

differentiation between wind and solid had a positive correlation with better QOL ( $p = 0.007$  and  $0.02$  respectively). There was a non-significant decrease in the overall QOL (EQ-5D  $p = 0.6$ , EQ-VAS  $p = 0.12$ ) following hemicolectomy compared with controls.

**Conclusion** Colonic resection has an adverse effect on bowel frequency with worse outcomes following right hemicolectomy. Good colonic function, as assessed by the MSKCC questionnaire, is associated with better QOL.

**Disclosure of Interest** None Declared

**PWE-002 SHORT-TERM OUTCOMES FOLLOWING SURGICAL TREATMENT OF BENIGN COLONIC POLYPS: A CASE-MATCHED STUDY**

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**Introduction** Patients diagnosed with complex colonic polyps (broad based, crossing two haustral folds, or being located at the ileocaecal valve or colonic flexures) unsuitable for endoscopic treatment undergo the same surgical procedure as patients with colon cancer. As a result of the bowel cancer screening programmes, the number of these patients has increased significantly and outcomes after hemicolectomy for benign colonic polyps (BCP) are poorly documented. We present a case-matched study examining short-term outcomes of patients with BCP versus those with colonic cancer (CC) from two institutions.

**Methods** Consecutive patients undergoing surgery for BCP were identified in two hospitals from prospectively maintained databases (data collection period 2005–2006 and 2010–2012 respectively). Hospital coding database was also searched using operation codes to identify missing patients. Each patient was matched for age, sex, ASA grade, site and type of resection (laparoscopic, open, and converted) to two controls undergoing surgery for treatment of CC identified in each centre. The length of stay (LOS) and 30-day outcomes were analysed with further adjustments for BMI, blood loss and operation time. Multilevel linear and logistic regression analyses were performed.

**Results** 46 BCP patients were matched with 81 CC patients. Almost all procedures were performed laparoscopically (42/46). Two procedures were converted to open and two patients underwent planned open surgery. Median size of BCP was 4 cm (IQR 2.5, 5.4). BCP group had a marginally longer LOS [median 5.5 days (IQR 4, 8) and 5 days (IQR 3, 7) respectively ( $p = 0.04$ )]. 21/46 (46%) patients with BCP had a postoperative complication compared to 25/81 (31%) CC patients ( $p = 0.12$ , OR = 2.11; CI 0.82–5.41). 4/46 (9%) BCP patients underwent reoperation and further 3/46 (7%) were readmitted versus 1/81 (1%) and 2/81 (2%) in CC group ( $p = 0.07$  and  $0.28$  respectively). No deaths were observed in either group.

**Conclusion** Complications following segmental colectomy for complex colonic polyps are not significantly different to those after cancer surgery. The results of this study provide further impetus for the development of a local full thickness colonic excision technique as an alternative, less invasive treatment option in order to improve patient outcomes.

**Disclosure of Interest** None Declared

**PWE-003 COLORECTAL CANCERS ARISING IN ADENOMAS ("POLYP CANCERS") DISCOVERED AND RESECTED DURING BOWEL CANCER SCREENING COLONOSCOPY**

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**Introduction** The national bowel cancer screening programme (BCSP) was rolled out in 2006. Screening is based on a guaiac FOBt strategy, positive tests are offered colonoscopy. In January 2008 implementation commenced in LNR region (pop ~1.6 million).

Polyp cancers present a challenge both to clinicians and patients - optimal management remains unclear. We prospectively followed all patients who underwent primary endoscopic polypectomy.

**Methods** Patients with polyp cancers resected by polypectomy alone within the BCSP (48 cases as of 31/12/11) have had their outcomes recorded (last update 31/10/12).

**Results Demographic data**

Mean/median age = 65.92/66 yrs

Males/Females = 33 (68.75%)/15 (31.25%)

Location of polyp cancer

Rectum = 5 (10.4%)/Sigmoid = 41 (85.4%)/Desc colon = 2 (4.2%)

**Abstract PWE-003 Table**

	Pedunculated polyp cancers – 35 cases				Other polyp cancers
	Haggitt 1	Haggitt 2	Haggitt 1 & 2	Haggitt 3	
Number	15	11	26	9	13
Recurrences	0	0	0	0	1
Mean time post index polypectomy	33.7 months (11.5–50.1)	34.1 mths (16.4–52.2)	33.8 mths (11.5–52.2)	40.4 mths (27.0–54.5)	see notes below
Cumulative recurrence free time	504.8 months (42.1 yrs)	375 mths (31.2 yrs)	879.8 mths (73.3 yrs)	363.3 mths (30.3 yrs)	

**Notes** One patient with a Haggitt 1 polyp cancer has subsequently died from ascending colon adenocarcinoma (a new lesion). Of the 13 other polyp cancers, 5 were pedunculated but not assigned Haggitt levels due to incomplete excision or invasive cancer – one of these patients has subsequently died with liver metastases. There were 8 sessile polyp cancers with no recurrences – too small a group to draw any meaningful conclusions.

**Conclusion** There were 26 patients with Haggitt 1 or 2 polyp cancers. Cumulative follow up of 73.3 yrs has not identified any case of recurrence, suggesting that endoscopic resection of these lesions is curative. The 9 patients with Haggitt 3 polyp cancers (invasion into stalk) have 30.3 yrs cumulative recurrence free time.

It is recognised that there is an increased risk of adverse outcomes (lymph node metastasis/recurrence) from Haggitt 4 polyp cancers (invasion into bowel wall submucosa below stalk) and hence factors such as adequate resection margins (despite diathermy artefact) and length of stalk have to be taken into account to ensure that Haggitt 3 polyp cancers are not actually Haggitt 4 polyp cancers.

Patients with Haggitt 3 polyp cancers, where there is evidence of adequate resection margins, should be offered the option of conservative treatment balanced with the risks of formal resection.

**Disclosure of Interest** None Declared

**REFERENCE**

- Haggitt RC, Glotzbach RE, Soffer EE, Wruble LD. Prognostic factors in colorectal carcinomas arising in adenomas: implications for lesions removed by endoscopic polypectomy. *Gastroenterology* 1985; 89:328–36.

**PWE-004 DETECTION OF VENOUS INVASION TO STAGE COLORECTAL CANCER**

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**Introduction** Elastica staining of tumour sections increases the sensitivity of detection of venous invasion in colorectal cancer. We compared the prognostic value of elastica detected venous invasion with that of other pathological features in colorectal tumours.