

Abstract PWE-052 Table 1

| | |
|--|------------|
| Invitees | 1866 |
| Attended | 524 |
| Uptake* | 37.0% |
| FSIGs with adenomas (adenoma detection rate,%) | 64 (12.2) |
| Colonoscopy required (%) | 23 (4.4) |
| Extent (%) [†] | |
| Transverse | 351 (67.0) |
| Descending | 130 (24.8) |
| Sigmoid | 34 (6.5) |
| Rectum | 4 (0.8) |
| Entonox (%) | 94 (17.9) |

*Uptake calculated from those invited ≥ 16 weeks before 20.12.13 to allow response to invitation and attendance.
[†]missing data in 5.

Results 2 endoscopists were accredited in March 2013– 1 medical research fellow, and 1 staff grade surgeon. 2 existing BCSP colonoscopists also support the BowelScope lists as required.

First invitations were sent from the Northern Hub on 21.03.13, and first screening list held on 07.05.13.

Lists are held on Tuesday and Thursday evenings, recently increasing to include Saturday lists. Lists initially had 12 slots available, but were reduced to 10 in light of over-running lists. Average list length 229 min (11/12 points) vs 199 min (≤ 10 points).

248 FSIGs were completed in ≤ 110 min, 172 in 11–15 min, and 88 in > 115 min (data missing in 7).

Comfort was recorded by SSPs as none/minimal/mild discomfort in 484 cases, and moderate/severe in 35. Entonox was used by 94 screenees. Patient surveys showed patient reported moderate/severe pain in 44%.

Failure to attend– 52 (9%).

As of 20.12.2013:

Conclusion We demonstrate that BowelScope screening can be adequately delivered by existing screening centres. Adjustments may need to be made to list templates in order to ensure minimal waiting for patients. Uptake is less than for the FOB programme but is higher than in early pilots. Some slots are wasted with the 9% FTA rate; a new text messaging reminder service has been developed to address this. Patient reported pain levels are higher than those recorded by the SSPs, highlighting a need for accurate assessment of patient experience.

Disclosure of Interest None Declared.

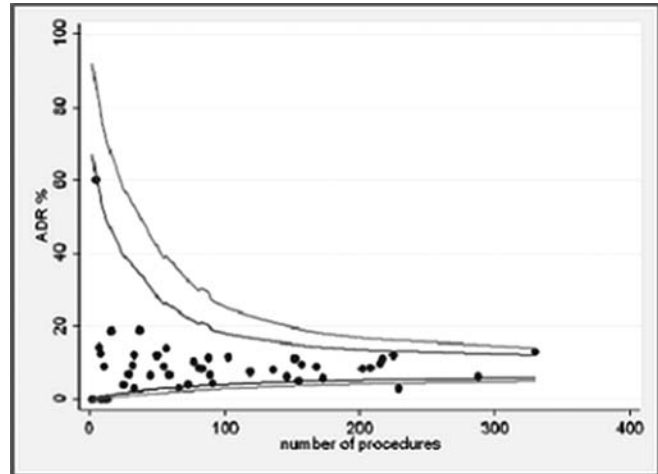
PWE-053 VARIATION IN ADENOMA DETECTION RATE IN BOWELSCOPE SCREENING

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Abstract PWE-053 Table 1 ADR by centre and volume

| | Centre 1 | Centre 2 | Centre 3 | Centre 4 | Centre 5 | Centre 6 | All centres | |
|------------------------------|----------|----------|----------|----------|----------|----------|-------------|------------|
| Endoscopist procedure counts | ADR% | ADR% | ADR% | ADR% | ADR% | ADR% | ADR% | ADR range% |
| All | 8.8 | 11.7 | 8.9 | 7.6 | 6.5 | 7.3 | 8.6 | 0.0–60.0 |
| ≥ 50 | 8.9 | 11.3 | 8.1 | 8.6 | 6.4 | 6.4 | 8.6 | 3.1–14.0 |
| ≥ 100 | 9.0 | 11.3 | 8.9 | 8.6 | 3.1 | 5.2 | 8.7 | 3.1–13.0 |



Abstract PWE-053 Figure 1

Introduction The English Bowel Cancer Screening Programme has been expanded to include a one-off flexible sigmoidoscopy offered to all 55 year olds, called BowelScope Screening. Screening commenced in May 2013, with 6 pilot sites performing flexible sigmoidoscopies in the first 8 months of screening.

Methods The NHS Bowel Cancer Screening System database was interrogated and ADRs reviewed for each screening centre and screening endoscopist. A funnel plot was constructed using the log odds method.

Results 49 endoscopists have performed 4444 sigmoidoscopies at 6 screening centres. Endoscopists had performed 2–330 procedures (median 66, mean 91), 29 endoscopists had performed ≥ 50 procedures, of these, 17 had performed ≥ 100 procedures. Overall BowelScope ADR is 8.6%. ADR by centre is shown in Table 1.

Centre 2 has a higher ADR than the other centres. When considering all procedures, this difference reaches statistical significance when compared to centres 3, 5, and 6 ($p < 0.05$), and approaches significance when compared to centre 1 ($p = 0.0687$) and centre 4 ($p = 0.0548$). When considering procedures done by endoscopists who have performed ≥ 50 or ≥ 100 sigmoidoscopies, there remains a significant difference ($p < 0.05$) between centre 2 compared to centres 5 and 6, but not to the other centres. Creating a funnel plot of individual endoscopist ADRs, demonstrates one endoscopist below the 99.8% control limit (Figure 1).

Conclusion Adenoma detection rates within BowelScope screening show variation between centres. There is also variation between endoscopists in terms of individual ADRs, although all but 1 endoscopist are above the 99.8% lower control level on funnel plot. These variations require further exploration at both centre and individual level; feedback and education methods will be used to improve ADRs. Consideration should be given to establishing an ADR standard.

Disclosure of Interest None Declared.