



Abstract OC-060 Figure 1

0.50, 0.80; 10 studies) (figure below), while 0.38 preferred TOE over SE (95% CI: -0.04, 0.80; 3 studies).

**Conclusion** There is no difference between TOE and SE in terms of technical success rate and preference. Success rate of TNE <6 mm in diameter is equivalent to SE, but majority of patients prefer the former over the latter. Hence, TNE (<6 mm in diameter) should be the procedure of choice for screening. Modern disposable and portable TNE devices might be useful for screening in the community.

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### OC-061 RATES OF POST COLONOSCOPY COLORECTAL CANCER (PCCRC) ARE SIGNIFICANTLY AFFECTED BY METHODOLOGY, BUT ARE NEVERTHELESS DECLINING IN THE NHS

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**Introduction** It is recognised that post-colonoscopy colorectal cancer (PCCRC) can be due to missed cancer, or cancer arising from missed or incompletely removed polyps. Thus the rate of post-colonoscopy colorectal cancer (PCCRC) should become a key quality indicator of colonoscopy. A quality indicator should be relevant to patients, clearly defined, standardised, and measurable over time and have a target to aim for. This study compares methods for defining PCCRC rates, proposes a method that best meets these criteria and explores rates over time.

**Methods** Information on all individuals with a primary colorectal cancer and prior colonoscopic investigations in England between 2001 and 2010 was extracted from the National Cancer Data Repository. Previously published methods (Bressler, Cooper, Singh and leClerc) for deriving PCCRC rates were applied to these data to investigate the effect on the rate. A new method, based on the year of the colonoscopy, not CRC diagnosis, is proposed.

**Results** Of 297,956 individuals diagnosed with colorectal cancer in the study period a total of 94,648 underwent a colonoscopy in the 3 years prior to their diagnosis. The table illustrates how application of the published methods and exclusion criteria to the dataset produces significantly different PCCRC rates from 2.4 to 7.8%:

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Exclusion criteria	Method			
	Bressler	Cooper	Singh	le Clerc
Bressler	3.6	4.7	3.9	4.4
Cooper	6.3	7.8	7.0	7.6
Singh	6.1	7.5	6.8	7.4
le Clerc	6.3	2.4	2.4	2.4

The PCCRC rate of 6.8% produced by the Singh method best fulfils the proposed criteria for a quality indicator but it is not suitable for annual reporting: the rate reflects colonoscopy performance in the years preceding the year of reporting. Amending this method to look forward from the time of colonoscopy, rather than backward from the time of diagnosis of cancer, provides a rate relating to the year the procedure was actually performed. This new method demonstrates that PCCRC rates within 3 years of colonoscopy (without exclusions) decreased in the English NHS over 7 years by 29%: from 10.2 to 7.2% for colonoscopies performed in 2001 and 2007 respectively. 25% (37/148 hospitals) achieved a PCCRC for the period of 4.0% or less.

**Conclusion** PCCRC rates in England are improving over time and comparable to those in other countries. The method used to determine rates significantly affects findings, thus international benchmarking requires an agreed method for defining PCCRC. The Singh and suggested new method provide a PCCRC rate most relevant to patients. It is proposed that on the basis of current evidence, and improvements evident over time in this study, a reasonable target for a national rate of PCCRC up to 3 years following a colonoscopy should be less than 4%.

**Disclosure of Interest** None Declared.

### OC-062 A MULTI-CENTRE PRAGMATIC STUDY OF AN EDUCATIONAL INTERVENTION TO IMPROVE ADENOMA DETECTION AT COLONOSCOPY

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**Introduction** High quality colonoscopy prevents colorectal cancers. Low adenoma detection rates (ADR) are linked to subsequent high interval cancer rates. Variability in ADR exists between practitioners. Withdrawal time of >6 min, Buscopan use, position change and rectal retroflexion have some evidence to improve lesion detection. Implementation of evidence based 'bundles' of care has shown to be effective in improving outcomes in other clinical settings<sup>[1]</sup>.

**Methods** We aimed to evaluate the feasibility of implementing a 'bundle' comprising the above measures into routine practice and effect on ADR. Twelve English endoscopy units participated. All nominated a lead endoscopist and nurse. A model combining central training, locally led implementation, feedback and ongoing study team support was used. Colonoscopist's ADRs were measured for 3 months prior to implementation and for a 9 month period following. Colonoscopists performing