Introduction and aims The implementation of BS (1 off FS for 53 year olds) has led to significant pressures on endoscopy units with large numbers of procedures. In addition patients with certain findings (which include number, size, dysplasia and villous component degree of adenomatous polyps) will require colonoscopy (FC). This has to be done within 2 weeks. The North of Tyne screening centre serves a population >8 60 000. ‘Roll out’ of BS started in 2014 and now covers patients enrolled in 50% of our regional GP practices.

At this ‘halfway stage’ we aimed to assess:

- Attendance and findings in those invited
- Proportion of patients who require FC after FS and significance of proximal pathology
- Incidence and sites of any malignancy
- The proportion with neoplasia after colonoscopy requiring future surveillance

Method Data was collected on all patients who had FC after FS in the BS program for the 12 months from 1/1/2017 (obtained from the central database and crosschecked with local records). We reviewed all endoscopy and histology reports to obtain patient demographics, FC indication, findings and all histology. The extent of each FS was accurately recorded with aid of Olympus imager (scope guide).

Results 2698 of the 3629 who responded to the written invitation attended for FS.

130 (4.8% of attendees) met criteria for FC – Main reasons:
- ≥10 mm polyp (34%);
- ≥3 polyps (21.5%);
- villous histology (21.5%);
- anticoagulant/antiplatelet use (4.6%)

After colonoscopy, 54 have neoplasia requiring for future surveillance – 33 high risk category (1 year); 21, intermediate risk (3 years).

4 patients had malignancies: 1x rectal polyp cancer; 1x sigmoid cancer (T2N0); 1x descending colon cancer (T3N1M1);
1 splenic flexure cancer (T4N1);

At colonoscopy, 37 patients had adenomas proximal to the splenic flexure but all were <10 mm with low-grade dysplasia

Conclusions
- 74% of patients who initially showed interest attended for FS
- Almost 5% of patients attending for BS require FC of these 41.5% will have intermediate or high risk neoplasia requiring future surveillance
- A small proportion (1.5/1000 screened) of attenders were found to have a cancer
- 28.5% had neoplastic lesions beyond the splenic flexure, none with high grade dysplasia/cancer

Therefore if the colon is examined to the splenic flexure at FS during BS screening, our data suggests that FC can be safely booked as routine (within 6 weeks). This will ease some of the pressure on endoscopy units.