Abstract PTU-031 Table 1 PCCRC subtypes

	Interval type	Non-interval type		
		type A	type B	type C
	<i>Detected prior to recommended screening/ surveillance interval</i>	<i>Detected at recommended screening/ surveillance interval</i>	<i>Detected after recommended screening/ surveillance interval</i>	<i>Where no screening/ surveillance interval had been recommended</i>
Examples	Patient with 2 small adenomas is advised to return for surveillance in 5 years; 4 years later develops anaemia; colonoscopy reveals CRC	Patient with a 15 mm adenoma is advised to return for surveillance in 3 years; at 3 years, a CRC is found	Patient with 3 adenomas is advised to return for surveillance in 3 years. Patient misses this, returns 4 years later with CRC	Patient investigated for change in bowel habit – colonoscopy normal. No further investigation recommended. 5 years later patient develops symptoms and a colonoscopy reveals CRC

Abstract PTU-031 Figure 1 Proposed algorithm for aetiology attribution of PCCRC cases

Conclusions This is the first consensus aiming to standardise terminology around PCCRC/PICRC, presenting a methodology for analysis of causation of PCCRC/PICRC and defining its potential role as a key quality indicator.

PTU-032 POST-COLONOSCOPY COLORECTAL CANCER RATES IN IBD ARE HIGH AND VARY BY NHS TRUST IN ENGLAND

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Introduction Colorectal cancer (CRC) risk is increased in those with inflammatory bowel disease (IBD). Guidelines

advocate surveillance colonoscopy for patients with long-standing IBD. Post-colonoscopy colorectal cancer (PCCRC) is a key quality indicator of colonoscopy. There is limited data exploring the rate of PCCRC in those with IBD and potential risk factors associated with IBD-related PCCRC.

This study explored national and individual hospital rates of IBD-related PCCRC in England since 2006. Further analysis explored potential associations with IBD-related PCCRC in order to inform future quality improvement interventions.

Methods We identified all those who had undergone a colonoscopy between 1/1/2006 and 31/12/2012 and developed a CRC before 31/12/2015 using linked national Hospital Episode Statistics and National Cancer Registration and Analysis Service data. IBD cases were identified by relevant ICD-10 codes. Using international consensus guidelines^{1,2} the rate of PCCRC within 3 years (PCCRC-3 yr) was calculated as the number of false negative colonoscopies (within 6–36 months of CRC) divided by the sum of the true positive (within 6 months of CRC) and false negative colonoscopies. The IBD-associated PCCRC-3 yr rate in each NHS hospital trust in England was ranked and trusts were separated into quintiles. Factors associated with IBD-related PCCRC were investigated.

Results Between 2006 and 2012 we identified 7781 PCCRC, 800 (10%) with a diagnosis of IBD. Nationally, the IBD-PCCRC-3 yr rate was 35%, and varied between hospital trusts with those in the lowest quintile having a mean, unadjusted rate of 19% (SD ±7%) compared to 52% (SD ±7%) in the highest quintile. PCCRC cases were younger at diagnosis (60 years compared to 66 years), were less likely to have diverticular disease (10% compared to 16%), and had undergone more previous colonoscopies when compared to detected cases (within 6 months of colonoscopy). There was no significant difference for sex, bowel location, deprivation score, or metachronous tumours.

Conclusion PCCRC-3 yr in those with IBD is high, and accounted for 10% of all PCCRC-3 yr in England between 2006 and 2012. There is a wide variation in the unadjusted rates between NHS trusts in England that is unlikely to be explained by natural variation. There is an urgent need to investigate avoidable reasons for cancers in those with IBD to optimise surveillance and prevention of CRC in IBD.

PTU-033 COLORECTAL CANCER AND EXPERIENCE IN TESTING FOR LYNCH SYNDROME IN A WEST LONDON HOSPITAL

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Introduction Colorectal cancer (CRC) is diagnosed in over 46 000 people in the UK annually, and is the second most common cause of cancer death. NICE guideline DG27 recommends universal testing for Lynch Syndrome (LS) at diagnosis of colorectal cancer, by testing the CRC for mismatch repair (MMR) status, a hallmark of the disease.

Methods We collected data prospectively from November 2016 to December 2017 of consecutively diagnosed CRC