Confirmed CRC = 333, **PPV = 95.14%**
Adenomas = 12 (3.43%): 7 required surgery, 1 EMR
Benign lesions = 5 (1.43%): 2 required surgery
223 of 350 (**63.71%**) informed of CRC: 219 had CRC, 4 had adenomas
102 (29.14%) informed of "lesion": 90 had CRC, 12 had benign disease
25 (7.14%) no record (of discussion with patient): 24 had CRC, 1 had adenoma
Consultant colonoscopists (241 records) PPV 95.44%
166 out of 241 (68.18%) informed of CRC: 163 had CRC, 3 had adenoma
58 (24.07%) informed of "lesion": 50 had CRC, 3 had adenoma, 5 had benign disease
17 (7.05%) no record: 17 had CRC
Trainee colonoscopists (81 records) PPV 92.59%
47 out of 81 (58.02%) informed of CRC: 46 had CRC, 1 had adenoma
26 (32.10%) informed of "lesion": 22 had cancer, 4 had adenoma
8 (9.88%) no record: 7 had CRC, 1 had adenoma
Nurse colonoscopists (28 records) PPV 100%
10 out of 28 (35.71%) informed of CRC, 18 out of 28 (64.29%) informed of "lesion"
Conclusion This data shows that colonoscopists are proficient at diagnosing CRC (PPV 95.14%). Those cases not confirmed with CRC usually have serious pathology which often requires surgery (9 out of 17). Yet only 63.71% of patients were informed of CRC. Consultants informed 68.18%, trainees informed 58.02% and nurses informed only 35.71%.

To reduce delay in CRC treatment and to give patients more time to deal with CRC diagnosis, colonoscopists should inform patients of a suspicion of CRC (and not a "lesion") and record this on reports.

Disclosure of Interest None Declared.

PWE-003 VARIATIONS IN ADENOMA DETECTION RATE AND CANCER DETECTION RATE IN INDIVIDUALS FROM DIFFERENT ETHNIC GROUPS UNDERGOING BOWEL CANCER SCREENING COLONOSCOPY

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Introduction The prevalent round of the Bowel Cancer Screening Programme (BCSP) in England commenced in August 2006. Analysis of the first three years of the BCSP reveals a mean adenoma detection rate (ADR) of 46.5% (range 21.9-59.8%), and a mean polyp detection rate (PDR) of 59.7% (range 39.8–76.3%).[1]

Anecdotally, BCSP colonoscopists have suggested that the PDR, ADR and cancer detection rates in screened individuals of South Asian descent may be lower than those of Caucasian (white) descent. This has never been proven as the BCSP does not record ethnic origin of screened individuals.

Methods Between May 1st and December 31st 2013, every screened individual in Leicester and Kettering had their self-selected ethnic origin recorded in a database. The endoscopic findings and histology results noted in the Exeter online database was correlated to the database containing ethnic origin data and analysed.

Abstract PWE-003 Table 1

	"White"	"Asian" or "Asian British"	P value
Cancer detection	6.13%	0.99%	<0.08
PDR	57.36%	48.09%	<0.002
ADR	35.64%	31.68%	<0.02

Results 851 screened individuals (colonoscopy), 466 individuals had polyps (394 adenomas), PDR = 54.76%, ADR = 46.30%, cancer detection rate = 5.41%.
734 "White" individuals (86.25%)
45 individuals had cancer (cancer detection rate = 6.13%)
421 individuals had polyps, PDR = 57.36% (95% CI: 53.75–60.89%)
353 individuals had polyps, ADR = 48.09% (95% CI: 44.50–51.71%)
101 "Asian or Asian British" (11.87%)
1 individual had cancer (cancer detection rate = 0.99%)
36 individuals had polyps, PDR = 35.64% (95% CI: 26.99–45.35%)
32 individuals had polyps, ADR = 31.68% (95% CI: 23.42–41.29%)
16 "Mixed", "Black or Black British" or "Other Ethnic Groups" (1.88%)
0 cancers, 8 individuals with polyps/adenomas (PDR/ADR = 50%)
Too few to meaningfully analyse
Conclusion This analysis reveals a statistically significant lower ADR and PDR for South Asian screened individuals when compared to Caucasian (White) individuals. There is also a strong trend showing a lower cancer detection rate. This is important for clinicians to be aware of so that they can fully inform individuals undergoing colonoscopic screening.

For regions with large South Asian populations, this observation can be used to appropriately plan services. ADR and cancer detection rates in these regions may be lower and may be a factor in the regional variations of ADR and cancer detection across the BCSP.

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Disclosure of Interest None Declared.

PWE-004 EXTRACOLONIC FINDINGS ON CT COLONOGRAPHY

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Introduction Colonoscopy is often the first line investigation for detection of lesions within the large bowel and remains the gold standard in investigating for suspected colon cancer. However if endoscopy is either incomplete, determined too hazardous or declined computed tomographic colongraphy is the next investigation of choice.[1] One of the additional and potentially beneficial features of CT is in the detection of extracolonic lesions, with studies suggesting approximately 40% of scans reveal one or more extracolonic abnormality including 14% detecting 'significant findings' requiring further investigation.[2]