overall pattern of disease was distinct to that seen in Crohn's disease, with multiple sinus tracts that were superficial in nature in the majority of patients with hidradenitis suppurativa, compared to perianal Crohn's disease where tracts are usually centred on the anal sphincter complex.

Conclusion The use of STIR MRI can help define extent of perianal disease in hidradenitis suppurativa, and typically shows a different involvement compared to Crohn's disease, allowing distinction between the two, and thus appropriate management.

Competing interests None declared.

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PWE-068

ANGIOGRAPHIC EMBOLISATION FOR NON-VARICEAL UPPER GASTROINTESTINAL HAEMORRHAGE AFTER FAILED ENDOSCOPIC THERAPY—A 5-YEAR DISTRICT GENERAL HOSPITAL EXPERIENCE

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Introduction The recent nationwide upper gastrointestinal bleeding audit found that interventional radiology for bleeders are minimally utilised. In our hospital, we have had this service during normal working hours since 2007. This study reviews our experience.

Methods We retrospectively reviewed the case notes of all patients who had mesenteric angiogram in our hospital for treatment of gastrointestinal bleeding since 2007. All data were analysed using SPSS V17 statistical software.

Results We identified 32 patients. Three case notes were not available hence, 29 patients were included in this study (19 Male, 10 Female). Mean age group 75 years (Range 40–89). Mean Rockall score was 7 and mean Blatchford score was 12. 15 patients (52%) went straight for radiological embolisation after one attempt at therapeutic endoscopy. Eight patients (22%) were ITU admissions. Final Diagnosis was duodenal ulcer in 22 (76%), gastric ulcer in 6 (21%) and Duodenal Cancer in 1 (3%). Extravasation of contrast at angiogram was seen in only 7% of cases. Gastroduodenal artery was embolised in 25 (87%), left gastric artery in 3 (10%) and Rt gastroepiploic artery in 1 (3%). No immediate complications were noted as a result of the procedure. Rebleeding was noted in 8 pts (27%). 24 patients (83%) survived more than 30 days. Four (14%) died within 7 days of the procedure and 1 (3%) died after 7 days. 40% (2 out of 5) died of a cause unrelated to rebleed.

Conclusion Our study demonstrates success at embolisation and mortality rates similar to the published results of the UK nationwide GI bleeding audit. We believe access to interventional radiology is an important therapeutic strategy that should be available in all hospitals admitting GI bleeders.

Competing interests None declared.

PWE-069

VASCULAR COMPLICATIONS OF PANCREATITIS MANAGED WITH TRANSCATHETER EMBOLISATION—A DISTRICT GENERAL HOSPITAL EXPERIENCE

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Introduction Life threatening haemorrhage from vascular complications of pancreatitis are rare but, need to be effectively managed even in a district general hospital (DGH) setting. We report our experience of gastrointestinal bleeding due to local complications of pancreatitis which were effectively managed by radiological intervention.

Methods All mesenteric angiograms done in our hospital over a period of 7 years were reviewed retrospectively along with their case notes. All such procedures in our hospital were performed by a single interventional radiologist.

Results Out of 31 patients identified in this period 28 patients had bleeding secondary to peptic ulcers. Three patients had bleeding due to vascular complications of pancreatitis. **Patient I:** A 58-year-old lady had developed pancreatic pseudocyst secondary to azathioprine induced pancreatitis. He presented with hematochezia but, gastroscopy was normal. Urgent mesenteric angiogram revealed beaded pancreaticoduodenal artery in spasm adjacent to the pseudocyst. This was embolised with control of upper GI haemorrhage. **Patient II:** A 59-year-old man with alcohol induced pancreatitis and pseudocyst presented with UGI bleeding. OGD revealed blood in the stomach and duodenum but, no source of bleeding was identified. Mesenteric angiogram revealed pseudoaneurysm of the gastroduodenal artery adjacent to the pseudocyst which was embolised with control of haemostasis. **Patient III:** A 64-year-old man with a known pseudocyst presented with UGI bleeding. CT angiogram revealed bleeding into the pseudocyst secondary to a pseudoaneurysm of the gastroduodenal artery. This was treated with mesenteric embolisation.

Conclusion Haemorrhage due to vascular complications of pancreatitis usually present as a life threatening emergency and associated haemodynamic compromise. Surgery is often difficult due to the lack of trained pancreatico-biliary surgeons in most DGHs. Radiological embolisation is an effective treatment which should be readily available in hospitals admitting such patients. Foundation trusts ought to invest in such resources to prevent unwarranted mortality.

Competing interests None declared.

Colorectal

PWE-070

OUTCOMES FOLLOWING LOCAL EXCISION OF BENIGN RECTAL LESIONS—NETWORK MDT RESULTS

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Introduction A regional Small and Early Rectal Cancer (SERC) MDT was established in 2008. In line with NICE guidance, all patients with stage 1 rectal cancer are referred, as well as benign lesions with a high clinical suspicion of malignancy. Historical evidence from St Mark's has shown that most rectal cancers following Local excision (LE) develop in patients with incomplete adenoma excision. We aimed to establish outcomes of LE for benign lesions in our region, focusing on adequate treatment according to histology, adequacy and type of excision.

Methods Observational study of the SERC MDT database.

Results The SERC MDT processed 137 referrals (62 f: 75 m. Median age 77 (range 36–90)). There were 79 cases with benign histology at referral. Of 74 local excision (LE) procedures, 50 were performed for ultimately benign lesions. There was one attempted LE prior to

MDT referral (asterisk). The case with incomplete excision of HGD was offered classical surgery. Histopathological examination of margins was not possible in 22 cases due to piecemeal excision. All patients entered an endoscopic surveillance programme.

Conclusion The majority of the referrals to the SERC MDT are for benign lesions and we would recommend all suspicious lesions are referred in the first instance. Rates of complete excision of benign lesions can be improved. TEMS has a significantly higher complete excision rate compared to EMR. Long-term follow-up of patients with incomplete excision will be of interest.

Abstract PWE-070 Table 1 Outcomes following LE for adenomas

	N (%)	Excision complete (%)	Excision incomplete (%)	Unable to assess (%)
LGD	29 (58)	10 (34)	4* (14)	14 (48)
HGD	21 (42)	12 (57)	1 (5)	8 (38)
TEMS	19	14 (74)	1 (5)	4 (21)
EMR	16	2 (13)	0 (0)	14 (87)
TART	10	7 (70)	2 (20)	1 (10)

HGD, High grade dysplasia; LGD, Low grade dysplasia.

Competing interests None declared.

PWE-071 THE MANAGEMENT OF SMALL EARLY RECTAL CANCERS—NETWORK MDT RESULTS

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Introduction A regional Small and Early Rectal Cancer (SERC) MDT was established in 2008 with input from Gastroenterology, TEMS service, pathologists, oncologists, cancer specialist nurses and surgeons. All patients with stage 1 rectal cancer are referred, ensuring cases suitable for local excision (LE) are managed by teams with appropriate expertise in line with NICE guidance and peer review measures for colorectal cancer.^{1 2} We aimed to review the outcome of patients managed by the MDT focusing on adequacy of treatment according to histology, follow-up and classical surgery.

Methods Observational study of the SERC MDT database.

Results The SERC MDT processed 137 referrals (62 f: 75 m. Median age 77 (range 36–90)). There were 48 malignant cases. Of 74 local excision (LE) procedures, 24 were performed for malignancy (see Abstract PWE-071 table 1 below for outcomes). Classical surgery was advised for nine patients. The stoma averse or surgically high-risk patients were offered direct radiotherapy (n=16). There were 14 attempted LE's prior to MDT referral. All were malignant and only

Abstract PWE-071 Table 1 Outcomes following local excision for malignancies

LE for malignancy	T1	T2
24	21	3
Kikuchi grading	SM1	7
	SM2	7
	SM3	7
Resection margins	R0	11
	R1	9
	R0	0
	R1	3

three were completely excised. Incompletely excised lesions were referred for classical surgery or radiotherapy.

Conclusion This regional SERC MDT has demonstrated the successful implementation and functioning of the early rectal cancer MDT model. All small rectal lesions should be referred to MDT prior to attempt at LE, thus allowing for accurate staging and appropriate pre-operative planning. R0 resection rates need improvement.

Competing interests None declared.

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PWE-072 CURRENT ROLE OF RADIOLOGY AS THE FIRST INVESTIGATION IN THE ENGLISH BOWEL CANCER SCREENING PROGRAMME (BCSP)

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Introduction The current BCSP pathway recommends radiological examination of the colon for people with a positive faecal occult blood test who are unable to undergo colonoscopy. The proportion of people undergoing radiological examination and polyp/cancer yield is unknown.

Methods All patients undergoing lower gastrointestinal investigation following a positive faecal occult blood test within the English national Bowel Cancer Screening Programme (BCSP) in the first 4 years of the programme (August 2006–July 2010) were identified. The number, percentage, demographics and co-morbidity (as defined by ASA grade) of people having CT colonography, barium enema, and plain abdominal CT as the first investigation were recorded and variability between centres was assessed. Use of radiology and yield of cancer and high risk polyps were also recorded, and compared to colonoscopy. Outliers were determined using Tukey limit methods.

Results Use of radiological tests as a first line investigation increased steadily with age from 0.99% in those aged <60 years to 6.04% in those aged >74 years. Radiological tests were used in more women than men (2.65% vs 2.35%, p<0.01). Radiological investigation increased with co-morbidity from 1.94% in people graded ASA 1 to 38.36% in ASA 4 (p<0.001). Cancer and high risk polyp detection rates for all first-line investigations are shown below. Detection rates for radiological tests were lower in this older, co-morbid sub-population than found for colonoscopy. There was considerable variation in the use of radiology between centres (0.3% to 9.1%), not related to age or co-morbidity. Two centres had a very low percentage of people having radiology tests and three very high.

Conclusion The number of people having radiology tests as an alternative to colonoscopy in the BCSP is highly variable across England but is associated with increasing age and co-morbidity. Cancer and high risk polyp detection rates appear lower in this sub-population compared to colonoscopy yield. Accuracy of radiology

Abstract PWE-072 Table 1

	Colonoscopy	Barium enema	CT colonography	Abdominal CT
Number	94 135	253	1770	358
Cancer (%)	9.26	3.56	5.03	4.19
High risk polyps (%)	9.57	2.77	4.75	1.12