calls were made with an average of 8.2 minutes per phone call. 170 (41.2%) subjects were not contactable.

Of the ones we managed to contact, 225 (54.6%) subjects remembered receiving their 1st gFOBt kit but had chosen not to respond. 187 (45.4%) subjects claimed never to have received a kit. Reasons include: incorrect contact details, being out of the country or a significant language barrier. In total, 58 (14%) subjects requested a repeat kit but only 28 (6.79%) subjects actually completed screening after receiving a direct phone call.

Conclusion Our experience demonstrated that direct phone calls to non-responders are time consuming and not an effective intervention to increase BCSP uptake. This intervention is not recommended, and alternate methods should be advocated such as GP endorsed invitations or enhanced reminder letters.

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PTU-098 PREGNANCY OUTCOMES AND EVALUATION OF THE INFLAMMATORY BOWEL DISEASESERVICE FOR PREGNANT WOMEN IN BRADFORD

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Introduction This study explored the pregnancy outcomes of Inflammatory Bowel Disease (IBD) patients in Bradford against the standards of the British Society of Gastroenterology (BSG) and European Crohn's and Colitis Organisation (ECCO) Reproduction and Pregnancy Consensus and includes a patient evaluation on the quality of care they received. It is well documented that pregnant women with IBD are at risk of poor outcomes from pregnancy, but less clear if there is a need for a dedicated pregnancy service for IBD patients.

Methods A qualitative retrospective analysis of the pregnancy outcomes of IBD patients in Bradford Royal Infirmary (BRI) and patient perspective on care was conducted. Data search was performed using the 'IBD database', 'Evolve' and electronic patient clinical notes. 4112 females patients were identified. Questionnaires were sent to 89 of these patients who fulfilled the inclusion criteria for the project. An initial response of 12 questionnaires were received and telephone interviews were then conducted to generate a further 11 sets of data. The final study sample was 25. Data was analysed using descriptive statistical analysis in Microsoft Excel. No ethical approval was required for this project.

Results 47% of patients in our study flared during pregnancy compared to an expected rate of 30%. 4 out of 9 complications during pregnancy could be attributable to IBD. The rates of prematurity, low gestational birth weight and emergency caesarean sections were 17% in each case in our study, as opposed to 45%, 32% and 29.5% respectively in the general IBD population. 13 out of 25 participants rated the IBD helpline a 10 out of 10, and 18 out of 25 participants rated the level of support a 5 out of 5. Overall, 60% of participants

were in favour of a dedicated IBD pregnancy service in Bradford.

Conclusion Pregnancy outcomes in the IBD population in BRI were favourable compared to national statistics, although the sample size was small. The Bradford IBD service provision and outcomes for pregnant patients are in line with the BSG national standards and ECCO guidelines. The majority of patients wanted to discuss their pregnancy and pre-pregnancy planning in an IBD clinic. Patient information posters and leaflets will be made available in out-patient clinics to enhance patient knowledge about IBD before and during pregnancy and to actively encourage patients to discuss concerns. A large proportion of participants were content with the care they received and felt supported with improvements to the helpline accessibility being a key area for improvement. The IBD Nurse Helpline remains a vital and valued part of the service, to ensure timely management and telephone advice.

PTU-099 PATIENTS REFERRED WITH ANAEMIA SHOULD BE INVESTIGATED FOR CANCER REGARDLESS OF IRON STATUS

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Introduction Patients referred under the 2-week wait (2WW) pathway for gastrointestinal cancer with iron deficiency anaemia (IDA) are investigated in our centre with colonoscopy, upper GI endoscopy and CT scanning; it is necessary to justify these investigations given the burden they place upon radiology and endoscopy services. Our aim was to examine the predictive role of ferritin in such referrals and to assess whether this might be used to better streamline investigations.

Methods Referrals to the upper and lower GI cancer pathway over a period of one year were screened for referrals made exclusively for IDA. Data was collected on ferritin level, age, gender, cancer detection and modality of cancer detection. Low ferritin was defined as <15 µg/L. Categorical variables were compared using a chi-squared test.

Results 3669 referrals to the upper and lower GI cancer pathway between May 2017 and May 2018 were screened for inclusion. 199 patients were referred exclusively for IDA of which 35 (17.5%) were found to have a malignancy. This compares to a local colorectal cancer detection rate of 5.0% for all referrals to the lower GI pathway. 119 patients (59.8%) had a low ferritin. There was no statistically significant difference between rate of cancer detection in the low and normal ferritin groups (16.8% vs 20% p=0.572). These cancers included several non-GI malignancies in both low ferritin and normal ferritin groups (5/20 vs 8/15, p=0.157) (See table 1). Males were more likely to have a cancer detected than females (26.1% vs 10.3%, p= 0.005). CT scanning missed the malignancy 6 cases of colorectal cancer subsequently detected on colonoscopy. Only 2 cancers were detected using upper GI endoscopy and both of these had been visible on CT scanning.

Conclusions This study demonstrated a high rate of cancer detection for anaemia referrals but there was no correlation between ferritin level and detection of cancer. Ferritin may not be a helpful marker in screening anaemia referrals. These results support our current practice of investigations however