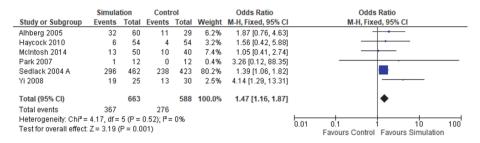
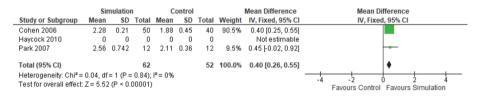
Ceacal Intubation



Colonoscopy Global Performance Score



Biliary Cannulation

	Simula	tion	Cont	rol		Odds Ratio	Odds Ratio		
Study or Subgroup	Events Total		Events	Total	Weight	M-H, Fixed, 95% CI	M-H, Fixed, 95% CI		
Liao 2013	31	40	20	39	9.3%	3.27 [1.24, 8.65]			
Liao 2013 b	40	58	23	53	15.3%	2.90 [1.33, 6.31]			
Lim 2011	97	139	59	126	38.3%	2.62 [1.59, 4.34]			
Meng 2016	67	100	55	100	37.1%	1.66 [0.94, 2.95]			
Total (95% CI)		337		318	100.0%	2.37 [1.72, 3.26]	•		
Total events	235		157						
Heterogeneity: $Chi^2 = 2.31$, $df = 3$ (P = 0.51); $I^2 = 0\%$									
Test for overall effect:	Z= 5.28	(P < 0.0	0001)				0.1 0.2 0.5 1 2 5 10 Favours Control Favours Simulation		

Abstract P74 Figure 1

P75

COMPARISON BETWEEN 4% FORMALIN INSTILLATION AND PURASTAT APPLICATION FOR RADIATION PROCTOPATHY

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Introduction Formalin therapy is an established method for the treatment of radiation proctopathy (RP). Emerging data suggests a potential role for Purastat application in the treatment of RP; however, no comparison to conventional treatment has been made to date. The aim of this study was to assess the safety and efficacy of Purastat for the treatment of RP compared to conventional treatment.

Methods Consecutive patients with RP referred between January 2018 and December 2019 were treated with either conventional formalin or Purastat, based on endoscopist preference. Patients symptoms were scored with the subjective, objective management analysis (SOMA) scale, and the endoscopic severity of RP was graded by Zincola score. These measures were taken pre-treatment and prior to any subsequently planned treatments if clinically warranted, typically at 6-week intervals up to a maximum of 4 sessions.

Results Of 17 patients (all male) referred for treatment, 11 patients underwent conventional Formalin instillation and 6 patients Purastat. Table 1 shows demographic and treatment outcomes. There was no statistical difference between the 2

groups in patient demographics, baseline symptom severity and Zincola score.

Post-treatment protocol SOMA score reduction was significantly greater in the formalin group v Purastat group (8 to 1 v 8.2 to 4, p=0.01 respectively), and Zincola score reduction (4–2 v 4–3, p= 0.04 respectively). There was 1 case of mild anaphylaxis with facial flushing with Formalin, which settled with observation.

Conclusions Formalin instillation is still a cheap and effective treatment of RP. Although Purastat has a beneficial adverse event profile, its limited effect in this small cohort does not yet warrant widespread usage.

Abstract P75 Table 1 Demographic and treatment outcomes

	Formalin	Purastat	р
			value
Age (mean ±SD)	72 (±14)	71 (±14)	0.76
Duration of symptoms (mean ± SD)	7.8 (±3)	7.4(±4)	0.45
Interval between radiotherapy and onset of	11 (±4)	11.5(±4)	0.42
symptoms (mean ± SD)			
Treatment session required (median, range)	2 (1–3)	3 (2-4)	0.07
SOMA score baseline (mean ± SD)	8 (± 3.1)	8.2 (±	0.57
		2.9)	
SOMA score reduction post Rx (mean)	-7	-4.2	0.01
Zincola score baseline (median, range)	4 (3-4)	4 (3-4)	0.89
Zincola score reduction post Rx (median)	-2	-1	0.04

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