals within three weeks, reduction in wait times for all referral categories by October 2022 2. Double wait periods are avoided: IBD, EOE, CD etc. prioritised direct to endoscopy 3. Increased patient & family satisfaction

Method
A Process Map, Standard Operating Procedures (SOP) and condition specific questionnaires were designed and piloted using Plan Do Study Act (PDSA) cycles. Consultant weekly triage of the referrals with, dietetic, CNM 2 and clerical support streamlines referrals into potential IBD/EOE/CD/Other conditions. The CNM 2 and dietitian take a detailed history, and order appropriate predetermined investigations. Clinical outcomes are decided by the Consultant based on the history and results at the weekly GAT clinic. Clinic codes capture each step of the patient journey and enable Med Modus to record detailed data.

Results
GAT Data in its first year: 25/03/21-25/03/22 285 patients triaged 18% Direct to endoscopy 33% OPD 23% active- results awaited 26% discharged from GAT directly following testing and intensive education -IBS, Rumination, Coeliac Disease

Conclusions
• Sustainability (Funding to continue GAT) • Spread (Format is easily replicable in other services) • Qualitative data (Parent satisfaction survey in progress)

ABSTRACT 45 (22W153) BEST CLINICAL

The Endoscopy Triage Nurse As A Valuable Gatekeeper To GI Endoscopy

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Introduction
Endoscopic procedures are a costly and limited resource. Inappropriate referrals are frequent despite well-defined guidelines, and add significantly to the burden of endoscopy waiting time. Recent data suggests the utilisation of an endoscopy triage nurse can effectively mitigate this burden, and ensure urgent procedures are more effectively prioritised by data collection and clarification along with brief clinical interview if required.

Aims/Background
To evaluate the outcomes of referrals to the UHG endoscopy service since the introduction of a triage nurse in 2022. Access to waiting lists has been streamlined with appropriate vetting now standard.

Method
Data was obtained from a prospectively maintained database that contained details of all referrals, patient data, and outcomes. This data covered an 8-month period from January to August 2022.

Results
There were 1915 referrals over an 8-month period, approximately 240 per month. The referral was deemed appropriate and unchanged in just 34% of cases. After triage, 20% were referred to gastroenterology OPD for further assessment, with 10% referred back to GP or surgeons. In total; 68% of OGD requests, 55% of colonoscopy requests and 70% of combined procedure requests were performed. Overall 37% less procedures were performed than requested. Just 44% of urgent referrals were validated as truly urgent, and requests were downgraded to routine or alternative investigations when appropriate (e.g. flexible sigmoidoscopy, CT etc.). Cases were discussed with a GI consultant before a decision was made. When compared to pre-pandemic levels of referral for endoscopy in 2019 compared to post pandemic in 2022; we saw an average reduction of 27.3% of referrals per month being added to the endoscopy wait list despite an apparent increased volume of referrals to the unit post-COVID due to the additional work of the endoscopy triage nurse.

Conclusions
The endoscopy triage nurse is a cost effective and critical component in the delivery of endoscopy in over-burdened health systems. They provide rapid and urgent endoscopy when required and prevent the unnecessary use in other patients where alternative strategies may be more appropriate thereby ensuring those who need it most; get it.

ABSTRACT 46 (22W174) BEST CLINICAL

BINGO – Bleeding In Ireland, The National Gastroenterology Outcome Study

Author(s)
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Introduction
Gastrointestinal (GI) bleeding poses a significant burden on inpatient care and significant in-patient mortality. Previous audits have demonstrated variation in practice, with patchy adherence to guidelines. In Ireland, information regarding patient outcomes from GI bleeding is scarce.

Aims/Background
To follow the outcomes of patients admitted with gastrointestinal bleeding in Ireland, monitor trends in patient activity and to identify factors associated with adverse outcomes.

Method
Retrospective review of all acute admissions in Ireland between 2017 and 2022 with GI bleeding as the principal diagnosis was performed using NQAIS Clinical. Demographics such as age, gender, admission source was recorded and outcomes including mortality, readmission rates, and hospital length of stay (LOS) was analysed.

Results
Data from 16,456 emergency admissions was analysed. The median age was 70.5 years (IQR 53-81), 57.2% were male. Median LOS was 4 days (IQR 2-7). Overall mortality was 3.8% (n=625), 6.5% (n=1076) of admissions required high-dependency care and readmission rates within 7- and 30-days were 5% (n=818) and 12.2% (n=2013) respectively. Patient admissions were under a general medical team in 43.8%, a surgical team in 42.4% and gastroenterology in 12.9%. Weekend admissions (Friday-Sunday) were associated with an increased median LOS (4.0 days vs 3.0 days, $p<0.001$). Patients admitted under Gastroenterology had a longer average LOS (6.9 days vs 6.3 days, $p<0.001$) compared to other services but had an overall lower mortality (2.8% vs 3.9%, $p=0.013$). No significant difference was observed in admission rates, LOS, mortality, 7- and 30-day readmission during the COVID pandemic.

Conclusions
This is the first study to report national outcomes of patients admitted with GI bleeding and highlights variations which could be addressed by a GI bleeding care bundle. Patients with GI bleeding admitted at the weekend have a longer average LOS and suggest potential value of weekend endoscopy.

Abstract Submissions selected for Best Basic Science / Translational Abstracts

Friday 18th November 2022, Graham Bell Suite

Abstract No.	Ref:	Title	Author	Time
47	22W105	Mucosal Atrophy Predicts Poorer Outcomes in Paediatric Ulcerative Colitis- a National Inception Cohort Study.	Emily Stenke	9.00
48	22W132	Protein-Ligand Docking and in vitro Screening to as a Tool to Identify Lead Hit Compounds Targeting The Key Survival Purine Nucleoside Phosphorylase (PNP) Enzyme of Helicobacter pylori	TJ Butler	9.10
49	22W156	Angiopoietin 2 - A Potential Biomarker of Fibrosis in Chronic Liver Disease	Caroline Walker	9.20
50	22W163	Colonic explant lactate concentration and inflammatory protein secretion in ulcerative colitis	Cathy McShane	9.30
51	22W164	Colonic Explant Lactate Concentration and Disease Progression in Ulcerative Colitis	Cathy McShane	9.40
52	22W173	Correlation between Vedolizumab Levels and Clinical, Endoscopic and Histological Remission in Patients with Inflammatory Bowel Disease	Shenelle Samodee	9.50

BEST SCIENTIFIC PRESENTATIONS

ABSTRACT 47 (22W105) BEST SCIENTIFIC

Mucosal Atrophy Predicts Poorer Outcomes in Paediatric Ulcerative Colitis- a National Inception Cohort Study.

Author(s)
Emily Stenke*1, Lorraine Stallard*1, Sarah Cooper2, Anna Dominik2, Abigail Pilkington1,3 Sheila Sugrue3, Maureen O'Sullivan2,4,5, Michael McDermott5, Shoana Quinn1, Annemarie Broderick1,2,6, Billy Bourke1,2,6, Séamus Hussey1,2,6,7, on behalf of the DOCHAS study2. * Emily Stenke and Lorraine Stallard are joint first authors

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Introduction
Outcomes in paediatric ulcerative colitis (UC) are heterogenous and predictors of disease course eagerly sought. Mucosal atrophy (MA) is characterized by histological abnormalities of colonic intestinal glands.

Aims/Background
To determine the prevalence of MA in a national inception cohort of paediatric UC and its impact on outcomes.

Method
All Irish children < 16 years old with UC are diagnosed CHI-Crumlin. At diagnosis, patients underwent phenotyping by Paris classification and activity assessment by PUCAI score. Biopsies from all colonic segments were evaluated for the presence of MA. Patients were followed prospectively. The primary outcome was corticosteroid-free remission at 1 year. Secondary outcomes included relapse, treatment escalation, and colectomy by 2 years.

Results
38/251 paediatric UC patients (15%) had MA on diagnostic biopsy (mean age 12.2 years, 71% male). Baseline characteristics were similar between groups with/without MA and there was no difference in steroid-free remission or rates of moderate-severe UC at one year. Patients with MA had higher use of steroids (29% vs 15%, p=0.04) and immunomodulators (40% vs 21%, p=0.04) at six months, higher biologic use at one year (34% vs 16%, p=0.03), shorter times to first relapse (mean ± SD 26.5 ± 19 weeks vs 47.5 ± 43 weeks, p=0.002) and higher colectomy rates by 2 years (21% vs 8%, p=0.01).

Conclusions
Children with MA at diagnosis had higher colectomy rates despite having earlier treatment escalation and similar baseline severity scores. We identify MA as a promising new prognostic marker in children with newly diagnosed UC.

ABSTRACT 48 (22W132) BEST SCIENTIFIC

Protein-Ligand Docking and in vitro Screening to as a Tool to Identify Lead Hit Compounds Targeting The Key Survival Purine Nucleoside Phosphorylase (PNP) Enzyme of Helicobacter pylori

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Introduction
Resistance to many of the antibiotics used to treat Helicobacter

pylori (HP) infection is on the rise. Indeed, the WHO has included H. pylori on their priority list of antibiotic-resistant bacteria to guide research and development into novel antimicrobials. To this end, protein-ligand docking of 550k+ compounds was carried out against the purine nucleoside phosphorylase enzyme (PNP), a key survival enzyme of HP.

Aims/Background
(i) To perform in silico docking to identify compounds with potential inhibitory activity against the HP via potential PNP enzyme inhibition, (ii) and to test the in vitro antimicrobial and cytotoxicity activity of the compounds.

Method
The binding site of the PNP enzyme was analysed using computational tools and a library of compounds was virtually screened via protein ligand docking to identify several lead-hits to carry forward to in vitro screening. Lead-hits were tested for antimicrobial efficacy against reference strains (J99 and ATCC60190) and clinical isolates of HP using a broth microdilution approach. Clarithromycin was used as a positive control. Selectivity was established using a viability assay with a stomach epithelial cell line AGS.

Results
7 lead-hits were selected from protein-ligand docking results and tested in vitro. All compounds showed antimicrobial activity against the reference strains and both clarithromycin-sensitive and clarithromycin-resistant clinical isolates of HP (MIC50 4.34– 73 µg/mL). 2 compounds showed significant selectivity against human cells, having no activity on the viability of human gastric cells.

Conclusions
Protein-ligand docking provided a cost-efficient method to identify, selective antimicrobial agents for H. pylori resulting in the identification of several lead targets that may be further developed to increase selectivity and potency.

ABSTRACT 49 (22W156) BEST SCIENTIFIC

Angiopoietin 2 – A Potential Biomarker of Fibrosis in Chronic Liver Disease

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Introduction
Angiogenesis is associated with fibrosis in liver disease. Angiopoietin-2 (Ang2) is a key factor in the angiopoietin / tyrosine kinase signalling pathway, and higher levels may reflect fibrosis.

Aims/Background
Examine the relationship between Ang2 and fibrosis in people with known and suspected liver disease.

Method
A prospective single centre comparison of Ang2 levels with fibrosis scores. All patients referred for fibroscan were consecutively recruited. Following informed consent, subjects underwent standard liver elastography and blood tests for FIB-4 and Ang2 assessment. Exclusion criteria: medications and conditions known to alter Ang2 or over-estimate fibrosis. Serum Ang2 levels were determined in batches using a commercially available ELISA. Basic demographics, CAP, FIB4, fibrosis score, and disease specific fibrosis category (F0-F4) were compared with Ang-2 levels, using Pearson's correlation coefficient and Tukey's test as appropriate.

Results
In all, 61 patients were recruited. Indications included NAFLD(n=21), ALD(n=18), haemochromatosis(n=6), autoimmune hepatitis(n=5), PBC(n=4), drug induced liver injury(n=2), and hepatitis B(n=1). Of these 34, 14, 13 had F1, F1-3 and F4 scores respectively. There was a positive correlation with increased levels of Ang2 and higher fibrosis scores, Pearson's r=0.628,p<0.0000001, 95%CI 0.4467-0.7596. Ang2 levels were not affected by age, CAP or FIB-4 scores. Ang2 levels increased according to disease specific fibrosis category. Mean Ang2 levels were statistically higher in the F4 group (6051pg/ml) compared to F1-3 (3169pg/ml,p<0.0003, 95%CI -4531 to -1232) and F0 (2858pg/ml,p< 0.0001, 95%CI -4589 to -1796) cohorts.

Conclusions
Increased Ang2 levels correlate with liver fibrosis irrespective of aetiology. Further investigation of Ang2 as a potential biomarker for fibrosis is warranted.

ABSTRACT 50 (22W163) BEST SCIENTIFIC

Colonic explant lactate concentration and inflammatory protein secretion in ulcerative colitis

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Introduction
Lactate, the end product of glycolysis, exerts both pro and anti-inflammatory effects depending on the cell type and metabolic microenvironment.

Aims/Background
We aimed to investigate if lactate concentration in tissue cultured media (TCM) from ulcerative colitis (UC) patient-derived explants is associated with TCM concentration of inflammatory proteins known to be involved in UC pathogenesis.

Method
UC patients were prospectively recruited. Endoscopic biopsies were collected from the sigmoid colon and TCM generated as per previously described methods. Patients demographics, baseline characteristics and disease behaviour were characterised. TCM secreted lactate was quantified using a colorimetric L-Lactate assay (Abcam, UK). Secreted inflammatory protein profiles were analysed via 54 V-plex ELISA (Meso Scale Diagnostics, USA).

Results
21 patients were recruited (age [mean, range] 50.48, 20-72years; 52% female; disease duration [mean, range] 9.81, 0-29years). 38% were receiving biologic therapy. Median lactate concentration:154.4 (IQR 98.57-206) nmol/µg of protein. Baseline explant TCM lactate did not correlate with TCM CRP r=0.16 (95%CI -0.29 – 0.55), p=0.49. TCM lactate was directly correlated with pro-inflammatory protein secretion: IL-23 r=0.79 (95%CI 0.54 – 0.91) p<0.001, TNF-a r=0.90 (95%CI 0.77– 0.96), p<0.001 and VEGF r=0.91 (95%CI 0.78–0.96), p<0.001. Lactate was directly correlated with the secretion of immunoregulatory cytokine IL-10 r=0.74 (95%CI 0.46 – 0.89) p<0.001.

Conclusions
Lactate plays a key role in immunometabolism, acting as a metabolic mediator. Lactate concentration is correlated with the concentrations of important inflammatory proteins involved in IBD pathogenesis. Further studies are needed to elucidate the complex functional effects of lactate on the IBD microenvironment.

ABSTRACT 51 (22W164) BEST SCIENTIFIC

Colonic Explant Lactate Concentration and Disease Progression in Ulcerative Colitis

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Introduction
Lactate is now known to have immunomodulatory effects. Recent studies have demonstrated that lactic acid concentrations are decreased in colonic tissue of ulcerative colitis (UC) patients.

Aims/Background
We aimed to investigate if lactate concentration in tissue cultured media (TCM) from UC patient-derived colonic explants is associated with endoscopic disease severity and disease progression.

Method
UC patients were prospectively recruited. Endoscopic biopsies were collected from the sigmoid colon and TCM generated as per previously described methods. Endoscopic disease severity was categorised by endoscopic Mayo score. Disease progression was defined as the requirement for corticosteroid therapy, UC-related hospitalisation, UC-related surgery or the introduction of a new immunomodulatory agent in follow-up period. TCM secreted lactate was quantified using a colorimetric L-Lactate assay (Abcam, UK).

Results
52 patients were recruited (discovery cohort n=28, replication cohort n=24); age [median,IQR] 44.5, 33.75 - 60.75 years; 50% male; disease duration [median,IQR] 7.5, 3.3 - 17.3 years. 40% were receiving biologic therapy. Endoscopic Mayo score [median, range] 1 0–3. Disease progression occurred in 59.6% of patients. Follow up [median,IQR] 38.57, 5.9 – 75.7 weeks. No significant association between TCM lactate concentration and endoscopic severity was observed in discovery or replication cohorts. No significant association was observed between TCM lactate concentration and disease progression or progression-free survival in discovery or replication cohorts.

Conclusions
Lactate is produced in high amounts by innate immune cells on inflammatory activation. UC TCM lactate concentration was not associated with endoscopic severity or disease progression in discovery or replication cohorts.

ABSTRACT 52 (22W173) BEST SCIENTIFIC

Correlation between Vedolizumab Levels and Clinical, Endoscopic and Histological Remission in Patients with Inflammatory Bowel Disease

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Introduction
Data from clinical trials and real-world cohorts suggest an exposure-efficacy relationship of vedolizumab in patients with inflammatory bowel disease (IBD). Therapeutic drug monitoring is a useful tool to optimise management of IBD but its role in patients on vedolizumab is less clear compared to anti-TNF drugs such as infliximab.

Aims/Background
This study aimed to assess objective disease markers and vedolizumab drug levels to determine whether an exposure-response relationship exists.

Method
A database with 60 eligible IBD patients who were maintained on vedolizumab since 2014 was used. The most recent vedolizumab level (which did not form part of the clinical management of these patients), clinical, endoscopic and histological findings were obtained using local electronic systems. SPSS software was used to perform data analysis. Dose optimisation was not driven by drug levels; only clinical symptoms/response.

Results
Of 60 patients, 32(53.3%) were female and 28(46.7%) were male. Median age was 47. 44(73.3%) of patients had UC and 15(25%) had CD. Vedolizumab levels ranged from 2.8 to 48.7µg/ml. 26.7% of patients were on escalated vedolizumab dosing; 7(11.7%) on 6-weekly dosing and 9(15%) on 4-weekly dosing with 60% of these patients having achieved clinical remission and 63.6%(n=11) with inactive/mild active inflammation on histology. There was moderate correlation found between dosing intervals and vedolizumab levels(r=.38) and vedolizumab dosing and clinical symptoms(r=.44). There was no correlation between vedolizumab levels and clinical symptoms (r=.21) or between vedolizumab levels and histologic findings (r=.08) suggesting that drug levels do not correlate with clinical or histological outcomes. These findings were similar for endoscopic outcomes (r=-.19). While most patients on vedolizumab were in clinical remission, 8.3% (n=48) patients had mild symptoms,2% had moderate symptoms and 2% had a severe flare. These patients were all on escalated dosing regimens of vedolizumab; 3(50%) on 6-weekly and 3(50%) on 4-weekly dosing. 5 of these 6 patients had trough levels ranging from 4.3 to 36.1µg/ml.

Conclusions
This study suggests that there is no correlation between vedolizumab levels and clinical, endoscopic and histological outcomes in IBD patients. However, dosing intervals were found to be positively correlated with both vedolizumab levels and clinical symptoms. Further work on the role of drug monitoring in vedolizumab is required.

Sincere thank you to the Scientific Committee for their time and energy.

Dr Manus Moloney
Dr Gareth Horgan
Dr Zita Galvin
Dr Grainne Holleran

Photo Gallery

Dr Orla Chambers, Dr Aoife Moriarty, Dr Aoife O'Sullivan

Audience view

Audits
O'Carolan Suite & Hospitality Suite

Abstract No.	Ref:	Title	Author
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54	22W107	Photographic Evidence of Rectal Retro-flexion during Colonoscopy at UHK	Amad Ul Haq Bhatti
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57	22W115	Medication safety and clinic appointment	Mohammed Ali Hasabalrasoul Mohammed
58	22W116	A Qualitative Descriptive Study Exploring The Help-Seeking Experiences Of Those Living With Inflammatory Bowel Disease From Healthcare Professionals	Clodagh Byron
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63	22W146	An Audit of First-Line H. pylori Treatments and Outcomes from 2019-2021 in Tallaght University Hospital	Rebecca FitzGerald
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65	22W152	An audit of risk assessment for fibrosis in patients with NAFLD: We can do better	Lillian Barry
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67	22W171	Vaccination status in patients with inflammatory bowel disease	Orlaith Casey
68	22W172	Gastroscopy Quality Measures in Real World Practice: Challenges to Implementation	John Peacock
69	22W177	Audit of a Inflammatory Bowel Disease Nurse Led Telephone Advice Line	Cathy Walsh

AUDIT PRESENTATIONS

ABSTRACT 53 (22W101) AUDIT

An Audit Of The Photo-Documentation Of Key Anatomical Landmarks During Upper Gastrointestinal Endoscopy Procedures Performed At Mayo University Hospital

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Introduction
Photo-documentation is the cornerstone of quality assurance in endoscopy, maximizing mucosal inspection and pathology recognition. The British Society of Gastroenterology (BSG)-Association of Upper Gastrointestinal Surgeons of Great Britain & Ireland (AUGIS) position statement strongly recommended that along with any detected pathology, the endoscopist should photo-document eight anatomical landmarks.

Aims/Background
To evaluate the photo-documentation standard in UGI endoscopy in an Irish model 3 hospital compared to other centres.

Method
We undertook a retrospective, single-centre audit of photo-documentation in oesophagogastroduodenoscopies (OGDs) performed between January-April 2022. EndoVault OGD reports were randomly selected and reviewed. Exclusion criteria were colonoscopies and procedures performed by surgeons. All photographs taken during an OGD were analysed for representative images of nine landmarks, including the papilla.

Results
183 OGDs were analysed. Common indications included dyspepsia, reflux-type symptoms, abdominal pain and anaemia. Percentage photo-documentation of landmarks were; upper oesophagus – 48.09%, gastro-oesophageal junction – 86.34%, fundus in retroflexion – 96.17%, body of stomach – 65.57%, incisura in retroflexion – 60.66%, gastric antrum – 86.34%, duodenal bulb – 69.40%, distal duodenum – 91.26% and papilla – 47.54%. Endoscopists performing only 50 of 183 OGDs (27.32%) studied were concordant with the quality standard. 20.22% also included the papilla. Stations most commonly missed were the upper oesophagus and papilla. The best photo documented landmarks were the fundus in retroflexion and the distal duodenum.

Conclusions
Currently, the MGH endoscopic unit is not meeting the BSG-AUGIS quality standard. However, compared to data published by other centres, our department outperforms in the photo-documentation of all landmarks. We aim to re-audit once cost-effective interventions like workshops and infographics have been implemented.

ABSTRACT 54 (22W107) AUDIT

Photographic Evidence of Rectal Retro-flexion during Colonoscopy at UHK

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Introduction
Image documentation during endoscopy has an important role in both upper and lower gastrointestinal endoscopic reporting. The RCPI National Endoscopy QI Program recommends, clear photographic evidence of terminal ileum, caecum or anastomosis and rectum must be obtained. ESGE also indorse that and ASGE says still photography allows verification of rectal examination of an individual endoscopist in the continuous quality improvement program.

Aims/Background
To establish whether rectal retro-flexion images are taken and documented in the final reports according to guidelines

Method
A total of 381 Colonoscopy reports were reviewed using Unisoft GI reporting tool at University Hospital Kerry, from Jan, 2022 to Feb, 2022. Each report has been individually checked whether there is an imaging evidence of rectal retro-flexion is present or not.

Results
381 Colonoscopies were performed during this period, 238(62.46%) reports have photographic evidence of rectal retro-flexion (N=381) while 143(37.53%) have no images of rectal retro-flexion

Conclusions
Proper documentation of rectal images is important in verification of rectal retro-flexion for adequate visualization of rectum. These anatomical land marks should be included in images on endoscopy reports. We recommended in our unit to have a uniform policy that these land marks should be included in colonoscopy image reporting and re-audit in six months to assess improvement in documentation.

ABSTRACT 55 (22W108) AUDIT

Polyp Detection rate on Rectal Retro-flexion during Colonoscopy at UHK

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Introduction
Colonic polyp is a growth that develops on the lining of the colon. There are various type of polyps, adenomatous, serrated and hyperplastic. Specially adenomatous and serrated polyps have a potential to develop cancer over time.

Aims/Background
To check prevalence of rectal polyps detected on rectal Retro-flexion during colonoscopy.

Method
A total of 381 Colonoscopy reports were reviewed using Unisoft GI reporting tool at University Hospital Kerry, from Jan, 2022 to Feb, 2022. Each report has been individually checked whether there is photographic evidence of rectal polyp on rectal retro-flexion.

Results
381 Colonoscopies were performed during this time, 238(62.46%) reports have photographic evidence of rectal retro-flexion (N=381) while 143(37.53%) have no images of rectal retro-flexion. Out of 238(N=381) imaged, 12(3.14%) images have shown rectal polyps.

Conclusions
Rectal retro-flexion is an important maneuver during colonoscopy. Some polyps which are located very distally in the rectum closer to dentate line may be easily missed if rectal retro flexion is not performed. Our study has shown only small number of polyps (3.14%) were detected on rectal retro flexion which high lights importance of retro- flexion. There is probably a need for larger study to check whether a flat rectal cancer is detected on retro-flexion.

ABSTRACT 56 (22W113) AUDIT

Duodenal Biopsies in Suspected Coeliac Disease and Other Indications for Upper Gastrointestinal Endoscopy

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Introduction
Multiple duodenal biopsies (≥4) at upper gastrointestinal (GI) endoscopy are recommended for investigation of suspected coeliac disease (CD). The inclusion of biopsies from the duodenal bulb is also advised, and has been suggested to increase diagnostic yield.

Aims/Background
We sought to establish patterns of duodenal sampling during upper GI endoscopy at our institution, and to assess local adherence to guidelines for the diagnosis of CD.

Method
We conducted a retrospective review of histology reports relating to 380 patients who underwent upper GI endoscopy during a 3-month period at a tertiary referral centre. Basic demographic data were collected, in addition to the number of duodenal biopsies performed, the duodenal segment sampled, pre-endoscopy coeliac serology (if available), and the indication for endoscopy. Known CD, and cases where the number of biopsies or the duodenal segment were not specified, were excluded.

Results
348 patients were included; 45.5% (158/348) were male with a mean age of 56.7 years (range: 17 - 91). Suspected CD was the indication in 4.3% (15/348) of upper GI endoscopies, with ≥4 biopsy specimens submitted in 73.3% (11/15), and ≥1 duodenal bulb specimens submitted in 40% (6/15) of these, respectively. The number of duodenal biopsy specimens submitted for analysis was significantly higher in suspected CD compared with all other indications (median number of biopsies: 4 vs 2; $p<0.0001$).

Conclusions
It is envisaged that these results will inform local initiatives to improve compliance with current guidelines for the diagnosis of CD.

ABSTRACT 57 (22W115) AUDIT

Medication safety and clinic appointment

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Introduction
Despite receiving written reminders we have noted that several patients attending our department neither bring with them or are familiar with their medications. This can lead to suboptimal care and has implications for patient safety.

Aims/Background
To identify why some patients do not comply with advice and seek their opinions as to how best improve their knowledge. Our clinic appointment letter clearly states to our patients to bring all medications with them to clinic.

Method
A questionnaire of 6 questions was distributed to patients who attended the hepatology clinic Results were collated & analysed manually

Results
64 forms were completed. 73% got their appointment letter posted to their home. Despite this, 44% did not know that they should bring their medication. 17% did bring medications with them, and 22% had a list form their GP or pharmacist. 41% suggested that the most reliable medication reminder would be an up to date list from their doctor or pharmacist.

Conclusions
Some patients clearly did not read the letter or remember to bring their medications for various reasons that will be presented. The vast majority of patients (around 70%) thought that getting a recent list from their doctor or pharmacist or bringing the medications themselves is the best way to ensure we have an accurate list of medications at clinic. Promote and continue to advertise reminders to patients and staff, including the use of visual tools in the clinic site. Most patients prefer to get an updated list from their GP or pharmacist and that should be encouraged and a reminder clearly written on their appointment letter.

ABSTRACT 58 (22W116) AUDIT

A Qualitative Descriptive Study Exploring The Help-Seeking Experiences Of Those Living With Inflammatory Bowel Disease From Healthcare Professionals

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Introduction
Essential self-management tools include conceptualising the problem, acknowledging the need for external help and knowing where to seek help from. Help-seeking behaviour (HSB) is a relatively new concept to health services research and has been infrequently applied to the area of IBD. When IBD-related challenges are beyond self-resolution, patients require help and support from healthcare professionals (HCPs) to overcome such challenges. This engagement must be facilitated when needed, as opposed to at crisis point, often resulting in the use of less appropriate sources of seeking help.

Aims/Background
In light of the paucity of research of HSB in IBD, the aim of this study was to explore the help-seeking experiences of patients living with IBD for the challenges associated with IBD from HCPs.

Method
A qualitative descriptive design, eluding from a naturalistic perspective was employed to conduct one-to-one semi-structured interviews with ten participants living with IBD, recruited from two University Hospitals providing IBD care in Ireland. Transcripts were analysed using latent pattern content analysis.

Results
Five themes emerged from the data inclusive of 'triggers', 'support', 'help-seeking hesitancy', 'help-seeking decision pathway' and 'information and communications technology'.

Conclusions
The results of this study demonstrated that the participants' primary source of help-seeking is the IBD nurse. There appeared to be a notable gap from the participants' perspective of shared care between primary and tertiary care. The frequently reported triggers for seeking help were physical symptoms as well as disease management, results, medications, advice, diet, information, and administrative needs. The need for both formal and informal psychological support was identified by participants.

ABSTRACT 59 (22W119) AUDIT

Surveillance Practices for HCC In Patients with Chronic Hepatitis B; A Single Centre Audit

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Introduction
Hepatitis B patients are at increased risk of developing hepatocellular carcinoma (HCC). International guidelines recommend regular surveillance for high-risk patients. However, the European Association of study of the liver (EASL) and American Association of study of the liver (AASLD) guidelines differ on who is at high risk.

Aims/Background
To gather data on Hepatitis B surveillance practices to determine if high-risk patients are being identified and screening requested in compliance with international guidelines.

Method
We assessed 117 patients attending the hepatitis B clinic over 2 months at Cork University Hospital from April 2021. Demographics, frequency of Ultrasound (US) requests, and Alpha-fetoprotein (AFP) were collected. Eligibility for surveillance was determined by AASLD and EASL guidelines.

Results
All patients had AFP recorded: partial screening was completed in all. As per AASLD, 17(14.4%) patients were identified as high risk compared to 15 (12.8%) as per EASL. Of 17 eligible by AASLD, only 3 (17%) were referred for US. Of 15 eligible by EASL, 1 (6%) was referred for screening. Over 80% of high-risk patients had US in the preceding 5 years.

Conclusions
HCC screening is complex. We need better identification of high-risk patients and better pathways/protocols to facilitate repeated ultrasounds. Despite universal adherence to AFP testing, US screening was sub-optimal. The standard of 6 monthly screening is a high bar to achieve in our setting. No new cases of HCC were identified in this cohort.

ABSTRACT 60 (22W122) AUDIT

Incidence of infective causes of IBD flare-ups in University Hospital Kerry

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Introduction
An estimated 40,000 people have proven Inflammatory Bowel Disease (IBD) in Ireland. It is one of the top three diagnoses for which routine colonoscopies are performed. Literature has shown that co-existing GI infections may result in flare of symptoms

Aims/Background
To study the incidence of infective causes of IBD flare-ups in University Hospital Kerry

Method
Retrospective colonoscopy data was collected from Jan, 2021 to Dec, 2021. Data was collected using Unisoft GI reporting tool and I-Labs to determine whether colonic biopsies were performed and stool cultures were taken at the time of presentation. Total of 127 patients were included in the study.

Results
Out of 127 patients, 68 (53.5%) were males and 59 (46.5%) were females. 81 patient(63.8%) have stool cultures while 46 (36.2%) patients didn't have stool cultures and 8 (6.3%) patients didn't have colonic biopsies done. 14 (18%) patients had positive stool study. 6 (7.4%) patients had clostridium difficile infection, 7 (8.6%) had campylobacter infection, 1 (1.2%) had combined campylobacter and Verotoxigenic E. Coli. 1 (0.8%) had CMV infection confirmed by immunohistochemistry on colonic biopsy sample.

Conclusions
Our study has shown that infection is a contributing cause of IBD flare-ups in UHK. It also has shown that significant number of patients (36.2) has no stool culture performed. We have emphasized in our unit to have a uniform policy. All patient with flare ups should have stool culture performed and biopsied for CMV during flexible sigmoidoscopy.

ABSTRACT 61 (22W124) AUDIT

An Audit of Proton Pump Inhibitor Prescribing in Patients Attending a Rapid Access Frailty Assessment Unit

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Introduction
PPI usage has revolutionised the treatment of conditions such as Gastro Oesophageal Reflux Disease (GORD), gastric and duodenal ulceration and Barrett's Oesophagus. However, PPIs are often inappropriately prescribed. PPI use has been linked with electrolyte disturbances, most commonly hypomagnesaemia, resulting in higher rates of osteoporosis. It has also been linked with adverse effects on

renal function and increased correlation with clostridium difficile.

Aims/Background
The purpose of this audit was to assess the appropriateness and clinical indication of PPI prescribing among patients attending a Rapid Access Frailty Assessment Unit (RAFAU) in 2022.

Method
A database of patients attending RAFAU in an Irish regional hospital was accessed. Records from years 2021-2022 were searched and documents citing patients' medical history and clinical indication for prescribed medications included hospital discharge letters, outpatient clinic letters and GP referral letters. NICE guidelines from the UK NHS were used as comparison for prescribing guidelines.

Results
120 patients' records were assessed. 63 (52.5%) patients were found to be prescribed a PPI among this cohort. Of those taking PPIs, only 15 (23.8%) patients were prescribed a PPI with a documented clinical indication in accordance with NICE Guidelines. Although several patients were taking gastro-erosive drugs including anti-platelets, anticoagulants and steroids, only one patient record mentioned PPIs being prescribed for iatrogenic gastritis. No records mentioned deprescribing or cessation of PPIs.

Conclusions
Most patients prescribed PPIs were without documented appropriate clinical indication and without clear duration of use. Deprescribing medications associated with significant co-morbidities should be prioritised in a frailty population.

ABSTRACT 62 (22W142) AUDIT

Most Patients With Clinically Significant Portal Hypertension Are Not Receiving Mortality Improving Therapy

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Introduction
Carvedilol has recently been shown by meta-analysis to be the first therapy to decrease the risk of decompensation and improve survival in patients with compensated cirrhosis and clinically significant portal hypertension (CSPH). CSPH may be diagnosed non-invasively with a transient elastography (TE) score ≥25kPa, regardless of the presence of oesophageal varices, as per the Baveno VII guidelines.

Aims/Background
To establish the number of patients with compensated cirrhosis and CSPH who are on carvedilol.

Method
Patients with TE score ≥25kPa were identified from the local TE database. Only scans performed with a calibrated machine and valid performance metrics (IQR/MED ≤30%, ≥10 measurements) were included. Patient records were then reviewed to ascertain prescription data.

Results
170 records were screened. 15 duplicate records were excluded. 13 were excluded due to decompensation or death. 7 were excluded due to subsequent TE <25kPa or liver transplant. 29 were excluded due to unavailable prescription data. Of the 106 remaining, 22.6% (24) were on carvedilol and 0% (0) were on propranolol. 3.7% (4) had a documented intolerance or contraindication. 73.6% (78) patients in this cohort with compensated cirrhosis and CSPH were not on any non-selective beta blocker.

Conclusions
The number of patients with CSPH on mortality benefitting therapy in the form of carvedilol is low. There is significant scope to improve outcomes for patients with compensated cirrhosis by starting all such patients with CSPH on carvedilol, regardless of the presence of oesophageal varices.

ABSTRACT 63 (22W146) AUDIT

An Audit of First-Line H. pylori Treatments and Outcomes from 2019-2021 in Tallaght University Hospital

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Introduction
Regular local evaluation of H. pylori eradication rates is recommended to determine the most appropriate treatment.

Aims/Background
Determine first-line treatments and eradication rates for H. pylori in Tallaght University Hospital.

Method
Post-eradication therapy 13C-urea breath test data were retrospectively collected from the Synergy database and analysed using Microsoft Excel

Results
In total, data from 294 patients were analysed. 89 patients were included from 2019 (37.1% male; mean age 53±16 years). 91% were treated with clarithromycin triple therapy (CTT), 3.4% with metronidazole triple therapy (MTT), 4.5% with levofloxacin triple therapy (LTT) and 1.1% with bismuth quadruple therapy (BQT). The overall eradication rate was 78.6% and the eradication rate for CTT was 82.7%. The numbers of other treatments were too small to calculate meaningful eradication rates. Only 39 patients were included in 2020 (38.5% male, mean age 44.8±15 years) due to the Covid19 pandemic. In 97.4% of cases patients were treated with CTT and 2.6% were treated with BQT. The overall eradication rate was 82.5% and 81.6% for CTT. In 2021 there were 166 patients included (53.6% male; mean age 51.2±15 years). 93.9% were treated with CTT, 1.2% with LTT, 4.2% with MTT and 0.6% were treated with BQT. The overall eradication rate was 81.9%. For CTT the eradication rate was 82.6%.

Conclusions
Although the eradication rate for the most commonly prescribed CTT remained stable over time, it falls short of the recommended eradication rate. Alternative first-line treatment regimens or susceptibility testing should be considered to improve eradication.

ABSTRACT 64 (22W151) AUDIT

SSL Detection Rate – How Good Is Good Enough?

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Introduction
Sessile serrated polyps (SSLs) are increasingly recognised as important precursors to colorectal cancer. SSL detection rates are a potential key performance indicator (KPI) at colonoscopy. An SSL detection rate of 10% has been suggested as a minimum KPI standard.

Aims/Background
To examine the SSL detection rate in a high-volume endoscopy department and to compare gastroenterology and surgical endoscopists.

Method
A retrospective analysis of colonoscopy reports and respective histology results were reviewed over a six-month period between January and June 2022. Data from four consenting endoscopists was included (2 gastroenterologists & 2 surgical endoscopists). The detection of SSL's and hyperplastic polyps, above the rectum, were included in final analysis.

Results
There were 458 colonoscopies performed over this period. The median age was 64 (IQR 17-88). 86 patients had at least one SSL. This is a 19% SSL detection rate. The median age of patients with an SSL was 66 (IQR 40-88). The endoscopists from the gastroenterology department had SSL detection rates of 26% (n=63 of 244 colonoscopies) and 14% (n=19 of 138 colonoscopies) respectively. The endoscopists from the surgical department had SSL detection rates of 4% (n=1 of 24 colonoscopies) and 6% (n=3 of 52 colonoscopies) respectively.

Conclusions
Our SSL detection rate is good based on a proposed 10% KPI detection rate. The cause of variation in rates between endoscopists is not readily apparent. To further examine optimal SSL detection rates, it would be of benefit to review individual post colonoscopy colorectal cancer rates.

ABSTRACT 65 (22W152) AUDIT

An audit of risk assessment for fibrosis in patients with NAFLD: We can do better

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Introduction
Current guidelines recommend risk assessment of patients with fatty liver disease (FLD) where early intervention could prevent evolution to liver cirrhosis.

Aims/Background
To determine if patients with fatty liver disease are being risk assessed for fibrosis.

Method
Retrospective chart review on 73 consecutive patients with FLD based on increased liver echogenicity consistent with fatty infiltration were identified at ultrasound

Results
73 consecutive patients had an echogenic (fatty) liver on US (38F, 34M) mean age 57.22 (19-87). 10 were excluded from analysis (6 hepatoma surveillance, 4 incomplete records). Of 63 patients, mean BMI was 33.8 (22.6-59.8). 9(25%) had DM, 34(53.9%) hypertension and 25 (39.6 %), hypercholesteremia . No patient had risk scores performed by bloods (FIB-4 or other), 20 of 63 (31.7%) had a FibroScan at any time. Of 12 patients fitting criteria for metabolic syndrome only 4 (33%) were referred for FibroScan. FIB-4 was retrospectively calculated for 51 patients (12 had incomplete data to allow this), 16 of 51(33%) had FIB-4 index of > 1.45 indicating significant fibrosis where hepatology follow up with FibroScan is recommended. Only 7 of these patients had FibroScan. Three patients had FIB-4 index > 3.25 (high risk of fibrosis) and one of these patients (33%) was was referred for a FibroScan.

Conclusions
This audit confirms our suspicion that guidelines in relation to risk assessment for fibrosis in fatty liver disease are not being adequately followed with only one third of patients undergoing appropriate assessment.

ABSTRACT 66 (22W160) AUDIT

A Test And Treat Strategy For H.pylori Infection: Is It Failing As A Result Of Inappropriate Follow Up?

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Introduction
Gastric cancer rates have fallen hugely worldwide, largely attributed to eradication of H.pylori. The decrease has slowed drastically in Europe, possibly related to increased antibiotic resistance and associated lower eradication rates. Assessment of treatment success, as recommended, is therefore of paramount importance.

Aims/Background
To explore compliance with post eradication H.pylori assessment in a tertiary referral centre.

Method
A retrospective review of Urea Breath Tests (UBTs) over a 12 month period July 2021-2022 was performed from a database and cross referenced with patient electronic records. Demographics, indication (diagnostic or post eradication), referral source, result and subsequent OGD +/- H. pylori testing was documented.

Results
In all 1,029 UBTs were identified, mean age= 45 years, 604(59%) were female, positivity rate=22% (n=223). Of positive tests, 141(63%) were diagnostic and 83(37%) were post-eradication. Of

positive tests 40%(n=89) had post-eradication UBTs performed or booked, at the time of analysis. Patients were not statistically less likely to be referred for a post eradication UBT from General (43/105, 41%) or Hospital practice (46/118, 39%), p=0.766. No patients had undergone an OGD and H.pylori testing as an alternative means of assessing eradication success.

Conclusions
H.pylori infection remains common affecting 1:5 of our population. While external testing cannot be excluded and appropriate therapy is assumed, these results are disappointing. The majority treated for infection with this type-1 carcinogen do not have appropriate follow up. We propose introducing treatment recommendations with automatic scheduling of repeat tests for all positive reports.

ABSTRACT 67 (22W171) AUDIT

Vaccination status in patients with inflammatory bowel disease

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Introduction
The use of immunosuppressive therapy including immunomodulators, biologic therapy and small molecules has transformed the management of inflammatory bowel disease (IBD). However, due to the immunosuppression caused by such agents, caution must be taken to identify and/or prevent opportunistic infections in this cohort. Recent guidelines published by the European Crohn's and Colitis Organisation (ECCO) suggests that serological screening for viral infections should be carried out prior to commencement on immunosuppressive therapies. Vaccine administration in 1) non-immune and 2) to prevent opportunistic infections is strongly recommended.

Aims/Background
To determine vaccination status in a cohort of patients with IBD with a view to increasing vaccine availability and uptake in this cohort

Method
Data were collected by self-response survey in an IBD clinic in St. Vincent's University Hospital. 136 surveys were collected. Data were analysed using Sphinx.

Results
136 surveys were collected. The age range of participants was 17 to 81 with a preponderance of male participants (57%). 65.44% of respondents were on immunosuppressive therapy. 91.2%, 28,7% and 9.6% of all responders confirmed vaccination against COVID-19, meningococcus and pneumococcus respectively (as is recommended by ECCO). 48.31% of patients on immunosuppressive therapy reported having received the influenza vaccine.

Conclusions
This study highlights the need for increasing vaccine uptake in patients with IBD as per ECCO guidelines. Patient awareness of vaccination status was extremely low, this is an area where both patient and doctor education needs to be improved in order to raise awareness re the importance of prevention of vaccines in prevention of opportunistic infections.

ABSTRACT 68 (22W172) AUDIT

Gastroscopy Quality Measures in Real World Practice: Challenges to Implementation

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Introduction
Gastroscopy is an important diagnostic procedure. Quality can vary between practitioners. Guidelines promoting a systematic, anatomical assessment based on standardised image capture were published by ESGE in 2016.

Aims/Background
To assess a cross-section of gastroscopies performed at the Mater University Hospital and analyse performance against ESGE guidelines.

Method
A retrospective analysis was conducted of gastroscopies completed in a one-week period. Procedural time was recorded by first and last image timestamps captured on our endoscopy reporting system. Two endoscopists assessed images of ten anatomical landmarks. A full, clear image scored 3 while an absent image scored 0. Maximal score was 30.

Results
Seventy-four gastroscopies were analysed over the study period. Median procedure time was 4.0 minutes (range 1-12). Median sedation was within JAG thresholds. No sedation was administered in 15% (n=11). Clear images of D2 and fundus were observed in 84% and 72% respectively. Median number of images recorded was 7 (range 2-10). The most omitted images were the greater curve in retroflexion (74%), incisura (73%) and proximal oesophagus (65%). Median image quality score was 2.3 (range 0-3). Median image quality score was 17 (range 6-29). There was no correlation between procedure time and a) number of images captured (r=0.003, CI -0.33-0.21, p=0.65) or b) image score (R =0.0008, CI -0.09-0.07, p=0.8).

Conclusions
Procedure duration does not appear to impact upon number or quality of images captured. Accurate measurements of procedure times are challenging in real world practice. Further investigation will require a prospective study which should include pathology yields.

ABSTRACT 69 (22W177) AUDIT

Audit of a Inflammatory Bowel Disease Nurse Led Telephone Advice Line

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Introduction
Inflammatory Bowel Disease is a chronic condition and advice lines for chronic disease are well established. Advice lines are fundamental part of the IBD services. They offer support and advice for patients and have been shown that early intervention via an advice line can have a major impact in avoiding hospitalisation due to a flare up. The use of biologic medication has increased the workload to the advice lines as patients require a repeat Hi Tech prescription.

Aims/Background
The increasing demands to the IBD telephone advice lines was observed. The aim was to examine aspects of the advice line and to highlight any deficiencies that would require corrective action. The objective was to establish if aspects of the advice line were in accordance with IBD standards.

Method
Criteria to measure against the IBD UK standards and European Crohn's and Colitis Organisation (ECCO) and British Society of Gastroenterology (BSG). Prospective data collection was collected by ANP IBD and analysed by the Clinical Audit Facilitator using IBM SPSS Statistics v 24.

Results
29% Hi Tech prescription calls, 21% Flare up calls, 21% Query re results/Investigations, 7.5% medication query, 7.5% Appt query. Other included: Covid related, GP query, letter regarding condition and administration related queries. Calls returned within 36 hours (59%) The recommendation is to call return by end of the next working day.

Conclusions
This audit indicates that the highest number of calls are related to repeat Hi Tech prescriptions. These are dealt with a day to day basis within a busy workload. The Quality improvements developed are:
1. A dedicated virtual Hi Tech prescription clinic has been developed to address this issue. This will ensure a better, improved and safer standard of care for patients. A dedicated administrator allocates a clinic time, patients are assessed by phone and repeat Hi Tech prescription is prescribed. This will reduce the calls to the advice line on a day to day basis and capture the workload more effectively.
2.The advice line leaflet has been revised and the answer machine has a more specific message in order to triage calls to the service. This will aim to improve the return call times as per guidelines.

Photo Gallery

Dr Marie Buckley and Michelle Casey Fleetwood

Dr Darragh Storan and Dr Thomas Garvey

Prof Glen Doherty and Dr Tony Tham


Dr Aisling Murphy and Dr Omar El-Sherif

Dr Danny Cheriyan and Prof Frank Murray


Dr Usama Al Farsi, Dr Ambily Tony and Dr Clifford Kiat

Y-ISG Case Presentations
Friday 18th November, Baird Suite

No.	Title	Author	Time of Presentation
1	Jan's Best Borehaviour	Alan Marrinan The Mater Misericordiae University Hospital	13.45
2	Complications of complications; challenges in the diagnosis of pancreatic cancer	Renuka Sitram Tipperary University Hospital	13.52
3	Mass Mystery	Conor Costigan Tallaght University Hospital	13.59
4	Kwashiorkor in the malabsorptive adult - A rare but serious complication!	Ciaran McCloskey University Hospital Galway	14.06
5	Case report documenting staggering weight loss with Semaglutide	Catherine Kinsella Naas General Hospital	14.13
6	Once you pop, you can't stop!	Lakshman Kumar University Hospital Galway	14.2o
7	Beware of the Dog	Anika Gallagher St Vincent's University Hospital	14.27
8	TB or not TB?	Rob Varley Connolly Hospital Blanchardstown	14.34
9	Looking a Gift Horse in the Mouth	Gregory Mellotte St Luke's Hospital, Kilkenny	14.41

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The Scientific Committee and I look forward with great anticipation to receiving your abstracts for **ESGE Days 2023**. We truly appreciate your contribution, as researchers, to the meeting. Our top four abstracts will be featured in the opening session, travel grants will be awarded to top submitters 40 years old and younger, plus all accepted abstracts are published in the *Endoscopy* journal with an **Impact Factor of 9.7.** We hope you'll agree that **ESGE Days** is the perfect forum at which to present your best research!

Marianna Arvanitakis
Scientific Committee Chair

ABSTRACT SUBMISSION CURRENTLY OPEN
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