Endoscopic management of a subgroup of MCPs appears contentious with no randomised controlled trials comparing endoscopic with surgical management. This study reviews the management and outcomes of MCPs across a UK region.

**Methods**

Patients were identified using the NORCCAG (NORTHERN colorectal cancer audit group) database between April 2006 and July 2010. All histopathology reports and follow-up procedures were reviewed.

**Results**

Of 386 patients identified, 165 (42.7%) had the polyp biopsied, 57 (9.6%) a piecemeal excision, 184 (47.7%) a polypectomy. All initial biopsies underwent surgical intervention. 108/221 initial local excisions (46.6%) had follow-up surgery of whom 79 (76.7%) had no residual cancer. Of the 118 managed endoscopically, none had residual cancer. Of the 118 managed endoscopically, none had residual cancer on follow-up endoscopy. The 21 (5.4%) Dukes’ C cancers were significantly associated with Kikuchi SM3/Haggitt Level 4 lesions ($\chi^2=10.85$, $p=0.005$) and lesions with an involved/unsure excision margin ($\chi^2=7.44$, $p=0.017$). Predictive markers of finding residual tumour at surgery were Kikuchi SM3/Haggitt Level 4 ($\chi^2=17.07$, $p<0.001$), and any involved/unsure excision margin ($\chi^2=20.45$, $p<0.001$). An excision margin $>0$ mm was significantly associated with finding no residual tumour ($\chi^2=25.21$, $p<0.001$).

There was no difference in survival between surgical and endoscopic management ($\chi^2=0.634$, $p=0.426$).

**Conclusion**

Endoscopic management of a subgroup of MCPs appears safe and effective. A clear resection margin ($>0$ mm) appears sufficient to avoid surgery. Advanced lesions (Kikuchi 3/Haggitt 4) have a greater risk of residual cancer at surgery, and of lymph node metastases.

**Competing interests**

None declared.

**PWE-092 WILL THE NATIONAL AWARENESS AND EARLY DIAGNOSIS INITIATIVE (NAEDI) HAVE AN IMPACT ON BOWEL CANCER SCREENING ACTIVITY?**

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**Introduction**

1- and 5-year survival from all cancers in England is poorer than for other comparable countries, largely because of delayed diagnosis. The UK’s Department of Health has estimated that if cancer survival in England could be improved to match the best in Europe, then 10 000 lives would be saved every year, about 1700 of which would be from bowel cancer. The National Awareness and Early Diagnosis Initiative (NAEDI) is a Government plan to raise public awareness of the early signs and symptoms of cancer and, as one of the leading causes of cancer death, bowel cancer has been identified as a particular target. During 7 weeks in early 2011, a pilot bowel cancer NAEDI campaign was run in two Strategic Health Authorities (SHAs), including the South West SHA, with widespread coverage on local television, radio and newspapers and distribution of educational literature to general practitioners (GPs). The public was urged to consult their GP if they had any symptoms of bowel cancer and, consequently, attendance with relevant symptoms at GP practices increased by 48% with a 32% increase in 2-week wait referrals. Little direct reference was made to the Bowel Cancer Screening Programme in the media campaign on screening activity. Screening data for the general population served by the Southern Hub not targeted during the campaign period at that time and a year earlier.

**Methods**

The BCSP Southern Hub has analysed screening data for the South West SHA to explore the indirect effects of the pilot campaign on screening activity. Screening data for the general practices covered by the media campaign were compared with data for the same practices a year earlier and with data for practices served by the Southern Hub not targeted during the campaign period at that time and a year earlier.

**Results**

There was a small increase in overall uptake among individuals who were participating for the first time, but no evidence of a change in uptake by individuals who had previously participated in the Screening Programme. The Hub saw no increase in the number of calls received by the Helpline, test kits were not returned any more quickly and there was no change in the proportion of positive test kits. Comparisons drawn between the practices described are limited, however, by the likelihood that publicity...