1B COLORECTAL SURGERY

O27 EVALUATION OF PTGS2 EXPRESSION, PIK3CA MUTATION, ASPIRIN USE AND COLON CANCER SURVIVAL IN A POPULATION-BASED COHORT STUDY

RT Gray (1), MM Cantwell (2), HG Coleman (1), MB Loughrey (3,6), P Bankhead (3), S McQuaid (3,4), RF ONeill (1), K Arthur (3), V Bingham (3), C McGready (3), AT Gavin (5), CR Cardwell (1), BT Johnston (7), JA James (3,4,6), PW Hamilton (3), M Salto-Tellez (3,6), LJ Murray (1)
(1) Cancer Epidemiology and Health Services Research Group, Centre for Public Health (2) Nutrition and Metabolism Group, Institute for Global Food Security (3) Northern Ireland Molecular Pathology Laboratory, Centre for Cancer Research and Cell Biology (4) Northern Ireland Biobank, and (5) Northern Ireland Cancer Registry, Queens University Belfast, Belfast, Northern Ireland, UK; (6) Tissue Pathology (7) Department of Gastroenterology, Belfast Health and Social Care Trust, Belfast, Northern Ireland, UK

Introduction: The association between aspirin use and improved survival after colorectal cancer diagnosis may be more pronounced in tumours that have PIK3CA mutations or high PTGS2 expression but current evidence lacks consistency. In this population-based colon cancer cohort study the interaction between these biomarkers, low-dose aspirin use, and survival was assessed.

Method: The cohort consisted of 740 stage II/III colon cancer patients diagnosed between 2004-2008. Medication data were available at the time of diagnosis. Ethical approval was obtained through the Northern Ireland Biobank (13-0088).Tissue blocks were retrieved to determine immunohistochemical assessment of PTGS2 expression and the presence of PIK3CA mutations. Cox proportional hazards models were used to calculate hazard ratios (HR) and 95% confidence intervals (CI) for colorectal cancer-specific and overall survival.

Result: Low-dose aspirin use was associated with a significant reduction in cancer-specific survival compared to non-use (adjusted HR=0.69, 95% CI 0.47-0.98). This effect was more pronounced in tumours with high PTGS2 expression (PTGS2-high adjusted HR=0.55, 95% CI 0.32-0.96) compared to those with low PTGS2 expression (PTGS2-low adjusted HR=1.19, 95% CI 0.68-2.07, P for interaction=0.09). The aspirin by PTGS2 interaction was significant for overall survival (PTGS2-high adjusted HR=0.64, 95% CI 0.42-0.98 versus PTGS2-low adjusted HR=1.28, 95% CI 0.80-2.03, P for interaction=0.04). However, no interaction was observed between aspirin use and PIK3CA mutation status for colorectal cancer-specific or overall survival.

Conclusion: Low-dose aspirin use was associated with improved survival outcomes in this population-based cohort of colon cancer patients. This association differed according to PTGS2 expression but not PIK3CA mutation status.

Take-home message:
The association between low-dose aspirin use and improved colon cancer survival may be more pronounced in tumours with higher levels of PTGS2 expression. Clinical trials of adjuvant aspirin therapy in colorectal cancer should not be restricted to PIK3CA mutated tumours only (NCT02647099).

O28 CAN A SHORTCUT TO MEASURE SARCOPENIA PRE-OPERATIVELY BE AS ACCURATE AS A FULL RADIOLOGICAL ASSESSMENT?

T Dale MacLaine, SJ Howell, D Burke
University of Leeds

Introduction: Sarcopenia is age-related loss of muscle, and is associated with surgical outcomes. It may be assessed by total muscle mass (TM) at the L3 level on CT. Assessment of psoas area (PA) is widely used as an alternative simple measurement. In this abstract, we examine the concordance of the two measures.

Method: CT scans of patients presenting for colorectal cancer surgery between January and July 2015 were identified. PA and TM were measured by a single rater and sarcopenia assessed using accepted cut-off points. The prevalence of sarcopenia was compared against sex as a secondary outcome.

Result: 96 patients (mean age 69.5, +/- 11.9 yrs), (51 female), were identified. 84 patients had CT scans available for analysis. 71 patients were sarcopenic by the TM method, whereas 40 patients were sarcopenic by PA. There was poor concordance between the measures ($K=0.239$, $P<0.001$) yet strong correlation between the values of muscle mass measurements normalised by height (Pearson's $R=0.784$, $P<0.001$). Sarcopenia was 1.4 and 9.3 times more prevalent in females by the full and psoas cross-sectional areas respectively, (t test $P<0.001$ for both measures).

Conclusion: Our findings indicate that psoas-derived sarcopenia does not measure the same values as total muscle mass analysis, contradicting published work. Further refinement of psoas-derived sarcopenia is required before it can be implemented, with potentially population-specific cut-offs for sarcopenia.

Take-home message:
Sarcopenia is accepted to be a useful pre-operative predictor of surgical outcomes. Further work is needed to support the use of this assessment in clinical practice.

O29 EXPRESSION OF PEROXISOME PROLIFERATOR-ACTIVATED RECEPTORS (PPAR) IN HUMAN COLORECTAL CANCER (CRC)

E Theophilidou,C Neophytou, J Lund , SE O'Sullivan.
Division of Medical Sciences, School of Medicine Royal Derby Hospital, University of Nottingham
Introduction: PPARs are ligand-activated transcription factors belonging to the nuclear hormone receptor family and play critical role in metabolic and inflammatory conditions. PPAR isoforms (alpha, gamma and beta/delta) have been linked with CRC. The aim of the present research was to investigate the effects of each isoform in human CRC tissue and whether this correlates with serum levels of each isoform.
Method: 65 mucosal biopsies of CRC were obtained post elective resection with matching non-malignant mucosal tissue (>5cm from tumour margins). Corresponding serum samples were collected on the day of the operation. Serum samples from 45 healthy volunteers were used as controls. ELISA tests for the PPAR isoform expression were performed.
Result: PPARalpha expression levels were significantly reduced in CRC tissue compared to matched non-malignant tissue ($p=0.0385$). The decrease in tissue expression of PPAR alpha corresponded with a highly significant decrease of the cancer serum levels compared to healthy volunteers ($p=0.0006$). PPARgamma expression showed no difference in the overall analysis of tissue samples ($p=0.3243$) but showed a significant increase for Duke's B staging ($p=0.0015$). A highly significant increased was observed in the cancer serum expression of PPARgamma ($p<0.0001$). PPARbeta/delta expression was significantly lower in the Duke's C cancer samples ($p=0.0110$) but no statistical difference was found in the serum levels ($p=0.2637$).
Conclusion: Our results confirm the potential role of PPAR receptors in carcinogenesis, especially PPAR alpha and gamma. For PPARalpha, these changes are reflected by a similar alteration in serum levels, which may be useful as a biomarker in CRC.
Take-home message:
There is a marked difference between Peroxisome Proliferator-Activated Receptor (PPARs) levels of colorectal cancer (CRC) tissue and matched non malignant tissue, which correspond to serum levels. The results confirm the role of PPARs in carcinogenesis and their potential as CRC biomarkers.

O30 SURGICAL AND SURVIVAL OUTCOMES FOLLOWING PELVIC EXENTERATION FOR LOCALLY ADVANCED AND RECURRENT RECTAL CANCER: RESULTS FROM AN INTERNATIONAL COLLABORATION

ME Kelly, W Alberda, A Antoniou, J Beynon, SJ Bosman, M Brunner, JWA Burger, N Campain, M Coscia, A Colquhoun, I Daniels, J Davies, JH de Wilt, C Deutsch, D Dietz, N Fearnhead, F Frizelle, JL Garcia-Sabrido, L Gentilini, DA Harris, W Hohenberger, JT Jenkins, Y Kanemitsu, C Karen Kar Loen, MA Kelly, H Kim, C Kontovounisios, WL Law, GN Le, ML Lydrup, S Merkel, FD McDermott, J McGrath, GJ Nason, GAP Nieuwenhuijzen, JWA Northover, G Poggioli, RW Radwan, S Rasheed, HJT Rutten, PM Sagar, D Shida, N Smart, MJ Solomon, L Stocchi, P Tekkis, S Tsukamoto, W Turner, W Vasquez-Jimenez, C Verhoef, M Versteegen, Yip J, PR O'Connell, DC Winter
PelvEx Collaborative Group
Introduction: The management of rectal cancer has significantly changed in the last three decades. Despite neoadjuvant therapy, approximately 10% of patients have locally advanced rectal cancer (LARC) and another 10% will develop recurrent rectal cancer. We assessed the outcomes following pelvic exenteration for both locally advanced (LARC) and recurrent rectal cancer (RRC).
Method: Consecutive patients who underwent exenteration for LARC and RRC from twenty-six international colorectal units were identified. Primary endpoints were median and 5-year overall survival. Additionally, impact of neoadjuvant and nodal status was evaluated.
Result: A total of 2,475 patients underwent exenteration (1,291 LARC & 1,184 RRC). 78% of LARC and 49% of RRC received neoadjuvant treatment. Both cohorts had a 30-day mortality of <2%. 80% of LARC and 55% of RRC patients had a RO resection. R0 was the most important prognostic indicator for long-term overall survival (5-year OVS 49% for LARC vs. 36% for RRC (log-rank $p<0.001$)). Median survival for positive vs. negative node for LARC and RRC was 31 vs. 46 and 22 vs. 29 months respectively. Neoadjuvant was associated with improved survival for RRC but not for LARC. However, it was associated with a higher incidence of 30-day complications ($p=0.001$).
Conclusion: Global collaborative data show that exenterative surgery in specialist centres offers promising survival outcomes with acceptable morbidity and mortality. This supports centralization of exenterative surgery for locally advanced and recurrent rectal cancer. *LARC – Locally advanced rectal cancer RRC – Recurrent rectal cancer.
Take-home message:
This study supports centralization of exenterative surgery in specialist centres as it is associated with promising survival and surgical outcomes.

O31 SARCOPENIA AND FRAILTY PREDICT POSTOPERATIVE OUTCOMES FOLLOWING COLORECTAL RESECTION

I Balasubramanian, C Clancy, J Deasy, D McNamara, JP Burke
Department of Colorectal Surgery, Beaumont Hospital, Dublin, Ireland
Introduction: In an increasingly aging population, preoperative patient selection and accurate risk assessment is critical to reduce adverse outcomes. Frailty and sarcopenia are associated with higher rates of chronic disease, increased nosocomial infections and adverse outcomes. The aim of this study is

to use meta-analytical techniques to examine the effect of frailty and sarcopaenia on outcomes following elective colorectal resection.
Method: A comprehensive search for published studies examining the effect of frailty and sarcopaenia on postoperative outcomes following colorectal surgery was performed adhering to the PRISMA guidelines. Each study was reviewed and data was extracted. Random-effects models were used to combine data.
Result: 10 comparative studies describing outcomes in 1751 patients were indentified, 609 patients were frail/sarcopaenic. Frailty/sarcopenia were associated with increased postoperative complications (OR: 1.810, 95% CI: 1.108-2.958, p: 0.018) and overall longterm mortality (OR: 3.164, 95% CI: 1.470-6.810, p: 0.003) after elective colorectal resection. Frailty/sarcopenia were not significantly associated with anastomotic leak (OR: 1.031, 95% CI: 0.470-2.264, p: 0.939), increased length of hospital stay (2.247 days, 95% CI: -0.051-4.545, p: 0.055), male gender (OR: 1.284, 95% CI: 0.962-1.713, p: 0.090) or rectal cancer (OR: 1.284, 95% CI: 0.962-1.713, p: 0.090).
Conclusion: Patients who are frail or sarcopenic have an increased risk of postoperative complications and longterm mortality following colorectal resection. Future strategies to identify and prehabilitate this at risk cohort may improve postoperative outcomes.
Take-home message:
Sarcopenia and frailty predicts postoperative outcomes following colorectal resection.

O32 RADIOLOGICAL ASSESSMENT OF SARCOPENIA IN THE SURGICAL COLORECTAL CANCER PATIENTS

T Dale MacLaine, SJ Howell, D Burke
University of Leeds
Introduction: Sarcopenia can be assessed on CT scan and has been reported to be associated with adverse surgical outcomes. We examine the association between radiological sarcopenia and outcomes in colorectal surgery.
Method: Colorectal cancer patients having major colorectal surgery between January and July 2015 were identified. The total muscle area at the L3 level, normalised to height, was measured on pre-operative CT scans. Patients were classified as sarcopenic (Sp) and non-sarcopenic (NS), using accepted cut-offs. Length of stay (LoS), change of discharge location, change of care required, post-operative complications (Clavien-Dindo), 30-day re-admittance and mortality were collected from the patients' records.
Result: 96 patients (mean age 69.5, +/- 11.9 yrs), (51 female), were identified. 84 patients had a CT scan available for analysis. 71 patients were sarcopenic. Patients aged over 65 years had a greater prevalence of sarcopenia (t test $P<0.005$). There were 19 complications in Sp patients, compared to 5 in NS patients ($P=0.397$). Average difference in observed and clinically expected LoS was 3.6 in Sp patients and 10.7 in NS patients ($P=0.417$). 17 Sp patients had increased post-operative care than was expected, compared to the 6 NS patient, and 7 Sp and 1 NS patients were re-admitted within 30 days. Mortality was 2 in SP patients, and 0 in NS patients.
Conclusion: These preliminary data suggest that, in a larger population, sarcopenia may play a role in surgical outcome. In addition, the current cut-offs for the radiological diagnosis of sarcopenia may need revision for the colorectal cancer surgical population.
Take-home message:
Current accepted cut-off points for the radiological diagnosis of sarcopenia may not be accurate for a colorectal cancer surgical population.

O33 CHANGING REFERRAL PATTERNS AND COLORECTAL CANCER (CRC) DETECTION RATES OVER 10 YEARS IN A UK SPECIALIST CENTRE

E Velten, A McNair, T Cook
Gloucestershire Royal Hospital
Introduction: Suspected CRC referral guidelines aim to fast-track patients for specialist assessment, however, the long-term impact of such guidelines is unclear. This study compared referral rates, fulfilment of referral criteria and CRC detection over a 10 year interval.
Method: All fast-track referrals to a single UK CRC centre were identified prospectively over a 9- and 7-week period in 2007 and 2016 respectively. Referral reasons included: looser stools for 6 weeks and/or persistent rectal bleeding without anal symptoms; iron-deficiency anaemia (IDA) without an obvious cause (looser stools or IDA alone only for ages over 60); or a rectal or right-sided abdominal mass. Fulfilment of these criteria was assessed by a specialist colorectal surgeon, and CRC detection rates were recorded. Comparisons were made between the two time periods using descriptive statistics and Fisher's exact test.
Result: A total of 102 patients were referred in 2007 compared to 203 in 2016, equating to an average of 11/week and 29/week respectively. Fulfilment of referral criteria was similar in 2007 (63/102, 61.8%) and 2016 (136/203, 67.0%). CRC detection rates decreased from 12/102 (11.8%) to 12/203 patients (5.9%) in the time interval. Overall, CRC detection was significantly higher when patients fulfilled the referral criteria (22/199 (11%) versus 2/106 (2%), $p=0.003$).
Conclusion: Fast-track CRC referrals have increased and CRC detection rates have fallen between 2007 and 2016. Only two thirds of patients fulfilled fast-track criteria on specialist assessment. This has

implications for the allocation of limited specialist care resources. However, overall fast-track criteria fulfilment was associated with CRC detection.

Take-home message:

The number of fast-track referrals are increasing, causing a strain on limited resources, while the colorectal cancer detection rate is decreasing. This questions the effectiveness of the two-week wait system.

O34 A SYSTEMATIC REVIEW OF INTERVENTIONS TO PREVENT OR REDUCE POST-OPERATIVE ILEUS AFTER COLORECTAL SURGERY

SJ Chapman. A Pericleous, DG Jayne
Leeds Institute of Biomedical and Clinical Sciences, University of Leeds

Introduction: Post-operative ileus (POI) is a current research priority in colorectal surgery. Interventions to prevent or reduce POI are numerous, but their translation into clinical practice is poor and the incidence of POI remains high. We review previous interventions and propose directions for future research.

Method: Systematic searches of PubMed, EMBASE and Cochrane databases were performed by independent assessors between years 1990 and 2015. Published randomised controlled trials (RCT) testing interventions to prevent or reduce POI after colorectal surgery were eligible for inclusion. The outcomes of corresponding interventions were qualitatively analysed. Study quality was assessed using the Cochrane Tool for Assessing Risk of Bias. The ClinicalTrials.gov database was queried for ongoing and completed (but unpublished) trials. Data were analysed using simple statistics.

Result: A review of 3840 published studies identified 116 eligible RCTs, comprising pharmacological (n=72; 62.1%) and non- pharmacological (n=44; 37.9%) interventions. The most commonly tested interventions were early enteral nutrition (n=17), sham feeding (n=12) and intravenous lidocaine (n=12). The risk of bias across many studies was high. A further 39 completed but unpublished trials were identified via ClinicalTrials.gov, with a median of 18.5 months since completion (IQR 13.25-24).

Conclusion: Post-operative ileus remains an unmet clinical need. Current literature is limited by a high risk of bias in published studies, and unknown outcomes from unpublished studies. Mechanistic studies may improve the understanding of POI and better inform the design of future interventions.

Take-home message:

Post-operative ileus remains an unmet clinical need in colorectal surgery.

O35 DO PRE-TREATMENT SERUM LEVELS OF CEA AND CA19-9 PREDICT PROGNOSIS IN PATIENTS WITH COLORECTAL CANCER?

O Godsafe, R Hargest
Cardiff Medical School

Introduction: Carcinoembryonic antigen (CEA) and carbohydrate-antigen 19-9 (Ca19-9) are tumour markers used in diagnosis, prognosis and post-treatment monitoring of patients with colorectal cancer (CRC). Increasing levels of CEA and Ca19-9 have been associated with increased mortality and recurrence rate; yet no standard value is available to predict whether treatment is likely to be curative. The aim was to evaluate the prognostic value of pre-treatment CEA and Ca19-9, determine whether a set pre-treatment value can identify palliative patients early and play a more significant role in treatment-planning.

Method: A total of 520 patients diagnosed with colorectal-cancer between 2011 and 2013 were identified and retrospectively analysed. The data was obtained from the Colorectal Database and Clinical Portal. The data was collected on SPSS© and analysed.

Result: Raised CEA significantly correlated with higher overall mortality rates ($p<0.001$), and with poorer prognosis for the palliative group ($p<0.001$). CEA at presentation was significantly higher in the deceased group, irrespective of treatment intent ($p<0.001$). Elevated CEA and Ca19-9 increase risk of recurrence. Ca19-9 alone showed no significant correlation. DISCUSSION Presenting CEA levels showed greater prognostic significance than Ca19-9. Pre-treatment CEA was significantly higher in the deceased patients ($p<0.001$) as well as predicting increased mortality rates. Identifying patients with significantly elevated CEA levels could result in more appropriate treatment planning or prompt further pre-treatment diagnostic studies such as PET scan to look for occult metastases.

Take-home message:

Elevated levels of CEA and Ca19-9 are associated with increased mortality and recurrence rate; yet no standard value is available to predict whether treatment is likely to be curative. Identifying these patients with significantly elevated CEA or Ca19-9 levels could result in faster, more appropriate treatment planning or prompt further pre-treatment diagnostic studies making our care more specified and efficient.

O36 DOES MAGNETIC RESONANCE IMAGING OF THE RECTUM ACCURATELY PREDICT TUMOUR STAGE IN RECTAL CANCER?

RM Waldron (1), ME Kelly (1), C Kearney (1), BM Moloney (1), C Clancy (1), PA McCarthy (2), MR Joyce (1), MJ Kerin (1)
(1) Department of Surgery, Lambe Institute, NUI Galway (2) Department of Radiology, NUI Galway

Introduction: Rectal Cancer is a common malignancy worldwide, which despite recent advances in diagnostic technology, surgical interventions and adjuvant therapies continues to offer an augmented mortality rate particularly in Western countries.
Method: From a single-centre tertiary referral institution database, an analysis was performed of all patients who underwent rectal cancer resection with pre-operative rectal MRI between January 2009 and December 2012. MRI and histopathological reports were evaluated concordantly for key parameters including T-stage, N-stage, circumferential resection margin status, extramural vascular invasion status and tumour regression grade value.
Result: A total of 84 patients fulfilled the criteria with males comprising 67.9%(n=57). The median age was 66.1 years(range; 36.5–85.9 years). T1 tumours demonstrated concordance of 50% with all non-concordant cases being overstaged. T2 defined lesions on imaging being predominantly understaged with a positive predictive value of 35%. MRI defined T3 tumours had a positive predictive value of 78% with 11% understaged and 10% overstaged, while T4 lesions were overstaged in fifty percent of cases. 41 patients had a repeat MRI following neo-adjuvant treatment, which illustrated no significant difference in T-Stage relative to patients who underwent upfront surgery. MRI lymph node staging accurately predicted node negative disease in 82% of cases with uninvolved CRM in 92% of cases and a positive EMVI concordance between MRI and histology in 75% of patients.
Conclusion: We suggest that the introduction of standardized reporting system would significantly reduce variability in reporting of MRI rectum, assure consistent evaluation by potentially reducing inter-observer variability.
Take-home message:
MRI provides accurate pre-operative staging of rectal malignancies, however inconsistencies in reporting remain. We advocate that considering the introduction of a standardised rectal cancer MRI reporting system similar to that used in breast cancer (BIRADS), has the potential to reduce inter-observer variability and individual error.

O37 A POTENTIAL BIOMARKER TOWARDS PROGNOSTIC OPTIMIZATION FOR LARGE BOWEL MALIGNANCY

RM Waldron, ME Kelly, C Kearney, BM Moloney, C Clancy, MR Joyce, MJ Kerin
Department of Surgery, Lambe Institute, NUI Galway
Introduction: There are an ever increasing number of investigative modalities reported to delineate aggressiveness, prognosis or survival rate in patients having surgery for colorectal cancer. Systemic inflammation has been recognized to play an important role in cancer development and progression. There is a grey zone in which the TNM staging cannot correctly stratify patients in terms of the risk of mortality and the impact of the individual patients host response. In recent years, it has been postulated that neutrophil-lymphocyte ratio (NLR) as a good indicator of tumour grading and long-term survival across several visceral neoplasms.
Method: 507 patients who underwent a colorectal resection for malignancy over a 5-year period (January 2009-December 2013) were evaluated. Demographics, type of surgical intervention, biochemistry, tumour grading and staging and five-year survival were noted.
Result: A total of 507 patients were included in the study of which 58.4%(n=296) were male. Median (range) age was 70 (27-95) years. There was no statistical difference in NLR across tumour staging and lymph node positivity. Median NLR was statistically different regarding elective vs. emergency resection (3.5 vs. 6.4, $p<0.0001$,Mann Whitney). NLR was also associated with 5-year survival. Median NLR was 3.2 in patients alive vs. 4.6 in those dead at 5-years ($p<0.0001$,Mann Whitney). A receiver operating characteristic (ROC) cutoff value of >3.61 was associated with higher 5-year mortality rate (sensitivity 65%, specificity 58% $p<0.001$) CONCLUSION: We highlight that NLR has valuable clinical utility as a diagnostic adjunct in predicting overall survival in colorectal cancer.
Take-home message:
NLR has valuable clinical utility as a predictor of overall survival in colorectal cancer. NLR has shown to be of use, in particular in conjunction with commonly used tumour staging systems to predict five year survival by providing an estimate of the individual patients systemic inflammatory response to the malignant insult.

O38 WHAT DO PATIENTS WANT TO KNOW ABOUT SURGERY FOR ULCERATIVE COLITIS? AN ANALYSIS OF FREQUENTLY ACCESSED YOUTUBE VIDEOS

DM Baker (1), J Marshall (1), MJ Lee (1,2), GL Jones(3), SR Brown (2), AJ Lobo (4)
University of Sheffield (1), Department of General Surgery, Sheffield Teaching Hospitals (2), Department of Psychology, Leeds Beckett University (3), Department of Gastroenterology, Sheffield Teaching Hospitals (4)
Introduction: With the range of health information online, assessing the resources that patients access may help to improve the format and content of pre-operative information. The aim of this study was to assess the content of the most viewed videos on YouTube related to surgery for UC.
Method: YouTube™ was searched for videos containing information on surgery for UC. The 50 most viewed videos were identified and analysed. The main theme of each video was noted and video comments were analysed to assess user response. Upload source was classified as patient, HCP or industry.

Result: Thirty videos were uploaded by patients, 15 by industry and 5 by HCPs. Seventeen videos (34%) discussed life after surgery. Sixteen of these were uploaded by patients who had previously undergone surgery for UC. No videos of this theme were uploaded by HCPs. Ten videos (20%) described a number of different operations. Other themes identified were alternative health therapies (12%), colonoscopy (12%), life with UC (8%), miscellaneous (8%) and education for HCPs (6%). Patient uploaded videos had significantly more comments than HCP and industry videos (p=0.0079), with 28% of comments on patient videos being users requesting further information.
Conclusion: Understanding the sequelae of surgery is most important to pre-operative patients. Currently videos from HCPs are lacking, so desired information is being sought from patients with previous surgical experience. HCPs must participate in the production of videos to address common pre-operative concerns to ensure clinically accurate information is distributed. UC= Ulcerative Colitis HCP= Health Care Professional
Take-home message:
Post-operative life is a concern for patients considering surgery for ulcerative colitis. HCPs could engage with new media to provide such information.