Patients with unexplained LGI symptoms who do not meet the criteria for a suspected LGI cancer pathway triaged using FIT-Hb pathway and proforma request form

Indication for FIT-Hb (inclusion criteria)

1- Aged ≥ 50 yrs with:

- Change in Bowel Habit OR
- Unexplained Abdominal pain OR
- Unexplained Weight loss alone OR

2- Aged ≥ 60 yrs with:

- Anaemia (without iron deficiency)

FIT cut-off (Alpha-Labs):

POSITIVE $\geq 10 \mu\text{g Hb/g faeces}$ = Referral via 2WW Pathway

NEGATIVE $< 10 \mu\text{g Hb/g faeces}$ = Consider URGENT Gastroenterology referral if clinical concerns/persistent symptoms

Methods Prospective data collection (July to December 2018).

Data collected from FIT request forms, endoscopy, pathology, radiology system and clinic correspondence.

Data collected on demographics, indication and adherence to inclusion criteria, result and clinical outcome.

Results 13 GP practices enrolled in pilot.

97 patients underwent FIT-Hb testing (87% had complete data).

All patients were ≥ 50 years (average 70y, 33% male).

Inclusion criteria were met in all patients, change in bowel habit (51%), unexplained abdominal pain (39%), 16% ≥ 1 indication.

FIT-Hb positive in 20 patients (24%, range 1–93 $\mu\text{gHb/g}$). All patients were referred for 2WW GI investigation, 75% colonoscopy, 20% CT-Colonography, 5% no investigation to date.

Diagnostic outcomes: Colorectal cancer (2), colonic polyps (3, all low risk polyps), diverticular disease (2), colitis (1)

Despite a negative FIT-Hb result, 2 patients (4%) ultimately had colonoscopy (1 low risk polyp detected).

No FIT-Hb-negative patients diagnosed with LGI malignancies during the limited follow-up period (~ months).

Conclusions Assuming all FIT-Hb tested patients would have been referred to secondary care for lower GI investigation, the data suggests 72% reduction in outpatient referral and colonoscopy/CTC. No CRC diagnoses were missed by a negative FIT-Hb during the limited follow-up period.

Direct verbal feedback suggests the enrolled GP practices have confidence in the pathway. Prospective data collection continues, but based on the limited pilot data and recent NICE recommendation, a FIT-Hb pathway has been formally commissioned by the Herefordshire CCG.

PTU-078 DOES COMPLEX POLYPS MULTI-DISCIPLINARY TEAM CHANGE PATIENTS' OUTCOME? DISTRICT GENERAL HOSPITAL EXPERIENCE

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Introduction The management of advanced non-cancerous GI polyps can be challenging. Data on the impact of complex polyps Multi-disciplinary Team (ComP MDT) is lacking. Our aim is to evaluate the outcomes of ComP MDT in our hospital.

Methods ComP MDT was established in Barnsley Hospital in April 2018 & held monthly. Data prospectively collected (Apr2018-Jan2019). ComP MDT team included advanced endoscopists, gastroenterologists and colorectal surgeon. All referrals were received internally with an initial plan. The outcome is approved after discussing each case to reach a consensus.

Results 53 cases discussed in 10 meetings. There were 29 males vs 24 females with a mean age of 68.1 years. 46/53 (87%) were colonic polyps (CP) compared to 7/53 (13%) upper GI polyps (UGIP). The most common indications for referring CP were: multiple polyps ranged from –0 polyps (33%), polyp size ranged 2–0mm (20%), morphology; flat & uncertain pit pattern (20%), difficult colonoscopy; long, loopy & fixed colons (15%) & difficult location (22%). CP were situated mainly in the rectosigmoid 19/46 (41%) vs 17/46 (37%) in the right colon (caecum & ascending colon).

ComP MDT agreement with initial endoscopist lesion assessment was observed in 41/53 (78%). However, changes to proposed resection plan were recommended in 21/53 (40%). The range of SMSA score for CP was –4. 26/46 (57%) were level – polyps. Endoscopic mucosal resection (EMR) was approved and achieved in 25/46 (54%). Only one patient had complication with mild postpolypectomy bleeding that was managed conservatively as an inpatient. 6/46 (13%) were referred directly for surgical resection, 3/46 (7%) referred to tertiary centre, 7/46 (15%) were not fit for resection & 5/46 (11%) are awaiting EMR. Recommendations for type of bowel preparation, time dedicated to EMR, type of colonoscope & operating endoscopist were also advised.

Out of all CP reviewed at ComP MDT, two found to be cancerous polyps, one successfully removed surgically (confirmed adenocarcinoma) & the other managed conservatively.

Polyp type uncertainty was the reason for referring UGIP (5 gastric & 2 duodenal polyps). One gastric polyp resected successfully, three proven hyperplastic histologically & one referred for endoscopic ultrasonography. One duodenal polyp was resected & one directed to cancer pathway.

Conclusion ComP MDT changes the patients' outcome in a significant number of referrals by directing patients to the appropriate intervention. Safe & successful resection of all advanced polyps which deemed resectable on ComP MDT was achieved. ComP MDT was able to pick up some cancerous lesions that were initially misdiagnosed as benign polyps.

PTU-079 ASSESSING GLUTEN FREE DIET ADHERENCE USING CDAT AND BIAGI QUESTIONNAIRES IN PATIENTS WITH COELIAC DISEASE

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Introduction The gold standard currently for assessing adherence in individuals with coeliac disease is via duodenal biopsies, which is invasive and costly. In view of this, we assessed the utility of the CDAT and Biagi questionnaires for non-invasive assessment of gluten free adherence.

Methods Patients with an established diagnosis of coeliac disease, referred for further evaluation of dietary adherence and disease remission were assessed between January 2016 to December 2018. Patients were prospectively recruited, and