Braintree Laboratories) patients followed a split dose regimen where they took one 6 ounce dose of OSS and water the evening before colonoscopy and a second dose the next morning at least 3 hours before their examination. Colonoscopies were performed by investigators blinded to treatment assignment. Overall cleansing was graded using a 4-point scale (1=poor; 2=fair; 3=good; 4=excellent) where scores of 3 or 4 were considered to be “successful”. Residual stool and fluid were qualitatively assessed for each colon segment as “absent”, “small”, “moderate”, or “excess”.

Results: 130 patients, average age 57 years, took study preparation: 63 to OSS and 67 to PEG. Patients were more likely to complete OSS than PEG (100% vs. 91%; p=0.03). 98.4% of OSS patients had successful preparations versus 89.6% for PEG (p=0.03). 71.4% of OSS preparations were scored as “excellent” vs. 34.3% of PEG (p<0.001). Substantial differences between the preparations for residual stool and fluid were also observed as shown in the table. There were no significant differences in safety or tolerability between the preparations.

Conclusion: Oral sulfate solution administered according to a split dose regimen provides superior cleansing to a standard 4L PEG and electrolyte preparation. OSS resulted in substantially reduced residual stool and fluid in most colon segments, particularly in the right colon.

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Colonoscopic Findings in a True Screening Program for Colorectal Cancer (Without Previous Fecal Occult Blood Testing): The First 500 Procedures

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Purpose: Screening for colorectal cancer in average-risk population was shown to decrease its incidence and mortality. However, best screening method in this setting has been under considerable debate. Here we present the first results of a colonoscopy-based pilot screening program for colorectal cancer in a north region of Portugal.

Methods: The first 500 subjects were screened between 2007 and 2008. The target population included asymptomatic average risk (without family history) population of men and women aged 50-74 years. Screening consisted of left colonoscopy or, whenever possible, complete colonoscopy (without previous preparation). Colonoscopies were performed by investigators blinded to treatment assignment.

Results: To date, 500 patients (mean age = 61.2±8.3 years) have been included in the study. The overall prevalence of colorectal diverticulosis was 30.5%, with almost equal distribution by gender (prevalence=31.2% in males and 29.8% in females). The diverticula were left-sided in 77.5% of patients, right-sided in 4.5% of patients, and diffuse (both left and right-sided) in 18.0% of patients. On multivariate analysis using backward stepwise logistic regression, alcohol consumption (p=0.001, OR=2.33 (1.39-3.89)), intake of vitamins/antioxidants (p=0.013, OR=1.90 (1.15-3.15)), increasing age (p=0.001, OR=1.73 (1.25-2.38)), and consumption of poultry (p=0.031, OR=1.49 (1.04-2.05)) were all significant risk factors for the development of colonic diverticulosis.

Conclusion: The prevalence and site distribution of colonic diverticulosis in the asymptomatic Lebanese population is commensurate with the numbers reported from “westernized” nations, with a relatively high prevalence of predominantly left-sided diverticulosis. As was found in most studies, there is a significant increase in the prevalence of colonic diverticular disease with increasing age. In addition, alcohol consumption, intake of vitamins/antioxidants, and consumption of poultry were found to be significant independent risk factors for the development of colonic diverticulosis.

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Efficacy of Chronic Immunosuppression on Long Term Oncologic Outcomes for Colorectal Cancer Patients Undergoing Surgery

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Purpose: The effects of chronic immunosuppression (IS) on long term oncologic outcomes for patients who undergo surgery for colorectal cancer are not known. We investigate whether IS affects these outcomes.