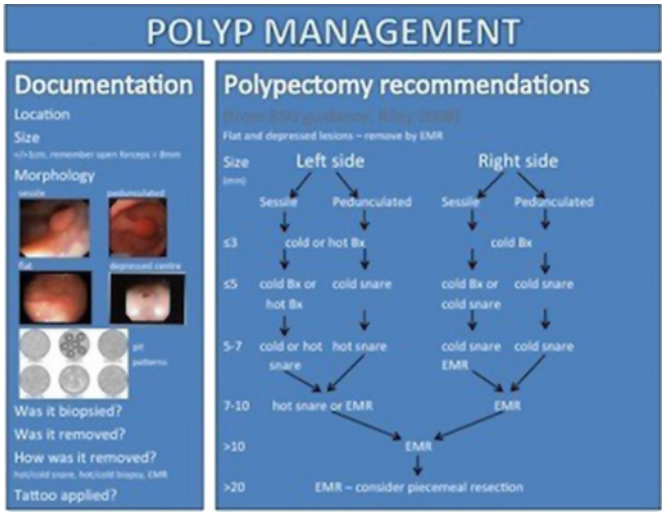

Abstract PWE-194 Figure 1

Abstract PWE-194 Table 1 Polypectomy methods

Polyp size	Cold biopsy	Hot biopsy	Snare	EMR	Not removed	Unknown
≤3 mm	10	0	23	14	6	0
4–5 mm	2	3	18	18	3	1
6–9 mm	0	2	18	7	1	2

Competing interests None declared.

PWE-195 NON-NEOPLASTIC DIAGNOSES WITHIN THE NHS BOWEL CANCER SCREENING PROGRAMME

doi:10.1136/gutjnl-2012-302514d.195

[1,2]R Bevan,* [3,4]T J W Lee, [5]W S Atkin, [6]C L R Nickerson, [7]G Rubin, [2,7,8]C Rees. *[1]Cumberland Infirmary, Carlisle, UK; [2]Northern Region Endoscopy Group, UK; [3]Freeman Hospital, Newcastle, UK; [4]Institute of Health and Society, Newcastle University, Newcastle, UK; [5]Department of Surgery and Cancer, Imperial College, London, UK; [6]NHS Cancer Screening Programmes, Sheffield, UK; [7]Durham University, Co. Durham, Durham, UK; [8]South Tyneside General Hospital, South Shields, UK*

Introduction The aim of the NHS Bowel Cancer Screening Programme (BCSP) is to diagnose colorectal cancer. Small studies have demonstrated a yield of diagnoses other than cancer or adenomas (non-neoplastic diagnoses (NND)) ranging from 11% to 25%. NND may account for false positive FOB test (FOBt) results and may generate a significant workload outside the BCSP. The aim of this study was to evaluate the burden of NND generated by the BCSP.

Methods Data were obtained from the BCSP national database for all patients with a positive FOBt who subsequently underwent investigation from August 2006 to November 2011. These data included patient demographic data, smoking status, clinical outcome and NND made. Data were analysed using SPSS.

Results 121 728 patient episodes in the BCSP were included in the analysis. 60.2% of patients were male and the mean age was 65.7 years. In this period 10 836 cancers were detected (8.9%). One or more NND were made in 26 251 patients (21.6%). Patients with a diagnosis of neoplasia (cancer or adenomas) were less likely to have a NND than those without neoplasia (19.8% vs 24.4%, p<0.001). Older age and male gender were, but smoking status was not, associated with a greater likelihood of an NND being made (NND in males 21.8% vs 21.2% in females, p=0.01; NND in those <65 years 20.6% vs 22.3% in those ≥65 years, p<0.001; NND in smokers 21.4% vs 21.7% in non-smokers, p=0.34). After adjustment for confounding using multivariable analysis, older age and male gender were still associated with a small but statistically significant increased risk of a NND.

Conclusion The BCSP generates a significant volume of Non-Neoplastic Diagnoses. Inflammatory bowel disease is an important and common diagnosis and may have important implications for the management of the patient. Large numbers of patients had diverticulosis and haemorrhoids diagnosed however reporting of these findings may vary. Patients undergoing bowel cancer screening should be aware that a diagnosis other than cancer or polyps may be made. The burden of NND generated by the BCSP nationally has not been investigated and the impact of this on primary and secondary care is not known.

Abstract PWE-195 Table 1 Frequency of non-neoplastic diagnoses

	Frequency (%)
Inflammatory bowel disease	2152 (1.8)
Angiodysplasia	902 (0.7)
Diverticulosis	18 875 (15.5)
Haemorrhoids	7011 (5.8)
Radiation enteritis	374 (0.3)
Solitary rectal ulcer syndrome	228 (0.2)
Other diagnoses (including: lymphoma, ischaemic colitis, pseudomembranous colitis)	1362 (1.1)

Competing interests None declared.

PWE-196 ENDOSCOPIC MUCOSAL RESECTION OF FLAT AND SESSILE POLYPS IN THE COLON: SAFETY, EFFICACY AND CLINICAL OUTCOMES FROM A LARGE DATA BASE IN THE UK TERTIARY REFERRAL CENTRE

doi:10.1136/gutjnl-2012-302514d.196

S Ahmad,* R Shukla, E Telakis, S Sami, J mannath, R Teli, A Jawhari, K Ragunath. *Nottingham Digestive Diseases Centre and NIHR Biomedical Research Unit, Nottingham University Hospitals NHS Trust, Nottingham, UK*

Introduction Endoscopic Mucosal Resection (EMR) is now well established as the procedure of choice for removing flat and sessile polyps in the colon. It stems from large scale studies in Japan that is increasingly practised in the UK, thus potentially avoiding surgery for benign polyps. Our aim was to assess the safety, efficacy and clinical outcomes of EMR procedures at Nottingham University Hospitals NHS Trust.

Methods We searched our prospectively collected database for all sessile and flat colonic polyps >10 mm (Paris0–Is, 0–II) removed by injection and snare EMR technique in our centre over a 7-year period (2004–2011). Follow-up examinations were done as per BSG guidelines. Parameters analysed included patient's demographics; type of resection; completeness of resection; endoscopic success rate; as well as recurrence and complication rates.

Results All procedures were done by endoscopists trained in EMR. 338 EMRs were done in 325 patients, age range 20–90 yrs, male 55% (180). 77% (261) had sedation and one patient had GA for the procedure. 53% (180) had en bloc resection, 39% (132) had piecemeal while 4.7% (16) had incomplete or partial resection. 2.9% (10) were unable to resect. Endoscopic success at 1st attempt was achieved in 82% (278) and over all endoscopic cure was 92% (310). 4.4% (15) were referred for surgery. A follow-up procedure was performed in 77% (242) within 12 months Recurrence rate for enbloc resection was 5.7% (9/156), for piecemeal resection it was 18% (16/86). Overall recurrence rate was 10.3% (25/242). Adenocarcinoma was