The prevalence of GI malignancy ranged from 0.0% in younger females with mild anaemia, to over 25% in older males with more severe anaemia. By the pre-defined criteria, the model identified sub-populations of 84 (11% of the total) at extreme low risk, and 117 (16%) at extreme high risk. Conclusion The results confirm previous work identifying age, sex and haemoglobin concentration as variables predictive of underlying malignancy in IDA. Furthermore, the findings suggest that over a quarter of subjects with IDA can be predicted to be of extremely low or high risk on the basis of these simple and objective clinical criteria. This may be of clinical relevance for patient counselling, prioritisation of investigations and allocation of resources. Work is ongoing to validate risk prediction in a prospective study, and to refine the model by inclusion of additional variables.

Disclosure of Interest None Declared.

REFERENCE


PWE-155 A BAD GUT FEELING: THE LONG-TERM IMPACT OF PELVIC RADIOThERAPY ON GASTROINTESTINAL (GI) FUNCTION

doi:10.1136/gutjnl-2013-304907.443

Introduction As new cancer treatments have been introduced, there have been enormous improvements in outcomes for treated patients. They are living longer and the number of survivors of cancer therapy is growing by 3% per year in the UK. 17 000 UK patients are treated annually with pelvic radiotherapy. 80% of patients who receive pelvic radiotherapy are left with chronic alteration in GI function and 50% state that this affects daily activity. There are few data on the nature of the symptoms these patients develop. This study aims to describe the symptoms troubling patients referred to a specialist Pelvic Radiation Disease clinic.

Methods A prospective service evaluation of patients treated with pelvic radiotherapy referred to our clinic was performed. Patient characteristics were recorded. Each new patient completed a modified Gastrointestinal Symptom Rating Scale and Bristol Stool Chart which described their symptoms and severity.

Results Data on the first 110 patients collected included 47 women (43%), median age, 59 (range: 37–79 years) and 63 men (57%) median age, 72 years (range: 20–83 years) treated for prostate (47%), gynaecological (27%) or ano-rectal cancers (17%), lymphoma (5%) and other tumours (4%). The median length of time since starting radiotherapy to presenting in clinic was 3 years 1 month; range: 0.5–36 years.

Pelvic symptoms causing frequent or severe impact on patients daily lives were urgency (66%), diarrhoea (defined as Bristol stool chart type 6 or 7) (62%), tenesmus (55%), fatigue (51%), rectal flatulence (51%), abdominal pain (45%), faecal leakage (45%), sexual concerns (35%), problems with urination (34%), bloating (34%),borborygmi (30%), woken at night to defaecate (28%), rectal bleeding (24%), belching (20%), heartburn (15%), steatorrhoea (15%), nausea and vomiting (10%).

Women presented with a median of 12 symptoms (range: 2–17) out of a maximum of 17 recorded symptoms and men with a median of 11 (range: 2–16). The number of symptoms defined by the patients as “frequent” or “severe” was a median of 8 symptoms for women (range: 0–15) and 5 symptoms for men (range: 0–13).

Conclusion GI, sexual and urinary symptom burden is high after pelvic irradiation in new patients attending our clinic. Patients often present with multiple symptoms impacting daily activities. Symptoms clusters are complex and a systematic, multidisciplinary approach for efficient management is required. Clinicians will see increasing numbers of affected patients and may need training to deal with these patients optimally.

Disclosure of Interest None Declared.