Abstract P235 Table 1 Variability components in assessment of construct validity of assessment tools using Generalizability theory

Component	ER		RFA	
	Variance Component	% Variance	Variance Component	% Variance
Operators (Vo)	1.1 x10^{-17}	<0.1%	5.7 x10^{-14}	<0.1%
Cases (Vc:o)	0.282	45.0%	0.109	31.5%
Assessors (Va)	0.052	8.3%	0.031	9.0%
Assessors x operators (Vo:a)	0.055	8.7%	(*)	(*)
Unexplained (Vca:o)	0.239	38.0%	0.206	59.5%

(*) Unable to calculate due to model fitting problems

Results Data on a minimum of 45 videos per procedure were available for analysis. The mean (± standard deviation) competency scores were 3.4 (0.8) and 3.7 (0.6) for ER and RFA, respectively. The variability components for the analysis are detailed in table 1. Variation in scores between operators, assessors, and assessors across different operators was small accounting for <10% of the total variation suggesting good reliability. The majority of variance was explained by variation in cases or unexplained.

Conclusions The DOBES assessment tools for ER and RFA appear to have good content and construct validity and were produced based on evidence and expert opinion. The analysis shows agreement on scores between expert assessors which strengthens the case for its adoption into clinical practice.

P236 ODYNOPHAGIA – IS IT A SYMPTOM WORTHY OF URGENT GASTROSCOPY?

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Introduction Odynophagia is defined as a painful sensation in the oesophageal region that occurs in relation to swallowing. Endoscopy is the gold standard investigation for the diagnosis of mucosal lesions in the oesophagus. Unlike dysphagia, which has historically been an alarm symptom of oesophageal cancer, odynophagia does not form part of the suspected upper gastrointestinal (GI) cancer referral in the UK.

Methods We aimed to compare the cancer detection rate of odynophagia to the standard 'red flag' indications for gastroscopy. We performed a retrospective analysis of all patients who underwent upper GI endoscopy for upper GI 'two-week-wait' (2WW) criteria and compared this with odynophagia over a 14-year period (2005–2019) at a tertiary London-based hospital Trust. Data was obtained from the Unisoft Endoscopy reporting software. The findings at endoscopy for all indications were scrutinised.

Results During the study period, a malignant oesophageal tumour was identified in 21 patients (4%) endoscoped for odynophagia (total 530 patients endoscoped for odynophagia). This compared to Anaemia (17936 endoscoped and 94 tumours identified (0.5%)); Dysphagia (10954 endoscoped and 562 tumours identified (5%)); Nausea and vomiting (N&V) (6380 endoscoped and 64 tumour identified (1%)); Weight loss (6157 endoscoped and 119 tumours identified (2%)).

Abstract P236 Table 1 Indication for gastroscopy and percentage of cancers detected

Indication for gastroscopy	Number of endoscopies	Malignant tumour identified (%)
Odynophagia	530	4
Dysphagia	10954	5
Anaemia	17936	0.5
Nausea/Vomiting	6380	1
Weight loss	6157	2

Of the 530 patients who were endoscoped for odynophagia during the study period, 240 (45%) had oesophageal mucosal lesions: Reflux oesophagitis 193 (36%); Barrett's oesophagus (26 (5%); Malignant tumour 21 (4%). 32 (6%) had an oesophageal stricture.

Conclusion From this study, almost half of patients endoscoped for odynophagia have a positive endoscopic mucosal abnormality. 4% of patients endoscoped for odynophagia had oesophageal cancer compared with 5% of dysphagia patients. Anaemia (0.5%), weight loss (2%) and N&V (1%) all have inferior cancer pick up rates. We recommend that odynophagia be re-classified as an ´alarm symptom´ and those presenting with this significant symptom undergo an urgent upper GI endoscopy to define the exact mucosal abnormality and exclude oesophageal cancer.

P237 ACCURACY OF THE PPI TEST FOR REFLUX DISEASE DIAGNOSIS: COMPARISON WITH WIRELESS PH STUDY DATA

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Introduction Proton pump inhibitors (PPIs) are widely prescribed for gastro-oesophageal reflux disease (GORD) symptoms. The 'PPI test' is frequently used in lieu of formal testing. It has been shown previously that, with 48 hr pH monitoring, a 2-week PPI trial has limited accuracy for GERD diagnosis. However, it is possible that restricting to 48 hrs pH monitoring could 'miss' true GERD diagnoses, and a 2-week PPI trial may not be long enough for adequate symptom relief. We aimed to assess the accuracy of response to an 8-week PPI trial in diagnosis of GERD when using 96 hr pH monitoring as gold standard.

Methods We first established 96 hr normal values in a cohort of 47 asymptomatic healthy volunteers (age 28.2±8.9 years, 65.9% F). Upper limits of normal were defined as 95th percentile values for mean total acid exposure, worst day acid exposure, and mean DeMeester score. We studied 86 patients (age 48.4±13. years, 71.7% F) for testing of troublesome heartburn symptoms. All patients completed a RESQ-7 questionnaire off PPI, then had wireless pH capsule investigation for 96 hrs. Total acid exposure%, worst day acid exposure% and mean DeMeester score were recorded and compared to our normal values. After completion of the investigation all patients started PPI, at least standard dose, for 8 weeks. At 8 weeks the RESQ-7 was repeated. Percentage improvement in