

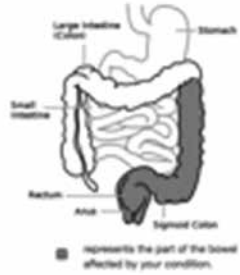
NHS Providing up-to-date medical information for patients and healthcare professionals. Logged in as: [Logout](#) [Need help?](#)

Home My Details My IBD Enter Symptoms Medicines Care Plan Nutrition Diagnostics Results Letters Contact Information

My IBD

- My IBD helps you keep a track of your inflammatory bowel disease. The information is provided from the records held at the hospital. If there are any obvious errors, please contact us by clicking here.
- The hospital is not able to keep an accurate list of your IBD medications. To complete your own personal up-to-date record, please enter your current medicines by clicking on the [Add New Medicine](#) icon in the Medicines section.

Primary Diagnosis:	Ulcerative colitis
Disease Extent:	Left Sided colitis
Year of Diagnosis:	2005
Complications:	Osteoporosis
Other parts of the body affected:	None
Weight:	57.4
IBD Related Family History:	Family history of bowel cancer
Surgical History:	None
Smoking History:	Previous smoker
Vaccination Record:	Previous history of chicken pox, Previous TB (BCG vaccination)
Year for Surveillance Colonoscopy:	2015
Nurses:	Cath Stanfield
Named Consultant:	Dr P Practice
Current Medications:	No current medicines


Abstract OC-082 Figure**Colorectal free papers****OC-083 FAECAL OCCULT BLOOD TEST ANALYSIS IN THE UNITED KINGDOM BOWEL CANCER SCREENING PROGRAMME**

doi:10.1136/gutjnl-2013-304907.082

^{1,2}J Geraghty, ²J Snowball, ²P Butler, ¹S Sarkar, ³R Blanks, ²S Halloran, ⁴C Rees. ¹Royal Liverpool University Hospital, Liverpool; ²Southern Bowel Screening Hub, Guilford; ³Cancer Epidemiology Unit, University of Oxford, Oxford; ⁴South Tyneside NHS Foundation Trust, South Shields, UK

Introduction Increased vascularity of colorectal neoplasia creates bleeding detected by Faecal Occult Blood tests (FOBT). As bleeding is sporadic & unevenly distributed within stools, multiple testing may be required. UK bowel cancer screening programme (BCSP) kits contain 6 windows & subjects returning 5 or 6 positive results are termed "Abnormal" & referred to colonoscopy. If 1–4 windows are positive, the result is initially "Unclear" & 2 further kits are submitted, further positivity leads to colonoscopy ("Weak positive"). If no further blood is detected, subjects are deemed "Normal" & retested in 2 years.

Aim to study FOBT positivity in detail & whether particular patterns are associated with neoplasia rates that indicate the screening algorithm should be changed.

Methods We selected all subjects from one hub completing 2 screening episodes between 2007–9. Each episode included up to 3 kits and 18 windows. 95 possible combinations were identified. The number of positive windows compared to the total in a given episode was expressed as a "positivity ratio", ranging from 0–100%. Each combination leading to colonoscopy was analysed. Abnormal (83–100% positivity) & Unclear (11–83% positivity) groups were matched to neoplasia detection rates. Subjects with cancer detected in episode 2 following an Unclear result in episode 1, had their episode 1 pattern analysed.

Results FOBT from 284,387 subjects resulted in 4,000 colonoscopies, diagnosing 286 cancers. The overall cancer rate was 7.1% & adenoma rate 39.9%. The cancer rate was 21.3% in the Abnormal

group and 5.8% in the Weak positive group. Cancer detection increased from 1.9–24.5% in linear correlation with increasing positivity of windows, ranging from 11–83% of windows positive. Equivalent percentage positivity rates may or may not lead to colonoscopy depending on the particular pattern. A combination of 4 positive windows in kit 1 followed by 2 normal kits (4NN) equates to a positivity rate of 22% & is currently categorised in the Normal group & doesn't lead to colonoscopy. Other combinations with 22% window positivity do lead to colonoscopy & a cancer detection rate of 3%. There were 260 subjects with a 4NN combination in episode 1 not leading to colonoscopy & 5 of these subsequently had cancers detected following different combinations in episode 2.

Conclusion This study demonstrates higher ratios of positive windows; detect higher rates of cancer. At present, in the UK some subjects with 11% positive windows proceed to colonoscopy, while others with a rate of 22% (all at kit 1) do not. Based on these findings, further work examining the entire BCSP population, including the costs & benefits of changing the algorithm is in progress.

Disclosure of Interest None Declared

OC-084 A COMPARATIVE STUDY OF CLINICAL OUTCOMES AFTER LAPAROSCOPIC OR OPEN RESTORATIVE PROCTOCOLECTOMY

doi:10.1136/gutjnl-2013-304907.083

^{1,2}I White, ¹J T Jenkins, ¹R Coomber, ¹S K Clark, ¹R K S Phillips, ¹R H Kennedy. ¹Department of Surgery, St Mark's Hospital, London, UK

Introduction Laparoscopic colorectal surgery confers significant benefits over similar open procedures. A paucity of data exists examining this in restorative proctocolectomy, although recent literature has suggested reduced adhesions and improved fertility. We assessed consecutive patients undergoing laparoscopic ileal pouch anal anastomosis (IPAA), comparing clinical outcomes with those following conventional open surgery.

Methods 207 consecutive patients undergoing IPAA between November 2006 and November 2011 were assessed [76 (37%) laparoscopic procedures and 131 (67%) open cases were included].



OC-083 Faecal Occult Blood test Analysis in the United Kingdom Bowel Cancer Screening Programme

J Geraghty, J Snowball, P Butler, S Sarkar, R Blanks, S Halloran and C Rees

Gut 2013 62: A36

doi: 10.1136/gutjnl-2013-304907.082

Updated information and services can be found at:
http://gut.bmj.com/content/62/Suppl_1/A36.1

Email alerting service

These include:

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections

Articles on similar topics can be found in the following collections

[Colon cancer](#) (1547)
[Endoscopy](#) (1003)

Notes

To request permissions go to:
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:
<http://group.bmj.com/subscribe/>