considerably higher than initially reported and more in keeping with data from colonoscopic bowel screening. When examined by age, nearly 1:10 patients over 60 years would have had a missed proximal neoplasm. This rate was 1:100 for those who were under 60 years. A considerable volume of proximal non-neoplastic disease, mainly inflammatory, would also be missed with FS examination (1:20 patients under 60 years). This study supports the use of colonoscopy for first line investigation of all patients with symptoms suggestive of colorectal cancer.

Disclosure of Interest None Declared.

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PTH-029 BOWEL SCREENING WALES NETWORK MULTIDISCIPLINARY TEAM AND NATIONAL REFERRAL CENTRE – THE FIRST 100 CASES

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Introduction The Bowel Screening Wales (BSW) Network Multi Disciplinary Team (NMDT) and National Referral Centre (NRC) pilot was established in October 2011 to offer the opportunity for expert opinion and discussion of therapeutic options for participants with complex benign polyps detected on the Welsh bowel screening programme.

Methods Participants with lesions that satisfied the agreed criteria were referred to the NMDT for advice from the expert panel regarding management. Recommended outcomes included local endoscopic or surgical treatment or referral to the NRC for endoscopic or surgical treatment.

Between the 17th of October 2011 and the 20th August 2012 October 2012 100 cases from all over Wales were discussed at NMDT meetings by video conference. Referrals were received from all 6 Health Boards in Wales and 11 of the 14 Local Assessment Centres (LAC) during this time frame.

Referral data and NMDT decisions were prospectively stored on a shared drive and a comprehensive data set entered onto the BSW registry for complex polyps.

Results The first 100 cases discussed at NMDT meetings satisfied the following referral criteria:

- 21 lesions with difficult to access
- 17 lateral spreading tumours > 2cms
- 11 participants with polyps greater than 4cms
- 20 participants with polyps in the right colon > 2cms
- 7 participants with residual polyps
- 24 others

52 cases were referred back to Local Assessment Centres for treatment, and 48 to the NRC for treatment. Detailed data on procedure type and final outcome will be presented in June.

All cases referred to the NMDT for discussion were thought to be benign at the time of referral which was confirmed by initial biopsy. Final histology was found to be adenocarcinoma in 6 cases. Data analysis will continue and include recurrence rates at 3, 6 and 12 months, post procedure complication rates and final number of procedures undertaken per participant for each lesion removed.

Conclusion The BSW NMDT and NRC have facilitated equity of service for participants of the bowel screening programme in Wales with complex benign polyps. Referrals to surgery for benign disease have been reduced as a result. This process has also facilitated central referral for specialist endotherapy and surgical procedures.

Disclosure of Interest None Declared.

PTH-030 WITHDRAWN BY AUTHOR

PTH-031 POLYP SIZE, LOCATION AND RISK OF ADVANCED NEOPLASIA IN A BOWEL SCREENING POPULATION IN NORTH-EAST SCOTLAND

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Introduction Colonoscopic screening for colorectal cancer (CRC) reduces CRC-associated mortality; however, there is some evidence that this effect applies to mainly left-sided, rather than right-sided, CRC. It is postulated that this might be because polyps with advanced pathology are smaller in the right colon and therefore more easily missed (Gupta *et al Clin Gastroenterol Hepatol 2012; 10:1395–1401)*. Our aim was to evaluate the relationship between the size and location of polyps with advanced neoplasia in a population undergoing bowel screening in North-East Scotland.

Methods Analysis of prospectively collected data collected for all screening colonoscopies performed in NHS Grampian region between January 2009 and January 2011. Subjects who had complete colonoscopy were included in the study. Lesions in the rectum, sigmoid or descending colon were considered left sided and lesions proximal to the splenic flexure considered right sided. Advanced neoplastic lesions (ANLs) were defined as polyps with cancer, high grade dysplasia or tubulovillous histology. Lesion size was defined as ≥1cm or < 1 cm

Results Of the total 1415 subjects undergoing screening colonoscopy during the 2 year period, 1320 (93.3%) had a complete colonoscopy and were included in the analysis. Of these, 606 (45.9%) subjects had a total of 1366 polyps; of these, 213 (35%) subjects had ANLs. Median patient age was 64yrs, and 157 (74%) were males. ANLs were located in the left colon in 169 (79.3%) subjects, in the right colon in 31 (14.6%) of subjects, and in both sides in 13 (6.1%) subjects. There was no significant difference between the proportion of subjects with small ANLs (< 1 cm size) in the right colon (n = 3, 9.7%) compared to the left colon (n = 24, 14.2%; Fisher's exact test).

Conclusion In subjects undergoing bowel cancer screening in North-East Scotland, small ANLs were not more common in the right colon. Further studies are required to clarify the pathogenesis of right-sided colonic cancer.

Disclosure of Interest None Declared.

REFERENCE

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Endoscopy

PTH-032 FUNCTIONAL OUTCOMES AFTER ENDOSCOPIC SUBMUCOSAL DISSECTION OF LARGE RECTAL POLYPS

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Introduction Large rectal polyps can cause a variety of symptoms. Removal of these lesions results in symptom resolution but may also lead to symptoms of evacuatory dysfunction. In this study, we present the functional outcomes and patient satisfaction after endoscopic submucosal dissection (ESD) of rectal polyps greater than 40mm in size.