Methods The NI BCS programme was initiated in April 2010, targeting 60–74 year olds through faecal occult blood testing (FOBT). Characteristics of SSL diagnoses were evaluated within the enhanced pathology database completed by all histopathologists reporting BCS specimens in NI. Data up to end March 2017 were considered for analysis, incorporating data on over 17 000 histopathological BCS specimens reviewed at one of four pathology laboratories. Individuals who received a colorectal cancer diagnosis were excluded from analysis.

Results SSL were reported in 337 individuals, representing 6.7% of all 5041 individuals who had a non-malignant histopathological BCS specimen reviewed. One male met criteria for serrated polyposis syndrome, and was excluded from further analysis. Of the remaining 336 SSL cases, 208 (61.9%) were male and 81% had only right-sided SSL detected. Large (≥ 10 mm) SSL or SSL with dysplasia accounted for 82 cases (24.4%), of which only 22 (6.5% of SSL and 0.4% of total 5041 individuals) did not have concurrent conventional adenomas that would already warrant more frequent surveillance.

Conclusions SSL cases within this FOBT screening population were predominantly male and right-sided. Of all cases of large or dysplastic SSL, 93.5% also had high or intermediate risk adenomas, which would already require follow-up colonoscopy surveillance at one or three years according to adenoma surveillance guidelines. Therefore, the 2017 British Society of Gastroenterology position statement on serrated polyps will have limited impact in this clinical setting. The clinical significance of concurrent adenomas and SSLs remains to be established.

PTU-036 THE IMPACT OF THE WELSH BOWEL SCREENING PROGRAMME ON EMERGENCY PRESENTATION FOR COLORECTAL CANCER

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Introduction Colorectal cancer (CRC) screening using faecal occult blood testing (FOBT) is effective in reducing mortality. However, more than 20% of all CRC cases present as an emergency due to bowel obstruction which is associated with poorer outcomes. The Welsh bowel screening programme, using biennial FOBT, has been running since October 2008 for people aged 60–69 years, since extended to 74 years. Previous data from an English site showed a decrease in mortality and emergency presentations of CRC. The impact of the Welsh bowel screening programme on emergency presentations for CRC is not known.

Methods Welsh participants diagnosed with CRC aged 60–74 years between 1999 and 2015 were identified from the Welsh Cancer Intelligence and Surveillance Unit register. Data was extracted from the Patient Episode Database for Wales and Bowel Screening Wales to determine route to presentation and screening uptake. Other individual, geographical and cancer-related variables were also examined for their association with emergency presentation. The primary analysis compared emergency presentation for CRC prior to and after the implementation of screening.

Results Preliminary analyses showed that 15 059 people were diagnosed with CRC, with data available for route to diagnosis on 13 022 (62% male, 38% female; mean age at diagnosis 67.7 years). The proportion of those presenting with CRC as an emergency prior to the screening programme implementation was greater than those presenting as emergencies after implementation. However, this needs to be interpreted in the context of 1) screening uptake differences over time, 2) stage differences at diagnosis over time, and 3) overall absolute numbers of cancers detected.

Conclusions Preliminary analyses suggest that the implementation of screening has reduced the proportion of emergency presentations for CRC, but further interrogation of the data is needed to aid interpretation. The impact of demographic and clinical factors on emergency presentation will be discussed.

PTU-037 OUTCOMES IN PATIENTS WHO DECLINE BOWEL CANCER SCREENING COLONOSCOPY AFTER POSITIVE FAECAL OCCULT BLOOD TESTING

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Introduction The Bowel Cancer Screening Programme (BCSP) uses the faecal occult blood test (FOBT) to identify patients who may benefit from colonoscopy to rule out potentially serious usually asymptomatic pathology. Screening of asymptomatic FOBT positive patients enables early identification and removal of premalignant adenomatous polyps thereby significantly reducing risk of progression to colon cancer.

Methods A retrospective cohort study design was employed in order to ascertain the final outcome in patients with a positive FOBT that had subsequently declined colonoscopy within the East Kent Hospitals screening programme. The records of all patients with screening appointments from January 2010 to December 2016 were reviewed in order to identify which further investigations had taken place up to 27 July 2017. Data were obtained from electronic patient records (endoscopy reports, patient letters, pathology viewer and PACS system) and included: results of subsequent colonoscopy or gastroscopy, CT, ultrasound and MRI scans, as well as histology obtained by any means. Data were collated using Microsoft Excel 2016 and analysed with SPSS v15.0.

Results The present study included 376 patients that had declined colonoscopy. The median age was 66.6 y (range 59.8–91.4). Subsequent investigations were performed in 215 (57.2%) patients and identified possible explanatory abnormalities (table 1). The follow-up period for subsequent investigations ranged from 6 months to 7 years depending on whether patients were identified at the end or the beginning of the study period, respectively. Two of four upper gastrointestinal (UGI) cancers and 8 of 24 lower gastrointestinal (LGI) cancers were diagnosed in those with the longest follow-up (i.e. the 2010/11 cohort). Of the 161 patients (42.8%) without follow-up data, 21 (13.0%) had prior diagnoses that may have accounted for a positive FOBT (e.g. gastritis, polyps, telangiectasia etc.).