Conclusion Results have shown significant down regulation of FABP4 and PPAR in 3T3-L1 adipocytes induced by HCT 116 colon cancer cells. Rosiglitazone, a potent PPAR agonist, could not rescue expression of FABP4 in 3T3-L1 co-cultured adipocytes. These results provide evidence of colon cancer cell induced adipocyte de-differentiation through PPAR antagonism, which may have a role in sustaining cancer cell survival and progression.

PWE-059 QFIT IS A VALUABLE TRIAGE TOOL FOR SYMPTOMATIC COLORECTAL PATIENTS
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10.1136/gutjnl-2019-BSGAbstracts.383

Introduction To prospectively assess the predictive value of qFIT in symptomatic colorectal patients
Methods Following a pilot in 2013, all symptomatic colorectal patients referred to secondary care were required to provide a stool sample for qFIT testing. A qFIT result >9.9 was deemed positive. Patients were clinically reviewed or investigated dependent on symptoms and fitness. A prospective database allowed for electronic case note and GP record review of all patients in December 2018. The database was cross-referenced with the colorectal cancer database.
Results Between July 2013 and September 2018, 4425 patients were tested, 2891 negative (65%). Data is provided on all patients with complete colorectal investigations or no investigations but greater than 6 months validated clinical follow-up. Of the 2443 negative patients (85%) with complete data, 11 colorectal cancers (CRC), 11 high risk adenomas (HRA), 40 inflammatory diagnoses (IBD) and 151 low risk adenomas (LRA) were diagnosed. The cumulative NPVs were 99.3%, 98.9%, 97.3% and 91.1% respectively.

Of the 1477 positive patients (96%) with complete data, 99 CRCs, 22 HRA, 66 IBD and 202 LRA were diagnosed. The cumulative PPVs were 6.7%, 8.2%, 12.7% and 26.3% respectively. In those patients with a qFIT >399 (n=396) 51 CRCs, 6 HRA, 19 IBD and 45 LRA were diagnosed, giving cumulative PPVs of 12.9%, 14.4%, and 30.6%.

Conclusions qFIT is a valuable tool to safely triage patients. The result allows for priority access to resource limited investigations and can help avoid risk in patients who test negative.

PWE-060 CT COLONOGAMS IN ELDERLY PATIENTS, A SAFE AND ACCURATE COLONIC EXAMINATION
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10.1136/gutjnl-2019-BSGAbstracts.384

Introduction In Kettering General Hospital (KGH) we perform almost 500 CT colonograms (CTCs) annually for patients who; do not want, are unable to tolerate, or have failed a colonoscopy (which is considered the “gold standard” colonic examination). The most common reasons for CTC are iron deficiency anaemia, and change in bowel habit, often with the aim of detecting colorectal cancer (CRC).

We have seen an increase over time, in the use of CTC in elderly patients, as a first line investigation. With an ageing population, we explore the significance of performing this examination, in an elderly population who may not be suitable for further investigation/intervention.

Methods We reviewed 1479 patients who had undergone a CT Colonogram between October 2015 and October 2018. Of these, we focused on patients aged ≥80 at the time of scanning. CTC reports were analysed and categorised into those with positive, indeterminate findings, and those with no significant findings. All patients ≥80 years old were followed up (via their electronic records) to observe their outcomes.