PWE-023 COULD FAECAL IMMUNOCHEMICAL TESTS FOR HAEMOGLOBIN (FIT) CHANGE SURVEILLANCE OF PEOPLE WITH INTERMEDIATE RISK ADENOMAS?

doi:10.1136/gutjnl-2013-304907.312

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Introduction The NHS Bowel Cancer Screening Programme (BCSP) in England uses a biennial guaiac faecal occult blood test and identifies intermediate risk (IR) adenomas in approximately 5,000 people a year who are then offered colonoscopic surveillance. A non-colonoscopic approach to surveillance in this group may be an attractive alternative which could reduce demand on this expensive and limited resource.

Methods In the 'FIT for Follow-Up' study we aim to determine the three-year programme sensitivity of annual FIT for detection of advanced adenomas (an adenoma > 10 mm, or one with tubulovillous or villous histology, or with high grade dysplasia) or colorectal cancer (CRC), using surveillance colonoscopy as the reference standard. Eligible participants are people aged 60–71 years, who have recently been diagnosed with IR adenomas in the BCSP, and are awaiting their first surveillance colonoscopy at three years. They are invited to complete a FIT test (Eiken Chemicals, Inc.) annually in the three year interval between screening and surveillance colonoscopy. Those who test positive (> 200 ng haemoglobin/mL buffer; OC Sensor) are offered immediate colonoscopy; those who test negative are offered another FIT test a year later. In total, eligible participants could complete three FIT tests prior to their first surveillance colonoscopy. Our sample size is 5,200 participants completing a FIT test within a year of their screening colonoscopy. The study will also assess the acceptability and cost-effectiveness of annual FIT as an alternative to three-yearly surveillance colonoscopy.

Results In the first 10 months of the study, 2,512 people (65.5% men) consented to take part and completed their first FIT test. The positivity rate in this group is 5.4% (6.1% in men and 3.3% in women) and only 7% of people testing positive declined to have their three-year surveillance examination brought forward. In FIT positive subjects who underwent colonoscopy, 24.7% had advanced adenomas and one participant had a cancer in the proximal colon.

Virtually all study participants were satisfied with their experience of completing their first FIT kit (95.8%), and would be happy to do so again (94.7%). The majority of participants (over 80%) believed that participating in the study had reduced their chances of having bowel cancer.

Conclusion At this early stage in the study we can report that FIT is well accepted by participants and the yield at colonoscopy in those testing positive is high.

Disclosure of Interest None Declared.

PWE-024 PREVALENCE OF CHRONIC GASTROINTESTINAL SIDE EFFECTS FOLLOWING PELVIC RADIOTHERAPY IN A REGIONAL ONCOLOGY CENTRE

doi:10.1136/gutjnl-2013-304907.313

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Introduction The chronic gastrointestinal (GI) side effects of pelvic radiotherapy (RT) can significantly impact on patients quality of life. The survival rates of many cancers are improving due to advances in multimodality therapies; consequently there is an emergent population of patients living with the long term side effects of their treatment. Our aim was to determine the prevalence of GI symptoms amongst patients treated with pelvic RT in a regional oncology centre (Velindre Hospital, Cardiff).

Methods A search of the Cancer Network Information System Cymru (CANISC) database identified patients who had received radical radiotherapy for gynaecological, colorectal or urological malignancy between 1/1/08 and 30/6/08. This period was chosen to allow a reasonable time to lapse for the majority of chronic radiotherapy side effects to be present. Case notes were reviewed to ascertain patient demographics, treatment plans and symptoms reported. GI symptoms reported ≥3 months after the end of RT were included. Rates of toxicity were compared to those reported in BSG guidance.[1]

Results 295 patients (218 male) received radical pelvic RT. GI symptoms were recorded in 31% of patients. 9% described more than one symptom up to 4 years post-treatment. No particular malignancy site, age or gender experienced significantly more GI symptoms ($p > 0.05$, Fisher exact, two tailed). Rates of potential toxicity were comparable to the BSG guidance for gynaecological (37.3% vs 40% respectively) and urological (28.7% vs 30%) malignancy.[1] GI symptoms in the colorectal group were less than the BSG guidance (31.3 vs 66% > short course RT and 50% > chemo-radiation and surgery). The most prevalent symptoms were diarrhoea amongst gynaecological and colorectal patients and rectal bleeding amongst patients who had received treatment for prostatic carcinoma.

Conclusion A significant proportion of patients experience GI symptoms, which may be due to pelvic RT. We are likely to have underestimated reported symptoms, as data was taken from case notes rather than prospective patient questionnaires. Our overall prevalence and distribution of chronic GI symptoms in radical pelvic radiotherapy patients is similar to that stated in the literature. The majority of existing data on this subject is from one centre (Royal Marsden Hospital). As our data is similar to their reported data it is likely that it is a true reflection of the problem nationally. Only a minority of patients have previously been referred to gastroenterologists – this has increased and will continue to do so because of awareness raised by the BSG guidance.[1]

Disclosure of Interest None Declared.

REFERENCE

1. Andreyev HJN, *et al.* Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment for cancer. Gut 2012; 61(2):179–92.

PWE-025 ASSESSING THE PERCENT OF DAYS LINACLOTIDE IMPROVED ABDOMINAL SYMPTOMS AND STOOL FREQUENCY IN PATIENTS WITH IRRITABLE BOWEL SYNDROME WITH CONSTIPATION (IBS-C): POOLED ANALYSIS OF 2 PHASE 3 TRIALS

doi:10.1136/gutjnl-2013-304907.314

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Introduction Linaclotide (LIN), a minimally absorbed guanylate cyclase C agonist (GCCA), improved abdominal symptoms and bowel movement (BM) frequency in patients (pts) with IBS-C in 2 Phase 3 trials. This post-hoc analysis determined the % of days pts reported improvements in abdominal symptoms and BMs with LIN or placebo (PBO) treatment.

Methods In 2 Phase 3 trials, pts with IBS-C (Rome II criteria) were randomised to LIN 290 -μg qd po or PBO. Using pooled intent-to-treat (ITT) data from the 1st 12 wks of both trials, we determined