including length of stay, treatment, mortality, and relapses were analysed and compared to standard hospital episode statistics (HES).

**Results** The annualised hospital incidence of CDAD was 70/20000 admissions, age range 2–100 yrs (mean 75.5, M: F), 76.8% patients were older than 70 yrs. 43% had received antibiotics prior to admission and 35 (62%) patients were commenced on antibiotics in hospital. The top 5 were Amoxicillin, Co-amoxiclav, Fluclaxacillin, Cephalexin and Trimethoprim. 62% of these had received one course of antibiotic, and 30% two or more courses. 39% patients had a previous admission to hospital in the preceding 12 weeks, 46.4% were taking a PPI and 35.7% a laxative. Previous admission to hospital in the preceding 12 weeks, 46.4% patients were seen by an MDT member. 78.5% pts were treated, 30/44 (68%) with Metronidazole and 11/44 (25%) with Vancomycin as first line drugs. 3/44 patients received both drugs initially. 30.4% pts received >7 days, 50% upto 14 days and 19.6% >14 days treatment. All cause mortality was 25%, almost entirely in the elderly. 7% had a recurrence, all treated by Vancomycin and pulsed/tapered regimes and probiotics were used infrequently.

**Conclusion** CDAD continues to be an important hospital acquired infection with a significant increase in hospital length of stay and high mortality rates, especially in the elderly. This study indicates that a significant proportion of CDAD may be acquired in the community. Adherence to national recommendations for management and involvement of the MDT needs to be encouraged to improve outcomes.

**Competing interests** None declared.

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**PWE-100 REPEAT TWO WEEK WAIT REFERRALS FOR SUSPECTED COLORECTAL CANCER**

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**Introduction** The two week-wait pathway for suspected colorectal cancer (CRC2ww) ensures prompt review and investigation of patients with symptoms concerning for malignancy. Previous investigation of such patients does not preclude future repeat referral yet may not represent efficient use of limited clinic time or diagnostic services. This study aims to evaluate the incidence and outcome of repeat CRC2ww referrals.

**Methods** A retrospective review of all CRC2ww referrals to our unit over a 4-year period was conducted. Patients with previous CRC2ww referrals were identified from a hospital database. Referral indication and outcome for all referrals was collected.

**Results** 2751 CRC2ww referrals were made between July 2007 and July 2011, median age 72 (19–102), 1179 (45%) male. 273 cancers were identified including 212 colorectal cancers. 121 referrals were repeat referrals, with 77 made prior to July 2007, and a median 1087.5 (55–2709) days between initial and repeat referrals. Referral indication was the same in 55 (47%) cases. When compared to unique referrals, repeat referral were associated with increased age (79 years vs 71 years, p<0.0001) and increased proportion of females (69% vs 56%, p=0.0048). Six cancers, including two CRC, were identified following repeat referral with a median 1511.5 (477–1988) days between initial and repeat referrals. There was no statistical difference in cancer detection between unique or repeat referrals (5.2% vs 10.4%, p=0.07).

**Conclusion** Repeat referrals comprise a small proportion of all CRC2ww referrals. Such patients are older and more commonly female. However, cancer detection is not significantly lower in this cohort when compared to those not previously referred. Historical referral or investigation should not preclude future CRC2ww referrals and such patients should be investigated to the same extent as unique referrals.

**Competing interests** None declared.