

Abstract PWE-154 Table 1

Hb quartile	Hb g/l	F < 71yrs	F > 70yrs	M < 71yrs	M > 70yrs
1	111–158	0.0% (0/35)	2.6% (1/38)	2.4% (1/42)	10.8% (7/65)
2	102–111	0.0% (0/49)	3.7% (3/81)	5.3% (1/19)	19.4% (6/31)
3	91–102	3.6% (2/55)	8.8% (6/68)	0.0% (0/13)	25.0% (11/44)
4	42–91	2.4% (1/41)	13.6% (9/66)	23.3% (7/30)	30.2% (13/43)

The prevalence of GI malignancy ranged from 0.0% in younger females with mild anaemia, to over 25% in older males with more severe anaemia. By the pre-defined criteria, the model identified sub-populations of 84 (11% of the total) at extreme low risk, and 117 (16%) at extreme high risk.

Conclusion The results confirm previous work identifying age, sex and haemoglobin concentration as variables predictive of underlying malignancy in IDA. Furthermore, the findings suggest that over a quarter of subjects with IDA can be predicted to be of extremely low or high risk on the basis of these simple and objective clinical criteria. This may be of clinical relevance for patient counselling, prioritisation of investigations and allocation of resources. Work is ongoing to validate risk prediction in a prospective study, and to refine the model by inclusion of additional variables.

Disclosure of Interest None Declared.

REFERENCE

James MW, Chen CM, Goddard WP, Scott BB, Goddard AF. Risk factors for gastrointestinal malignancy in patients with iron deficiency anaemia. *Eur J Gastroenterol Hepatol* 2005; 17(11):1197–203.

PWE-155 A BAD GUT FEELING: THE LONG-TERM IMPACT OF PELVIC RADIOTHERAPY ON GASTROINTESTINAL (GI) FUNCTION

doi:10.1136/gutjnl-2013-304907.443

¹A C Muls, ¹A Lalji, ¹H J Andreyev. ¹ROYAL MARSDEN HOSPITAL, LONDON, UK

Introduction As new cancer treatments have been introduced, there have been enormous improvements in outcomes for treated patients. They are living longer and the number of survivors of cancer therapy is growing by 3% per year in the UK. 17 000 UK patients are treated annually with pelvic radiotherapy. 80% of patients who receive pelvic radiotherapy are left with chronic alteration in GI function and 50% state that this affects daily activity. There are few data on the nature of the symptoms these patients develop. This study aims to describe the symptoms troubling patients referred to a specialist Pelvic Radiation Disease clinic.

Methods A prospective service evaluation of patients treated with pelvic radiotherapy referred to our clinic was performed. Patient characteristics were recorded. Each new patient completed a modified Gastrointestinal Symptom Rating Scale and Bristol Stool Chart which described their symptoms and severity.

Results Data on the first 110 patients collected included 47 women (43%), median age, 59 (range: 37–79 years) and 63 men (57%) median age, 72 years (range: 20–83 years) treated for prostate (47%), gynaecological (27%) or anorectal cancers (17%), lymphoma (5%) and other tumours (4%). The median length of time since starting radiotherapy to presenting in clinic was 3 years 1 month; range: 0.5–36 years.

Pelvic symptoms causing frequent or severe impact on patients daily lives were urgency (68%), diarrhoea (defined as Bristol stool chart type 6 or 7) (62%), tenesmus (55%), fatigue (51%), rectal flatulence (51%), abdominal pain (45%), faecal leakage (43%), sexual concerns (35%), problems with urination (34%), bloating (34%), borborygmi (30%), woken at night to defaecate (28%), rectal bleeding (24%), belching (20%), heartburn (15%), steatorrhea (13%), nausea and vomiting (10%).

Women presented with a median of 12 symptoms (range: 2–17) out of a maximum of 17 recorded symptoms and men with a

median of 11 (range: 2–16). The number of symptoms defined by the patients as “frequent” or “severe” was a median of 8 symptoms for women (range: 0–15) and 5 symptoms for men (range: 0–13).

Conclusion GI, sexual and urinary symptom burden is high after pelvic irradiation in new patients attending our clinic. Patients often present with multiple symptoms impacting daily activities. Symptoms clusters are complex and a systematic, multidisciplinary approach for efficient management is required. Clinicians will see increasing numbers of affected patients and may need training to deal with these patients optimally.

Disclosure of Interest None Declared.

PWE-156 GASTRO-OESOPHAGEAL REFLUX DISEASE (GORD) SYMPTOMATOLOGY IS NOT A RELIABLE PREDICTOR OF OESOPHAGEAL ADENOCARCINOMA

doi:10.1136/gutjnl-2013-304907.444

¹A Sugumaran, ¹A Rasheed. ¹Gwent Centre for Digestive Diseases (GCDD), Royal Gwent hospital, Newport, UK

Introduction Chronic gastro-oesophageal reflux disease (GORD) is considered a risk factor for development of gastro-oesophageal junction adenocarcinoma. Our aim is to determine the prevalence of GORD symptomatology and Barrett’s columnar metaplasia prior to the diagnosis of distal oesophageal, gastro-oesophageal junction (GOJ) and gastric cardia adenocarcinoma at GCDD over a 10 year period.

Methods A prospective pilot study collected data from patients diagnosed with adenocarcinomas arising from the distal oesophagus, GOJ and cardia in one year. A standardised proforma was designed to capture demographics, clinico-pathological and endoscopic data including the relationship of tumour epicentre with the distal end of the tubular oesophagus, the presence or absence of Barrett’s oesophagus; history of recurrent heartburn or regurgitation. To avoid reversed causality, we disregarded symptoms that occurred less than five years prior to cancer diagnosis.

Results 37 patients were diagnosed with adenocarcinoma of lower oesophagus and cardia between January and December 2011. 73.5% of patients were male and the age at diagnosis ranged between 45 and 97 years. Only 32% of diagnosed cancers were referred through ‘Urgent suspected cancer’ pathway. 43% of patients were smokers and 28% were ex-smokers; 55% drank alcohol regularly. Only 6 out of 37 patients had chronic symptoms (more than 5 years duration) suggestive of reflux including nausea, heartburn and sore tongue. 62% of these patients were on proton pump inhibitors or Histamine blockers at the time of diagnosis. 20% of the endoscopies showed a large hiatus hernia at index endoscopy and 20% showed evidence of Barrett’s (length between 6 and 11cm). Only 30% of patients were treated with curative intervention and the rest were managed by palliative means. 63.8% of diagnosed patients were not alive at one year of follow up out of which one patient had treatment with curative intent. Correlation testing between GORD and diagnosis of GOJ adenocarcinoma using regression analysis did not reach statistical significance.

Conclusion This interim report did not reveal a significant correlation between chronic reflux and development of gastrointestinal adenocarcinoma. The number is too small to permit a firm conclusion and we will report further results upon completion of the 10 years.

Disclosure of Interest None Declared.

PWE-157 TWO DIMENSIONAL MAPPING OF MUTANT CLONES IN HUMAN COLONIC CRYPTS REVEAL STEM CELL DYNAMICS AND MIGRATION PATTERNS

doi:10.1136/gutjnl-2013-304907.445

¹B Cereser, ¹A-M C Baker, ²P J Tadrous, ³A Humphries, ⁴M Novelli, ⁴M Rodriguez-Justo, ⁵T A Graham, ¹S A McDonald, ¹N A Wright. ¹Tumour Biology, Barts Cancer Institute, Barts and The London SMD, QMUL, London; ²Department of Histopathology, Northwick