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.

REFERENCES

1. Benton SC, Butler P, Allen K, *et al.* GP participation in increasing uptake in a national bowel cancer screening programme: the PEARL project. *Br J Cancer*. 2017 Jun 6;116 (12):155–
2. Wardle J, von Wagner C, Kralj-Hans I, *et al.* Effects of evidence-based strategies to reduce the socioeconomic gradient of uptake in the English NHS Bowel Cancer Screening Programme (ASCEND): four cluster- randomised controlled trials. *Lancet* 2016; **387**: 751–9

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

^{1,2}Josephine Nkonge*, ^{1,2}Meherreen Murshed. ¹University of Leeds, School of Medicine, Leeds, UK; ²Gastroenterology – Bradford Royal Infirmary, Bradford, UK

10.1136/gutjnl-2019-BSGAbstracts.457

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

Christopher Oldroyd*, Mathew Vithayathil, Ahmed Osman, Gareth Corbett. Cambridge University Hospitals Trust, Cambridge, UK

10.1136/gutjnl-2019-BSGAbstracts.458

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

future studies could seek to validate the role of upper GI endoscopy in these referrals.

Abstract PTU-099 Table 1: Cancers detected

	Low Ferritin	Normal Ferritin
Colon	14	3
Lung	1	3
Renal	1	2
Prostate	1	1
Others	Pancreas (1) Breast (1) Adrenal (1)	Stomach (2) Oesophagus (1) GOJ (1) Lymphoma (1) No primary (1)

PTU-100 THE ROLE OF A MULTI-REGIONAL SPECIALIST MULTI-DISCIPLINARY MEETING IN DIAGNOSIS AND MANAGEMENT OF IGG4-RELATED DISEASE

^{1,2}George Goodchild, ^{3,4,2}Rory Peters, ^{3,4}Tamsin Cargill, ⁴Adetokunbo Fadipe, ¹Maria Leando, ⁴Raashid Luqmani, ⁴Ross Sadler, ⁴Eve Fryer, ¹Louisa Firmin, ¹Manuel Rodriguez-Justo, ⁴Helen Bungay, ^{3,4,5}Eleanor Barnes, ^{1,5}George Webster, ^{3,4,5}Emma Culver. ¹University College London Hospitals, London, UK; ²Contributed equally to the work; ³Translational Gastroenterology Unit, Oxford University, Oxford, UK; ⁴Oxford University Hospitals, Oxford, UK; ⁵Contributed equally to the work

10.1136/gutjnl-2019-BSGAbstracts.459

Introduction IgG4-related disease (IgG4-RD) is a complex multi-system fibroinflammatory disorder, often presenting to the gastroenterologist as autoimmune pancreatitis (AIP) and sclerosing cholangitis (IgG4-SC). It requires careful diagnostic differentiation from malignancy and other inflammatory disorders. The majority of patients have persistent inflammation despite best available treatments, and many who achieve clinical remission subsequently relapse, leading to organ dysfunction and failure. Diagnostic challenges arise from multi-organ cross-speciality presentation, absence of a single diagnostic test and a plethora of diagnostic guidelines, whilst management decisions are influenced by the older demographic and identification of subclinical disease.

Methods We established an inter-regional IgG4-RD specialist multi-disciplinary meeting (MDM) held six weekly via web-link between Oxford and UCLH, incorporating multiple specialists across medical, surgical, immunology, histopathology and radiology disciplines. We describe our first year experience (Nov 2016–Nov 2017).

Results Over one-year, 50 patients were referred to the IgG4-RD MDM. Of these 31/50 (62%) had multiple organ involvement and 32/50 (64%) had an elevated serum IgG4 (>1xULN). 36 (72%) were referred for diagnostic clarification, of whom 16 (44%) met diagnostic criteria for IgG4-RD (Boston and/or CDC) or AIP/IgG4-SC (HISORT), 9 (25%) did not meet diagnostic criteria but were considered to have 'possible' IgG4-RD and were managed as such, and 11 (31%) did not meet diagnostic criteria, and an alternative diagnosis was offered in 6/11. Of those diagnosed with IgG4-RD, 25 (64%) had management changes recommended via the MDM, including treatment escalation (21; 3 of these had rituximab),

de-escalation (4), conservative approach (14), further imaging and histology investigation (9), additional specialist opinion (3).

Conclusions We have demonstrated the value of a specialist IgG4-RD MDM incorporating a range of diverse specialists to aid diagnostic and management decisions in a complex multi-system fibroinflammatory disease, providing a model for other centres across the UK.

PTU-101 TRANSNASAL ENDOSCOPY; EARLY EXPERIENCE IN A SCOTTISH DISTRICT GENERAL HOSPITAL

Gillian McColl, Elaine Yeap, Lynn Stirling, Rhona Inglis, Catherine Sharp, Kevin Robertson*. University Hospital Crosshouse, NHS Ayrshire and Arran, Glasgow, UK

10.1136/gutjnl-2019-BSGAbstracts.460

Introduction Per oral endoscopy can be uncomfortable and distressing leading many patients to opt for conscious sedation over topical local anaesthetic. Transnasal endoscopy is better tolerated with lower cardiovascular stress response. We sought to assess how easily TNE might be introduced to a District General Hospital and how acceptable patients found it.

Methods Patients requiring endoscopy were considered for TNE using 5.8mm diameter Fujinon EG580NW2 scopes using topical nasal anaesthetic. Those with significant comorbidities, increased risk of bleeding and likely to need therapeutic intervention were excluded. Two consultants, with considerable OGD but minimal TNE experience, scoped consecutive patients from the outset of TNE introduction locally. Patients were sent postal feedback questionnaires including visual analogue scales (VAS 1 to 10) to assess comfort, distress, recollection of the peri-procedural consultation and overall experience.

Results 213 TNE procedures were performed by the consultants (87%) and two senior trainees. For 6 patients (2.8%) the scope could not be navigated through the nasal passages and endoscopy was completed, using the same scope, per oral. Two patients (0.9%) had self-limiting epistaxis and no patient required admission. 100 questionnaires (46.9%) were returned. 61.1% of patients found their TNE procedure comfortable (VAS >6) with 17.9% describing discomfort (VAS <5) (21.0% ambivalent, VAS =). 72.9% did not find it a distressing procedure (VAS <5) whilst only 17.8% did (VAS >6), (9.4% ambivalent, VAS =). 88.4% had a clear recollection of their consultation (VAS >6) with only 9% reporting poor recollection (VAS <5), (5% ambivalent, VAS =). Overall satisfaction was reported as good (VAS >6) by 94.7% of patients and poor (VAS <5) by only 5.3%. Of our 213 patients, 33 had previous OGD experience with 28 (84.8%) expressing preference for TNE. Our endoscopy database held reports for 18 of these showing 11 had Xylocaine spray and 7 intravenous Midazolam. Of the four patients that preferred OGD, 2 had had Xylocaine and 2 Midazolam.

Conclusions TNE can be adopted by clinicians competent with conventional OGD with expectation of high procedure completion rate and low complication rate. Our findings suggest that our patients prefer TNE to conventional OGD, with or without sedation. Most patients found TNE comfortable with few reporting distress, maybe as a consequence, most patients had a clear recollection of their consultation.