	ct 057 Tab e genetic te		Character	ristics of SPS patients with
Gene	Mutation	WHO	Age at	Clinical outcome

Gene affected	Mutation	WHO SPS type	Age at diagnosis	Clinical outcome
RNF43	c.471 del G Pathogenic variant	II	68	Cascade genetic testing for at-risk relatives
MUTYH APC	c.1187G>A Pathogenic variant c.646-4T>G Uncertain variant	I	70	Cascade genetic testing for at-risk relatives
MUTYH	c.1187G>A Pathogenic variant	II	32	Cascade genetic testing for at-risk relatives
SMAD4	c.455- 2A>G Pathogenic variant	I	78	Upper GI endoscopic surveillance, HHT screening and cascade genetic testing tat-risk relatives
POLD1	c.946G>A Pathogenic variant	1	70	Cascade genetic testing for at-risk relatives
CHEK2	c.1427C>T Pathogenic variant	I	34	Annual PSA testing and cascade genetic testing for at-risk relatives
CHEK2	c.1100delC Pathogenic variant	I	68	Moderate risk breast screening and cascade genetic testing for at-risk relatives
MSH6	c.1054G>A Uncertain variant	1	30	No change
MSH6	c.2398G>C Uncertain variant	I	59	No change
MSH6		I	36	No change
MSH2	c.835C>G, Uncertain variant	I	37	No change
APC	c.3479C>A Uncertain variant	II	54	No change
APC	c.2486C>T Uncertain variant	1	38	No change
NTHL1	c.512C>T Uncertain variant	II	52	No change

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Neurogastroenterology

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IS THE LOW FODMAP DIET EFFECTIVE IN THE LONG TERM? THE LARGEST MULTICENTRE PROSPECTIVE STUDY

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Introduction The low FODMAP diet (LFD) has been demonstrated to be effective in managing the symptoms of irritable bowel syndrome (IBS) in the short term. However, data remains limited on the long-term effects of this dietary therapy. The aim of this study was to assess the long-term effect of the LFD on symptom management and adherence.

Methods Patients with IBS who had received LFD advice between 2012–2019 were prospectively recruited at 7 centres in the United Kingdom. Participants were invited to complete dietary questionnaires assessing the LFD at long term follow up (>6 months). Symptoms were assessed using a modified gastrointestinal symptom rating scale (0, none; 1, mild; 2, moderate; 3, severe).

Results 589 patients were approached, with 154 participants completing the study (76% female, mean age 51±15 years). The mean duration of follow up following initiation of the LFD was 42±28 months. A statistically significant improvement in abdominal pain (2.3±0.8 vs 1.2±0.9, p<0.001), abdominal bloating/distention (2.3±0.8 vs 1.4±1.0, p<0.001) and bowel urgency (2.0±1.1 vs 1.3±1.0, p<0.001) was noted following the LFD at long term versus baseline. 78% (n=120) of individuals reported following an adapted LFD at long term follow up. 60% (n=92) reported grains (wheat, rye, barley) as a trigger for their symptoms, with 64% (n=98) purchasing gluten or wheat free products in the long term.

Conclusion This is the largest study demonstrating the efficacy of the LFD in the long term for individuals with IBS. Adherence to an adapted LFD appears to be good in the long term, with the majority of individuals reporting grains as a trigger and purchasing gluten or wheat free products to manage their symptoms.

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MRI METHODS TO DEFINE COLONIC FUNCTION IN HEALTH AND CONSTIPATION

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Background RECLAIM is a multicentre study examining patients with functional constipation (FC) and IBS with constipation (IBS-C), along with healthy volunteers (HV) to correlate MRI findings with those from colonic manometry, and

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