

MDT referral (asterisk). The case with incomplete excision of HGD was offered classical surgery. Histopathological examination of margins was not possible in 22 cases due to piecemeal excision. All patients entered an endoscopic surveillance programme.

Conclusion The majority of the referrals to the SERC MDT are for benign lesions and we would recommend all suspicious lesions are referred in the first instance. Rates of complete excision of benign lesions can be improved. TEMS has a significantly higher complete excision rate compared to EMR. Long-term follow-up of patients with incomplete excision will be of interest.

Abstract PWE-070 Table 1 Outcomes following LE for adenomas

	N (%)	Excision complete (%)	Excision incomplete (%)	Unable to assess (%)
LGD	29 (58)	10 (34)	4* (14)	14 (48)
HGD	21 (42)	12 (57)	1 (5)	8 (38)
TEMS	19	14 (74)	1 (5)	4 (21)
EMR	16	2 (13)	0 (0)	14 (87)
TART	10	7 (70)	2 (20)	1 (10)

HGD, High grade dysplasia; LGD, Low grade dysplasia.

Competing interests None declared.

PWE-071 THE MANAGEMENT OF SMALL EARLY RECTAL CANCERS—NETWORK MDT RESULTS

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Introduction A regional Small and Early Rectal Cancer (SERC) MDT was established in 2008 with input from Gastroenterology, TEMS service, pathologists, oncologists, cancer specialist nurses and surgeons. All patients with stage 1 rectal cancer are referred, ensuring cases suitable for local excision (LE) are managed by teams with appropriate expertise in line with NICE guidance and peer review measures for colorectal cancer.^{1,2} We aimed to review the outcome of patients managed by the MDT focusing on adequacy of treatment according to histology, follow-up and classical surgery.

Methods Observational study of the SERC MDT database.

Results The SERC MDT processed 137 referrals (62 f: 75 m. Median age 77 (range 36–90)). There were 48 malignant cases. Of 74 local excision (LE) procedures, 24 were performed for malignancy (see Abstract PWE-071 table 1 below for outcomes). Classical surgery was advised for nine patients. The stoma averse or surgically high-risk patients were offered direct radiotherapy (n=16). There were 14 attempted LE's prior to MDT referral. All were malignant and only

Abstract PWE-071 Table 1 Outcomes following local excision for malignancies

LE for malignancy	T1	T2	
24	21	3	
Kikuchi grading			
SM1	7		
SM2	7		
SM3	7		
Resection margins			
R0	11	R0	0
R1	9	R1	3

three were completely excised. Incompletely excised lesions were referred for classical surgery or radiotherapy.

Conclusion This regional SERC MDT has demonstrated the successful implementation and functioning of the early rectal cancer MDT model. All small rectal lesions should be referred to MDT prior to attempt at LE, thus allowing for accurate staging and appropriate pre-operative planning. R0 resection rates need improvement.

Competing interests None declared.

REFERENCES

1. Guidance on Cancer Services—Improving Outcomes in Colorectal Cancer: Manual Update. NICE, 2001.
2. Case Study: Implementing Early Rectal Cancer MDTs in Secondary Care. November 2011.

PWE-072

CURRENT ROLE OF RADIOLOGY AS THE FIRST INVESTIGATION IN THE ENGLISH BOWEL CANCER SCREENING PROGRAMME (BCSP)

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Introduction The current BCSP pathway recommends radiological examination of the colon for people with a positive faecal occult blood test who are unable to undergo colonoscopy. The proportion of people undergoing radiological examination and polyp/cancer yield is unknown.

Methods All patients undergoing lower gastrointestinal investigation following a positive faecal occult blood test within the English national Bowel Cancer Screening Programme (BCSP) in the first 4 years of the programme (August 2006–July 2010) were identified. The number, percentage, demographics and co-morbidity (as defined by ASA grade) of people having CT colonography, barium enema, and plain abdominal CT as the first investigation were recorded and variability between centres was assessed. Use of radiology and yield of cancer and high risk polyps were also recorded, and compared to colonoscopy. Outliers were determined using Tukey limit methods.

Results Use of radiological tests as a first line investigation increased steadily with age from 0.99% in those aged <60 years to 6.04% in those aged >74 years. Radiological tests were used in more women than men (2.65% vs 2.35%, p<0.01). Radiological investigation increased with co-morbidity from 1.94% in people graded ASA 1 to 38.36% in ASA 4 (p<0.001). Cancer and high risk polyp detection rates for all first-line investigations are shown below. Detection rates for radiological tests were lower in this older, co-morbid sub-population than found for colonoscopy. There was considerable variation in the use of radiology between centres (0.3% to 9.1%), not related to age or co-morbidity. Two centres had a very low percentage of people having radiology tests and three very high.

Conclusion The number of people having radiology tests as an alternative to colonoscopy in the BCSP is highly variable across England but is associated with increasing age and co-morbidity. Cancer and high risk polyp detection rates appear lower in this sub-population compared to colonoscopy yield. Accuracy of radiology

Abstract PWE-072 Table 1

	Colonoscopy	Barium enema	CT colonography	Abdominal CT
Number	94 135	253	1770	358
Cancer (%)	9.26	3.56	5.03	4.19
High risk polyps (%)	9.57	2.77	4.75	1.12