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 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.

PWE-042 PREDICTING THE RISK OF GASTRO-INTESTINAL CANCER IN IRON DEFICIENCY ANAEMIA

^{1,2}Orouba Almilaji*, ¹Peter Thomas, ²Jonathon Snook. ¹Bournemouth University, UK; ²Poole Hospital NHS Foundation Trust, UK

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Introduction Iron deficiency anaemia (IDA) is a common clinical presentation, and in a significant minority of cases (~0%) is the first indication of an underlying cancer in the gastrointestinal (GI) tract. IDA is therefore considered an indication for fast-track endoscopic investigation, though the majority of cases will not actually have cancer. This study explores whether cancer risk in IDA can be predicted on the basis of simple and objective clinical variables.

Method A study of the predictive value of sex, age, haemoglobin concentration (Hb), mean red cell volume (MCV) and iron studies for the risk of GI malignancy on subsequent investigation in adults with confirmed IDA attending a single IDA clinic. The study population comprised a training dataset ($n = 2295$) and a validation dataset ($n = 602$). The analysis was undertaken using logistic regression, and an App to predict the probability of GI cancer in IDA was developed as a clinical tool using R Shiny programming language.

Results Using the training data, the best model showed that the risk of GI malignancy was strongly associated with sex (OR for males: 2.83, $P < 0.001$) age, (OR: 1.05 for each added year, and Hb (OR: 0.975 for each g/l fall, $P < 0.001$) – see figure 1 for the combined effects with their confidence intervals. GI cancer risk was less strongly associated with

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 ($\sim 5\%$), 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.

PWE-043 BURDEN OF CLOSTRIDIUM DIFFICILE INFECTION ON HOSPITALIZATION AND ITS IMPACT ON SPECIFIC MAJOR DIAGNOSTIC CATEGORIES

¹Diego Caroli*, ²Mario Saia, ¹Erik Rosa-Rizzotto, ²Claudio Pileri, ¹Franca De Lazzari. ¹St. Anthony Hospital, Padova, Italy; ²Azienda Zero, Padova, Italy

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Introduction *Clostridium difficile* infection (CDI) has emerged as a major healthcare-associated infection, with an important