

Abstract PWE-033 Figure 1

Understanding of test risks was greater for colonoscopy than CTC: 95.7% understood risks of colonoscopy vs 86.9% for CTC (odds ratio=1.88 95% CI: 1.71–2.07, $p < 0.0001$). Test benefits were also better understood for colonoscopy than for CTC: 98.2% understood colonoscopy benefits vs. 93.6% for CTC (OR=1.67 95% CI: 1.52–1.84 $p < 0.0001$). Just over one-quarter found CTC more uncomfortable than expected (25.7%), more than for colonoscopy (20.8%; OR = 1.34 95% CI: 1.24–1.46, $p < 0.0001$, Figure 1). Post-procedural pain showed no significant difference between tests (CTC = 14.6%, colonoscopy=14.3%; OR = 1.07 95% CI: 0.93–1.22, $p = 0.35$). More patients understood their colonoscopy result (97.0%) than CTC (90.5%, OR=2.19 95% CI: 1.99–2.41, $p < 0.0001$).

Direct CTC-related complications were rare ($n = 16$; 0.5%) although a further 20 (0.6%) suffered complications from subsequent procedures provoked by CTC. Colonoscopy complication rates were similar ($n = 779$; 1.0%).

Conclusion Although CTC is generally well-tolerated, it is more frequently judged unexpectedly uncomfortable than colonoscopy. Similarly, while overall understanding of test risks, benefits and results is high, rates are lower than for colonoscopy. Post-procedural discomfort and complication rates are similar between both tests. Clear communication of the risks, benefits, procedural experience and results of CTC is required in the BCSP.

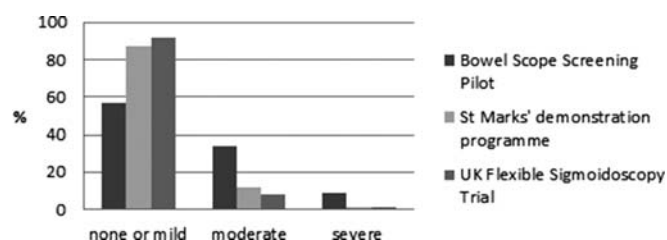
Disclosure of Interest None Declared.

PWE-034 PATIENT-REPORTED EXPERIENCE OF COMFORT AND DIGNITY IN FLEXIBLE SIGMOIDOSCOPY: DATA FROM THE NHS BOWEL SCOPE SCREENING PILOT

¹C Von Wagner*, ¹H Bowyer, ^{2,3}CJ Rees, ⁴W Atkin, ¹J Wardle. ¹Epidemiology and Public Health, UCL, London, UK; ²South of Tyne and Wear Screening Centre, Gateshead, UK; ³School of Medicine, Pharmacy and Health, Durham University, Durham, UK; ⁴Surgery and Cancer, Imperial College London, London, UK

10.1136/gutjnl-2014-307263.294

Introduction The NHS Bowel Cancer Screening Programme started flexible sigmoidoscopy (FS) screening (also known as Bowel Scope Screening, BSS) at six centres across England



Abstract PWE-034 Figure 1 Patient-reported levels of pain

(Gateshead, Guildford, London, Medway, Norwich, Wolverhampton) in March 2013. The aim of this analysis was to investigate the extent to which high levels of patient satisfaction recorded in previous UK trials can be replicated in the early stages of a routine screening programme.

Methods We used data from an ongoing study monitoring patient-reported experience in the pilot phase of the BSS Programme. We report data from the 'post-AM questionnaire' which is given to patients at the end of their FS appointment and supposed to be completed on the following day.

Results As of January 2014, we had received 2,324 questionnaires. Satisfaction with the test was high with 98.8% of patients being either satisfied (21.1%) or very satisfied (77.7%). Nonetheless, 43% of patients reported moderate (34%) or severe pain (9%) which was high compared with the St Marks' demonstration programme¹ and the UK Flexible Sigmoidoscopy Trial² (Figure 1). Women were three times as likely to report severe pain during the test than men (14.3 vs 4.6%), and twice as likely to find the test as more painful than they had expected (39.9 vs 20.1% respectively). Only about 1 in 10 patients reported being moderately (9.8%) or severely (1.4%) embarrassed during the test, with women being slightly more likely than men to fall into these categories (13.4 vs. 8.9%). Women also had a much stronger preference for the test to be carried out by a female practitioner than men (41.2% vs 7.1% respectively).

Conclusion The vast majority of patients were satisfied with their experience of FS screening. However, levels of pain appear high when compared with previous trials. Emphasis should be placed on ensuring that patients have as comfortable a procedure as possible. Additional consideration should be given to women being able to choose the sex of the practitioner performing the test.

REFERENCES

- 1 Robb K, Lo S, Power E, *et al.* Patient-reported outcomes following flexible sigmoidoscopy screening for colorectal cancer in a demonstration screening programme in the UK. *J Med Screen* 2012;19:171–176
- 2 Taylor T, Williamson S, Wardle J, *et al.* Acceptability of flexible sigmoidoscopy screening in older adults in the United Kingdom. *J Med Screen* 2000;7:38–45

Disclosure of Interest None Declared.

PWE-035 PATIENTS' EXPERIENCE OF COLONOSCOPY IN THE ENGLISH BOWEL CANCER SCREENING PROGRAMME

¹A Ghanouni, ²A Plumb, ^{3,4}CJ Rees, ⁵P Hewitson, ³H Miller, ³R Bevan, ¹C Von Wagner*. ¹Epidemiology and Public Health, UCL, London, UK; ²Centre for Medical Imaging, UCL, London, UK; ³South of Tyne and Wear Screening Centre, Gateshead, UK; ⁴School of Medicine, Pharmacy and Health, Durham University, Durham, UK; ⁵Nuffield Department of Population Health, University of Oxford, Oxford, UK

10.1136/gutjnl-2014-307263.295

Introduction In the English Bowel Cancer Screening Programme, colonoscopy is the standard investigation to exclude cancer in participants who receive a positive faecal occult blood test result. A questionnaire is sent to all patients 30 days post-test. These data were used to assess patients' experience of colonoscopy.

Methods Anonymised data were extracted from the Bowel Cancer Screening System. These included all patients who had colonoscopy between 01/01/11 and 31/12/12. Questionnaire items on the pre-test experience (whether patients understood the risks/benefits), the hospital experience (the test itself, issues of dignity/privacy) and post-test