Although 9 patients had a minor rise in faecal calprotectin of >200. None of these patients had other significant pathology such as inflammatory bowel disease or colonic cancer. Patients reported watery diarrhoea in 54 of 55 cases with weight loss and abdominal pain being described in 16 and 19 patients respectively. Average length of symptoms at time of diagnosis was 4.8 months. 43 patients were on at least one medication which is known to be associated with MC and of these medications were reviewed in 31 cases (72%) with culprit medications being stopped or changed in 16 patients (37%). In total 32 patients were commenced on therapy for their MC with 19 (59%) receiving a reducing course of Budesonide, 7 (22%) receiving a fixed dose of Budesonide and 6 (19%) receiving 5-ASA. All 55 patients were triaged to have ‘direct-to-test’ colonoscopy, however, only 12 patients (22%) were referred directly to gastroenterology from GP. In total 42 patients were referred to surgical specialties with 30 of these patients receiving onwards referral to gastroenterology, often via their GP which resulted in a delay of up to 12 months in some patients. Only 5 patients had recurrent disease, with 2 patients undergoing active investigation at the time of data analysis.

Conclusion Our data set is in keeping with other published data on MC. There is a variation in both referral pathway and management of these patients in FVRH. There exists no data on MC. There is a variation in both referral pathway and management of these patients in FVRH. There exists no evidence to support the common pathway and time taken to see a gastroenterologist is often lengthy and arduous. Review of culprit medications appears to be often overlooked and this may result in ongoing symptoms or recurrent disease. Within FVRH we are currently undertaking a service change with an aim to streamline the referral process, standardise management and improve the patient journey.

Abstract PWE-042 Figure 1

MCV (OR: 0.971 for each fl fall, P<0.05), with a complex relationship largely due to an increased cancer risk in those with more severe anaemia, particularly in younger age-groups. The model was tested on the validation data and produced similar results. It allowed stratification of 13% of the study population into a sub-group at high risk of cancer (arbitrarily defined as >15%), 28% into a sub-group at low risk (~1%), and 16% into a sub-group at very low risk (<1%).

Conclusion This study confirms that a simple clinical scoring system can effectively stratify patients with IDA according to GI cancer risk, allowing stretched investigational resources to be targeted at the high-risk group, whilst perhaps avoiding invasive investigation altogether in those predicted to be at extremely low risk. The App developed has the potential to provide a quick estimate of GI cancer risk in clinical settings, and so facilitate patient counselling.