

**PWE-090** **MANAGEMENT AND SHORT TERM OUTCOMES OF MALIGNANT COLORECTAL POLYPS IN THE NORTH OF ENGLAND**

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**Introduction** Management of malignant colorectal polyps (MCPs) is contentious with no randomised controlled trials comparing endoscopic with surgical management. This study reviews the management and outcomes of MCPs across a UK region.

**Methods** Patients were identified using the NORCCAG (NORthern Colorectal Cancer Audit Group) database between April 2006 and July 2010. All histopathology reports and follow-up procedures were reviewed.

**Results** Of 386 patients identified, 165 (42.7%) had the polyp biopsied, 37 (9.6%) a piecemeal excision, 184 (47.7%) a polypectomy. All initial biopsies underwent surgical intervention. 103/221 initial local excisions (46.6%) had follow-up surgery of whom 79 (76.7%) had no residual cancer. Of the 118 managed endoscopically, none had residual cancer on follow-up endoscopy. The 21 (5.4%) Dukes' C cancers were significantly associated with Kikuchi SM3/Haggitt 4 lesions ( $\chi^2=10.85$ ,  $p=0.005$ ) and lesions with an involved/unsure excision margin ( $\chi^2=7.44$ ,  $p=0.017$ ). Positive predictors of finding residual tumour at surgery were Kikuchi SM3/Haggitt Level 4 ( $\chi^2=17.07$ ,  $p<0.001$ ), and any involved/unsure excision margin ( $\chi^2=20.45$ ,  $p<0.001$ ). An excision margin  $>0$  mm was significantly associated with finding no residual tumour ( $\chi^2=25.21$ ,  $p<0.001$ ). There was no difference in survival between surgical and endoscopic management ( $\chi^2=0.634$ ,  $p=0.426$ ).

**Conclusion** Endoscopic management of a subgroup of MCPs appears safe and effective. A clear resection margin ( $>0$  mm) appears sufficient to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have a greater risk of residual cancer at surgery, and of lymph node metastases.

**Competing interests** None declared.

**PWE-091** **MONITORING FAECAL OCCULT BLOOD TEST POSITIVITY IN THE NHS BOWEL CANCER SCREENING PROGRAMME**

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**Introduction** The guaiac-based faecal occult blood test (gFOBt) used by the NHS Bowel Cancer Screening Programme relies on subjective visual assessment of colour change to determine positivity. The Southern Hub, one of five Programme Hubs in England, serves a total population of about 14.4 million people and handles about one million gFOBt kits every year.

**Methods** Test kit readers are tested for colour blindness and visual acuity before structured training and a period of supervision. Consistent test positivity within predefined limits is a quality measure of test kit readers and their performance is subject to weekly scrutiny. The percentage of positive test spots (six per test kit) is recorded weekly for every reader who completes  $>100$  kits. The acceptable spot positivity range has been fixed at between 1.0% and 4.0%, based on an approximation of  $\pm 2$  SDs from the mean percentage positivity for all Hub staff over a rolling 6-month time period.

**Results** Screening Hubs have noticed characteristic positivity patterns among readers and this reflects the subjective nature of the measurement system. The data challenge Hubs to investigate

idiosyncratic test kit reading habits of staff, to modify behaviour as indicated and monitor anticipated improvements in reading performance. The screening algorithm adopted in England results in approximately 85% of screen-positive participants completing two or three test kits. While this minimises the impact of individual readers, it adds complexity to the analysis of reader positivity. Repeat kits have a higher positivity and can bias reader weekly mean positivity rates. For all readers with high weekly positivity the proportion of second and third kits read forms part of the weekly assessment.

**Conclusion** The Southern Hub has monitored reader positivity since August 2010 and the results are encouraging, with a reduction in reader imprecision and outliers. Initially, there was some resistance to monitoring positivity rates and the fear of being an outlier has the potential to lead staff to inappropriately modify their kit reading behaviour. New staff attend training sessions to learn about the concept of reader positivity and the interventions that may be put in place if their positivity falls outside the acceptable range. The process has now been widely accepted and the number of occasions that positivity falls outside this range per month is used as a key performance indicator.

**Competing interests** None declared.

**PWE-092** **WILL THE NATIONAL AWARENESS AND EARLY DIAGNOSIS INITIATIVE (NAEDI) HAVE AN IMPACT ON BOWEL CANCER SCREENING ACTIVITY?**

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**Introduction** 1- and 5-year survival from all cancers in England is poorer than for other comparable countries, largely because of delayed diagnosis. The UK's Department of Health has estimated that if cancer survival in England could be improved to match the best in Europe, then 10 000 lives would be saved every year, about 1700 of which would be from bowel cancer. The National Awareness and Early Diagnosis Initiative (NAEDI) is a Government plan to raise public awareness of the early signs and symptoms of cancer and, as one of the leading causes of cancer death, bowel cancer has been identified as a particular target. During 7 weeks in early 2011, a pilot bowel cancer NAEDI campaign was run in two Strategic Health Authorities (SHAs), including the South West SHA, with widespread coverage on local television, radio and newspapers and distribution of educational literature to general practitioners (GPs). The public was urged to consult their GP if they had any symptoms of bowel cancer and, consequently, attendance with relevant symptoms at GP practices increased by 48% with a 32% increase in 2-week wait referrals. Little direct reference was made to the Bowel Cancer Screening Programme (BCSP).

**Methods** The BCSP Southern Hub has analysed screening data for the South West SHA to explore the indirect effects of the pilot campaign on screening activity. Screening data for the general practices covered by the media campaign were compared with data for the same practices a year earlier and with data for practices served by the Southern Hub not targeted during the campaign period at that time and a year earlier.

**Results** There was a small increase in overall uptake among individuals who were participating for the first time, but no evidence of a change in uptake by individuals who had previously participated in the Screening Programme. The Hub saw no increase in the number of calls received by the Helpline, test kits were not returned any more quickly and there was no change in the proportion of positive test kits. Comparisons drawn between the practices described are limited, however, by the likelihood that publicity