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OC-059 LATE ONSET BOWEL DYSFUNCTION AFTER PELVIC RADIOTHERAPY: A NATIONAL SURVEY OF CURRENT PRACTICE AND OPINIONS OF CLINICAL ONCOLOGISTS

doi:10.1136/gut.2011.239301.59

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Introduction 17,000 patients receive treatment with radical pelvic radiotherapy annually in the UK. Up to 50% of patients will develop bowel symptoms which affect quality of life. Services for this patient group are underdeveloped. Barriers to good clinical care include poor patient reporting, poor clinician recognition and a lack of established routes of referral. The National Cancer Survivorship Initiative (2007) has identified access to specialist medical care for those with complications that occur after cancer as one of the four key needs of cancer survivors. It is in this context that we aimed to determine the current practice of clinical oncologists in the UK.

Methods A questionnaire was developed and sent to the 314 clinical oncologists in the UK who treat pelvic malignancies up to a maximum of three times by post.

Results 190 (61%) responses were received. 76% of oncologists screen for GI dysfunction after pelvic radiotherapy. 85% screen for symptoms through history taking with only 11% using formal screening questionnaires. Clinical oncologists view toxicity as a significant problem, with 64% estimating that up to 24% patients have bowel symptoms at 1 year. 71% oncologists refer <50% of their symptomatic patients, with 48% referring <10%. These referrals are sent to a gastroenterologist from 31% of oncologists and to a GI surgeon from 23%, with 33% referring to either speciality. 58% do not have access to a gastroenterologist or GI surgeon with a specialist

interest in their area. 65% of oncologists think a service is required specifically for patients with bowel dysfunction after pelvic radiotherapy, but 52% rate the current service in their area as inadequate. Oncologists state an ideal service would be gastroenterology-lead, multidisciplinary and accessible. It would have a strong research and education component. The current service was described as patchy, non-standardised, inconsistent and nihilistic.

Conclusion Whilst British oncologists recognise bowel dysfunction after pelvic radiotherapy as a significant problem, they refer only a minority of patients for specialist evaluation. This may reflect the lack of clear routes of referral and access to GI expertise. The estimated proportion of patients affected was lower than that reported in the literature, which may reflect the lack of robust systems in routine practice to detect significant symptoms. The views expressed clearly highlight the need for a dedicated gastroenterology-lead multidisciplinary service to address the imbalance between this established unmet need and current service provision.

Competing interests None.

Keywords gastrointestinal symptoms, late toxicity, national survey, pelvic cancer, radiotherapy.