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whether IMP3-induced cell death was dependent from MMP/AIF activation pathway, human CRC cells were incubated with AIF inhibitor N-acetyl-L-cysteine(NAC). No difference in cell death was observed in CRC cells incubated with IMP3 siRNA in presence of NAC.

**Conclusions:** Our data have provided novel insights into the interactions of IMP3 with Bcl antiapoptotic family members that regulate the mitochondrial/AIF programmed cell death pathway in CRC cells.

**T.07.5**

**BODY MASS INDEX AFFECTS HIGH-RESOLUTION ANORECTAL MANOMETRY MEASUREMENTS IN ASYMPTOMATIC SUBJECTS**

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**Background and aim:** High-resolution manometry is used to measure rectoanal pressures and sensitivity in defecatory disorders. Previous data indicate that age and gender may affect anal pressures in asymptomatic subjects, likely indicating that demographic features must be considered when providing referral normal values. Conversely, BMI was proven to have a relatively modest effects on rectoanal functions in a small Asian population. The present study aimed to evaluate the effect of demographic features on rectoanal pressures and sensitivity in a population of asymptomatic controls.

**Materials and methods:** Sixty-one asymptomatic subjects (38 males, Age 60±13 years, BMI 25±2) with normal colonoscopy were studied. All patients underwent an HR-anorectal manometry, after preparation with a rectal enema. Resting anal sphincter pressure, anal pressure during the voluntary contraction effort of the anus/pelvic floor (squeeze) and anal pressure changes during simulated defecation (push) were respectively evaluated; each session was done in triplicate. First sensation, urge to defecate and discomfort sensation were also assessed by a 10-ml stepwise inflation of a 600 ml balloon. Data were analyzed by dividing subjects according to WHO BMI category in overweight vs. normalweight (n=32 and 29, respectively, with a BMI cutoff >25) and expressed as mean±SD.

**Results:** Age (59±13 vs 60±13 years) and gender distribution (21/32 vs 17/29 males) were similar in both the groups (all p=NS). No significant differences between normal and overweight subjects were observed in the resting, push and squeeze pressure (94±31 vs 95±28, 90±38 vs 87±29 and 211±70 vs 240±90 mmHg, respectively; all p =NS). As far as distension-induced perceptions, overweight subjects showed similar sensitivity thresholds for first and discomfort sensations (39±30 vs. 32±17 and 191±90 vs 158±57 ml, respectively), while urgency to defecate was significantly higher than normalweight subjects (143±70 vs. 100±40 ml, p<0.05).

**Conclusions:** Our findings revealed that in a homogeneous population of asymptomatic subjects demographic features had a minor effect on rectoanal pressure profiles as assessed by high resolution anorectal manometry. Conversely, BMI may affect rectal sensitivity, with overweight subjects showing higher thresholds of defecation urgency than normalweight individuals. Our data support the concept that body mass index should be considered when providing normal referral values in the setting of high-resolution anorectal manometry labs.

**T.07.6**

**PATIENTS REFERRED TO ANORECTAL MANOMETRY BEFORE AND DURING THE COVID EPIDEMIC: ARE THEY DIFFERENT?**

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**Background and aim:** The SARS-CoV 2 pandemic has provoked drastic lifestyle changes and distracted the attention of doctors and patients towards “urgent” diseases. Consequently, it could have influenced also the features of the patients referred to a “non-urgent” diagnostic test such as anorectal manometry (ARM).

The aim of this study was to evaluate possible differences in the features of patients undergoing ARM before and during the pandemic.

**Materials and methods:** Demographic and clinical information was collected in 388 patients (m 99, f 289; mean age:53 ± 16.4 years) undergoing ARM according to the London Protocol from July to December 2019 (154 pts.), 2020 (101 pts.), 2021 (133 pts.). Information was collected using also dedicated scales: HADS, PAC-SYM, ODS, SF-12 and Wexner.

**Results:** The indications for ARM were chronic constipation, fecal incontinence, chronic anal pain, evaluation after rehabilitation or before surgery. No difference was detected regarding indications and demographic features in the three different periods apart from the following:

- duration of symptoms: in 2019, there was a lower prevalence of long-lasting symptomatology (>10 years) compared to 2020 and 2021 (p = 0.029).
- ODS score (constipated patients): mean ODS score was lower in 2020 (11.22 ± 4.37) and in 2021 (10.89 ± 4.64) than in 2019 (14.82 ± 5.09) (p < 0.01).
- HADS score mean values were always below the cutoff for diagnosing anxiety or depression. However, the mean score of depression was lower in 2020 (6.64 ± 3.24) and 2021 (5.16 ± 4.62) than in 2019 (7.58 ± 4.84) (p < 0.05). Manometric diagnostic conclusions were not significantly different in the three periods.

**Conclusions:** The features of patients referred to a manometric evaluation were quite similar before and after the pandemic. The pandemic could have partially selected the patients with a long-lasting symptomatology, more prevalent in 2020 and in 2021. The slight differences we detected in the ODS and HADS scores may be related to lifestyle changes imposed by the forced lockdown, which resulted in changes in bowel habits. Our results are different from those reported in the literature regarding a worsening of functional disorders during pandemic. ARM is a niche exam and cannot be considered a mirror of functional disorders because they are very prevalent in the general population, while there are very few patients who undergo ARM. A multicenter study that can validate our conclusions is desirable.

**T.07.7**

**INCREASED NUMBER OF COLORECTAL INTERVAL CANCERS IN LYNCH SYNDROME AFTER THE SARS-COV-2 PANDEMIC. A SURVEY-BASED STUDY**

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Background and aim: Hereditary colorectal cancer syndromes require timely endoscopic surveillance. This study assessed the impact of SARS-CoV-2 on clinical outcomes, including interval cancers (cancers diagnosed in the time between two scheduled/delayed surveillance examinations). As a secondary aim, it also evaluated the approach of Italian gastroenterologists to the management of such patients.

Materials and methods: All members affiliated with the leading gastroenterology Italian societies (AIGO, SIED, and SIGE) received an online questionnaire. Data collection occurred between March 8, 2021, and May 3, 2021.

Results: One hundred and twenty-one clinicians from 96 Italian hospitals answered, not necessarily experts in the field (males: 73, 60.3%; average clinical experience: 20.13±11.69 years). Many collected family history for genetic risk assessment (74.4%), but only 14.0% used online predictive software. 65.6% discussed cases in multidisciplinary units. Genetic analysis was available to most centers, but only a few hospitals offered dedicated endoscopy (19.0%), outpatient clinics (33.9%), or surgeries (23.1%). Since the start of the SARS-CoV-2 pandemic, clinicians noticed a reduction in the number of patients with hereditary colorectal cancer seen at follow-up. The number of clinicians with a high volume of patients decreased (from 38.8% to 28.1%). Almost half of the clinicians (45.5%) reported a delay in the surveillance (median: 4-12 months). Ultimately, 30.6% detected one interval colorectal cancer or more in at least one of their patients. 8.1% reported up to five interval cancers.

Conclusions: The SARS-CoV-2 pandemic directly affected the surveillance of hereditary colorectal cancer syndromes in Italy. The worst repercussion was the reported increase in interval cancers during the pandemic. This result was likely due to delays in their endoscopy surveillance. Surveillance should resume, to avoid the possible long-term consequences of its interruption, especially for hereditary colorectal cancer syndromes.

T.07.9
EFFECT OF METRONIDAZOLE RESISTANCE ON HELICOBACTER PYLORI ERADICATION REGIMENS

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Background and aim: According to guidelines, in our geographic area, characterized by a clarithromycin resistance rate >15%, bismuth containing quadruple therapy (BQT) or concomitant therapy (CT) should be used in first line. Both regimens contain metronidazole, however the effect of metronidazole resistance on CT and BQT has not been fully elucidated yet. We aimed to investigate whether metronidazole resistance may impact on eradication rates of CT/BQT in H. pylori naive patients.

Materials and methods: We prospectively recruited patients with H. pylori infection in the period January 2020-December 2021. Recruited patients received either CT or BQT, both lasting 10 days. Before therapy, patients collected a fecal sample using the THD fecal test device. H. pylori DNA was extracted and, by means of real time polymerase chain reaction (RT-PCR), mutations in rdxA/frxA gene were investigated for metronidazole resistance. Moreover,