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 Kapossi’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. Jointpoint 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, Midhunme DN. ‘Permutation