randomized controlled trial (RCT) to evaluate the efficacy and perceptions of a psychological intervention (PsI) aimed at reducing anxiety levels in adult patients undergoing first-time colonoscopy under conscious sedation. Methods: We performed a mixed methods, double-blinded RCT of adult patients who underwent first-time colonoscopy. Eligible patients were randomized to a PsI vs. sham procedure. The primary outcome was feasibility, with success defined as a recruitment rate of >50%. All participants had an anxiety assessment before and after the intervention using State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA) score. Pre and post intervention scores were compared within and between groups. Secondary outcomes included the amount of sedation, patients' comfort, cecal intubation rate and willingness to repeat the colonoscopy. Follow-up interviews with a sample of participants and focus groups with clinical staff provided insight into perceptions of the PsI and study process. Results: A total of 130 were recruited from 180 eligible participants (72%). Eighty were randomized and completed the study. The reasons for recruited patients not being randomized were mainly administrative and related to flow in endoscopy (e.g. changes in schedule). Baseline characteristics were similar among groups (Table 1). In the PsI group, pre and post median STICSA scores were 29 and 24 ($p<0.001$), respectively. In the sham group, pre and post median scores were 31 and 25 ($p<0.001$), respectively. There was no significant difference between the groups in all other secondary outcomes (Table 2). Although not statistically significant, the control group seemed to have an increased number of patients unwilling to repeat colonoscopy and lower cecal intubation rates. Findings from follow-up interviews with participants (n=13), including the PsI group (n=8), suggested that 100% of participants perceived the PsI as beneficial and would recommend it to others. Within two focus groups, staff recommended further engagement activities and communication between researchers and staff to facilitate the study process in the future. Conclusion: While it was feasible to recruit patients, there were certain administrative challenges affecting study completion rates. Both groups improved their anxiety scores but there was no significant difference between treatment arms. Yet, participants receiving the PsI perceived a unique benefit to the relaxation exercises. Both findings are key to adjust future study design (e.g. adding a third arm that receives usual care).

Table 1. Baseline characteristics of study participants

	Intervention n = 39	Sham n = 41
Age, mean (SD), year	45 (14)	47(16)
Gender, n (%)	Female = 26 (66)	Female = 23(56)
Pre STICSA (IQR), median	29 (25- 40)	31 (26- 40)

Abbreviations: STICSA: State-Trait Inventory for Cognitive and Somatic Anxiety

Table 2. Study secondary outcomes

	Intervention n= 39	Sham n=41	p value[1]
Post STICSA score, median (IQR)	24 (22-29)	25 (24-35)	0.08
Sedatives Doses			
Midazolam, mean (SD), mg	2.23 (1.40)	2.36 (1.09)	0.63
Fentanyl, mean (SD), mcg	52.56 (27.38)	55.49 (24.05)	0.61
NAPCOMS[2,3], mean (SD)	3.00 (2.07)	3.62 (1.94)	0.19
Moderate-severe discomfort, n (%)	9 (24%)	11 (27%)	0.75
Incomplete colonoscopy, n (%)	1 (2.5)	5 (12)	0.20
Unwilling to repeat colonoscopy[4], n (%)	0 (0)	3 (7.5)	0.24

Abbreviations: STICSA: State-Trait Inventory for Cognitive and Somatic Anxiety

1. Categorical variables were compared using the Fisher's exact test. Continuous variables were compared using Student t-test (normally distributed) or Wilcoxon Rank Sum test (non-normally distributed).
2. Nurse-assessed Patient Comfort Score
3. There are missing data for NAPCOMS. Intervention n= 37 while for Sham n=40.
4. There are missing data. Intervention n= 37 while for Sham n=40.

Tu1154

ENDOCUFF-ASSISTED COLONOSCOPY IMPROVES POLYP DETECTION RATE COMPARED TO CONVENTIONAL COLONOSCOPY

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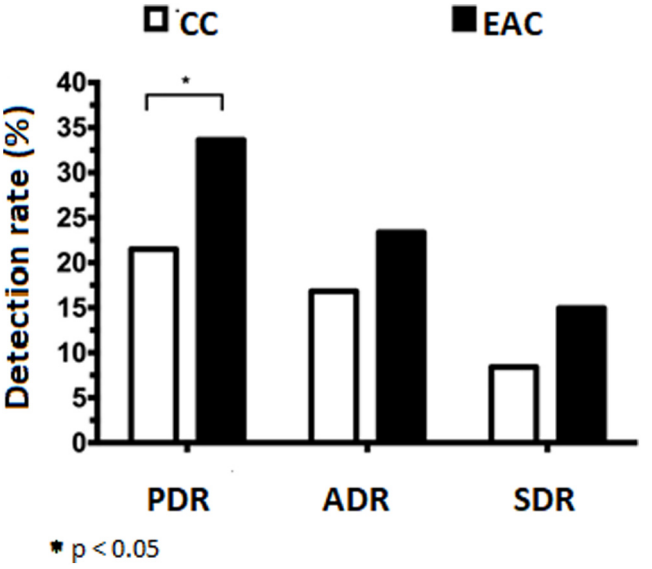
Background: Although colonoscopy has been the preferred modality for both screening and prevention of colorectal cancer, it remains an imperfect tool as it may fail to detect polyps and cancers. Among other reasons, this can occur due to poor visualization behind folds and flexures of the mucosa. To overcome these limitations, the endocuff is a plastic device with flexible projections that is mounted on the tip of the scope that promises improved colonic mucosa inspection. Aim: We aimed to compare the polyp detection rate (PDR), adenoma detection rate (ADR) and serrated polyp detection rate (SDR) among endocuff-assisted colonoscopy (EAC) and conventional colonoscopy (CC). Methods: This was a retrospective, single-center study done at an academic endoscopy unit in Chile. We compared performance between EAC and CC in terms or PDR, ADR, and SDR. All colonoscopies were done by a unique expert endoscopist. Consecutive EACs were performed to every adult outpatient admitted for an elective colonoscopy between July and August 2019. We gathered 107 eligible patients for the EAC group that were retrospectively paired by sex and age with 107 patients who underwent CC between January to June 2019. The colonoscopes used in this study were Olympus scopes CFH180L/1 adult scope, which used the ARV120 (Green) Endocuff Vision model (Arc Medical Design, Leeds, UK). Information was recorded, including bowel preparation quality of the colonoscopy, size, location, and histology of every polyp detected. PDR, ADR, and SDR were determined for each group and compared; adjustment was made for potential confounders such as age, sex, cigarette smoking, family history of CCR and procedural setting. PDR, ADR, and SDR were compared by different risk factors through X^2 test and multivariable logistic regression. Results: A total of 214 colonoscopies were reviewed. Baseline variables were similar in both groups (n=107 both groups, women 68%, mean age 57.9 years). PDR was significantly higher in the EAC group (PDR 33.6% vs 21.5%, $p<0.05$). Both ADR and SDR were also higher in the EAC group but did not reach statistical significance (ADR 23.36% vs 16.82%, $p=0.15$; SDR 15% vs 8.4%, $p=0.10$). EAC detected a higher proportion of patients with polyps (Odds ratio [OR] =1.89, 95%CI [1.02–3.50], $p<0.05$) and remained significant after adjustment for patient characteristics and risk factors (adjusted odds ratio [aOR]=2.11, 95%CI [1.07–4.15], $p<0.05$). There were no adverse events related to the procedures. Conclusions: The use of the EAC improves significantly PDR compared to CC. Although ADR and SDR were also higher in the EAC group, these findings did not reach statistical significance. As an additional observation, there were no endocuff-related adverse events and EAC was non-inferior to CC in other markers of comfort and procedure time.



Detecion Rates (%) . PDR, ADR, and SDR in EAC and CC.

Tu1155

PREDICTORS OF INDEX GASTROINTESTINAL BLEED IN LEFT VENTRICULAR ASSIST DEVICE (LVAD) PATIENTS

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Background: LVADs are increasingly used for mechanical support of end-stage heart failure. Gastrointestinal bleeding (GIB) represents significant morbidity in LVAD patients, with bleeding rates up to 30% at 5 years. We performed a comprehensive evaluation of predictors for index GIB in LVAD patients with a goal to risk stratify patients and help guide informed consent pre-LVAD implantation. Methods: A retrospective chart review on all LVAD patients at our institution from 01/01/2006 to 10/31/2016 was completed, with IRB approval. Data collected included demographics (age, sex, BMI, insurance type, smoking status), history of GIB, LVAD parameters (flow, speed, power, pulsatility index), duration of LVAD, LVAD device type, heart failure etiology, LVAD intent (bridge to transplant vs. destination therapy), echocardiogram