DOWNSTAGING OF RIGHT-SIDED COLORECTAL CANCER DIAGNOSED THROUGH IRON DEFICIENCY ANAEMIA

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Results In total there were 15 (10M) patients, aged 58(55–63) [median (range)] years. All had citrulline ≤21 μmol/L (10 (5–18)). Faecal calprotectin and elastase were available in 87% and 67% and were 691 (445–2022) μg/g faeces and 217 (15-384) μg/g faeces respectively. The average PN days were 41 days including PN discontinuation due to end of life/palliative care (6(40%)). All had eGFR >60 (76->90) ml/min except one patient (20 ml/min) and CRP 35 (11–201) mg/L. A significant negative correlation was observed between CRP and citrulline concentrations (p = 0.013). Plasma citrulline concentrations were 15 (5.4) vs. 5 (1.8) μmol/L (mean (SD)) (p<0.001) when CRP threshold for mild/moderate vs. severe sepsis is considered as 100 mg/L (figure 1).

Conclusion In our cohort, citrulline ≤21 μmol was a strong indicator of PN dependency in iGvHD. Thus, Citrulline has a useful clinical utility in the nutritional assessment of iGvHD patients. Larger studies are required to establish threshold for citrulline in septic iGvHD patients.

REFERENCE

Colon and anorectum

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DOWNSTAGING OF RIGHT-SIDED COLORECTAL CANCER DIAGNOSED THROUGH IRON DEFICIENCY ANAEMIA

Abstract P288 Figure 1 Correlation between CRP and Citrulline concentration

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THE EXTENT AND IMPACT OF RADIATION PROCTOPATHY: A CASE SERIES OF PELVIC RADIATION DISEASE PATIENTS

Abstract P289 Table 1

Introduction Radiation proctopathy (RP) is a common diagnosis following pelvic radiotherapy and can lead to debilitating symptoms of rectal bleeding, bowel urgency, tenesmus and passage of rectal mucus. Current data suggest 60% of patients have severe rectal bleeding that can negatively impact on quality of life.

There are limited data on the prevalence of RP in patients following pelvic radiotherapy, its symptom profile and its management. Here we report a large case series from a tertiary pelvic radiation disease clinic.

Conclusion The findings suggest a prognostic benefit to diagnosing right-sided CRC through the detection of IDA, with a benefit comparable to that of the screening programme for left-sided CRC. This strengthens the case for a systematic approach to blood count monitoring in the population at-risk of CRC.

REFERENCE
1. Aslam N., Au A., Barnes T., Cook J., Henson C. University Hospital of South Manchester NHS Foundation Trust, Manchester, UK

Abstract P289 Table 1

<table>
<thead>
<tr>
<th>Number</th>
<th>IDA</th>
<th>Screening</th>
<th>Symptomatic</th>
<th>Overall</th>
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<tr>
<td>171</td>
<td>213</td>
<td>770</td>
<td>1154</td>
<td></td>
</tr>
<tr>
<td>Sex ratio – M/F</td>
<td>1.1</td>
<td>1.5</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Age (years) - mean (sd)</td>
<td>77 (± 11)</td>
<td>68 (± 6)</td>
<td>73 (± 13)</td>
<td>72 (± 12)</td>
</tr>
<tr>
<td>Hb (g/L) - mean (sd)</td>
<td>88 (± 17)</td>
<td>133 (± 19)</td>
<td>122 (± 23)</td>
<td>119 (± 25)</td>
</tr>
<tr>
<td>Early stage (I or II) – n</td>
<td>89 (52.0%)</td>
<td>127</td>
<td>304 (39.5%)</td>
<td>520</td>
</tr>
<tr>
<td>(%)</td>
<td>(59.6%)</td>
<td>(45.1%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right-sided – n (%)</td>
<td>141 (39.4%)</td>
<td>71 (33.3%)</td>
<td>243 (31.8%)</td>
<td>455 (39.4%)</td>
</tr>
</tbody>
</table>
Methods. We performed a retrospective case notes review of patients referred to pelvic radiation disease clinic over a 16 month period (Sept 2018-Jan 2020) to identify those with endoscopic evidence of RP, determine the frequency of reported symptoms, primary cancer type and treatments used for RP following referral.

Results. 102 patients were seen in pelvic radiation disease clinic during the 16 month period. 54 (53%) of these patients had endoscopic evidence of RP. Of these 54 patients, 34 (63%) were male. The median age was 70 years (31-96). RP was most common in patients following prostate radiotherapy (30, 56%), followed by radiotherapy for anorectal (8, 15%), cervical (5, 9%), endometrial (4, 7%), vaginal (3, 6%), bladder (1, 2%) and urothelial (1, 2%) cancers, along with pseudomyxoma (1, 2%) and Kapo’si’s sarcoma (1, 2%).

23 (43%) patients with RP didn’t require any treatment. Of those requiring treatment, 19 (61%) had sucralfate enemas, 18 (58%) received endoscopically-delivered PuraStat, 1 (3%) had hyperbaric oxygen therapy and 2 (6%) were referred for radiofrequency ablation. 7 patients (23%) needed therapy with >1 modality after referral.

The most commonly reported symptom of RP was rectal bleeding (45, 83%). 8 (15%) had severe bleeding with anaemia, 28 (52%) had bleeding into the toilet bowl and/or incontinence of blood and 9 (17%) had bleeding on wiping. Most of the patients who developed anaemia (7, 88%) had prostate radiotherapy, 4 of whom underwent therapy with >1 treatment modality since referral. Other commonly reported symptoms of RP included bowel urgency (17, 31%), faecal incontinence (18, 33%) and passage of rectal mucus (7, 13%).

Conclusions. This case series suggests debilitating haemorrhagic RP is more common than previously reported. Over half of patients referred to tertiary clinic had endoscopic evidence of RP, with over half of them requiring treatment. Significant rectal haemorrhage was present in two thirds of patients and was more common following prostate radiotherapy. Those with severe rectal haemorrhage were also more likely to require >1 treatment modality to control their symptoms, suggesting further clinical trials are required to improve the management options for patients with haemorrhagic RP.

P291     COLORECTAL CANCER INCIDENCE AND MORTALITY IN EUROPE. ANY CHANGE WITH THE INTRODUCTION OF SCREENING?

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10.1136/gutjnl-2020-bsgcampus.365

Introduction. Though there is good clinical trials evidence of the efficacy of screening for colorectal cancer (CRC), how effective it is in the real world is less clear. For an effective screening programme one would expect an initial rise in incidence before a subsequent fall, and also a fall in mortality to be observed. We therefore aimed to examine changes in incidence and mortality from CRC across Europe during the period of the rollout of CRC screening.

Methods. Age-standardised CRC incidence and mortality rates per 100,000 were obtained from the European Cancer Information System (ECIS) database for 6 European countries with a CRC screening programme instituted between 2000 and 2012 and complete data for this period. Joinpoint regression analysis was used to examine the annual percentage changes in these figures and to look for changes in these trends. Full details of methodology are available in Kim HJ, Fay MP, Feuer EJ, Midhune DN. ‘Permutation

Abstract 291 Figure 1