significantly associated with FIT FOBT, screening procedure, male gender and endoscopist. Mean adenoma per procedure was 1.26 (range by endoscopist 0.95 – 2.01). ProxADR was significantly associated with age, FIT FOBT, screening procedure, male gender and endoscopist. AdvADR was significantly associated with age, FIT FOBT, screening procedure and endoscopist.

Conclusion Serrated polyp detection appears to be dependent on the endoscopist related factors. We found a four-fold difference in SPDR between the highest and lowest detectors and 4–5 fold difference in the mean number of serrated polyps per procedure, even in high performing bowel cancer screening accredited colonoscopists. SPDR was not associated with patient related factors and did not appear to be influenced by the use of high definition endoscopes. An SPDR of 31.9% is the highest reported detection rate by an endoscopist in a screening population and may inform future benchmark setting for SPDR KPI.

P31 HEMOSPRAY IN THE TREATMENT OF VARICEAL BLEEDS: OUTCOMES FROM THE INTERNATIONAL HEMOSPRAY REGISTRY

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Introduction Early treatment for variceal bleeding is recommended within 12 hours to improve outcomes. Endoscopic therapy in acute variceal bleeding can be technically difficult and not always successful and a bridge is sometimes required towards definitive therapy. Aim of this study was to look at outcomes in patients with upper gastrointestinal bleeds (UGIB's) secondary to varices.

Methods Data was collected prospectively (Jan'16- Nov'19) from 16 centres in the USA, UK, Germany, France and Spain. Hemospray was used during emergency endoscopy for a variceal UGIB as a monotherapy, dual therapy or rescue therapy once standard methods have failed. Haemostasis was defined as cessation of bleeding within 5 minutes.

Results 12 patients had Hemospray treatment following a variceal UGIB (10 male, 2 female). 10 oesophageal varices, 2 gastric varices. The median Rockall was 8 (IQR, 7–8). The median Blatchford was 15 (IQR, 13–17).

The immediate haemostasis rate was 75%. There were no re-bleeds. 4 patients were treated with Hemospray monotherapy, 3 with combination therapy and 5 with rescue therapy. Hemospray was always given after oesophageal banding/injection sclerotherapy in the combination/rescue therapy cohorts. 4/9 patients died within 7 days, 3 out of these 4 patients did not achieve initial haemostasis with Hemospray.

Outcomes in the Hemospray subgroups (table 1).

Abstract P31 Table 1

	Monotherapy (n=4)	Combination (n=3)	Rescue (n=5)
Median Blatchford score	15 (IQR, 14–16)	15 (IQR, 8–17)	12 (IQR, 11–14)
Median Rockall score	8 (IQR, 8–9)	8 (IQR, 6–9)	8 (IQR, 7–8)
Haemostasis (%)	3/4 (75%)	2/3 (66%)	4/5 (80%)
Rockall 7 & 8 predicted re-bleeding rate 25–40%			
Re-bleed	0	0	0
Rockall 8 predicted mortality rate: 40–45%			
7-day mortality (%)	1/3 (33%)	2/3 (66%)	1/3 (33%)

Conclusions The immediate haemostasis rate was 75% in variceal UGIBs following treatment with Hemospray. In this cohort there is no re-bleeding. This suggests that Hemospray may play a role as bridging therapy in variceal bleeds which are difficult to control, towards repeat definitive therapy.

P32 USE OF HEMOSPRAY IN THE TREATMENT OF LOWER GASTROINTESTINAL BLEEDS: OUTCOMES FROM THE HEMOSPRAY REGISTRY

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Introduction Lower Gastrointestinal bleeding (LGIB) accounts for 20% of GI bleeds, with significant mortality in the elderly and those with comorbidities. There is limited data on the use of Hemospray in LGIB's. The primary aim was to look at its safety and efficacy in the treatment of LGIB's.

Methods Data was prospectively collected on the use of Hemospray in LGIB's in 16 Centres in the UK, USA, Germany, France and Spain (January 2016 – November 2019). Hemospray was used as a monotherapy, combination therapy or rescue therapy. Haemostasis was defined as the cessation of bleeding within 5 minutes of Hemospray application.

Results 24 patients with LGIB's were recruited (16 male, 8 female). The cause of bleeding included malignancy (6/24,25%), post procedure (polypectomy/ESD)(5/24,21%), inflammation/angiodysplasia (7/24, 29%). The median lesion diameter was 20 mm (IQR, 25–50). 9/24 (38%) patients were on antiplatelets/anticoagulants.

Immediate haemostasis was achieved in 22/24 (92%) patients. 2/19 (11%) had a re-bleed within 7 days, 4/19 (21%) had a re-bleed within 30 days. 2/21 (10%) died within 30 days (all cause mortality). The two patients that failed treatment had surgery. In combination Hemospray was always used as a second or third modality. There was a 78% haemostasis rate in patients on anticoagulants/antiplatelets, 100% immediate haemostasis on patients on no anticoagulants.