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 (31–86). 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 Kaposi’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.

Abstract 291 Figure 1

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

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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, Midhunle DN. "Permutation
Abstracts

P292 PROTON PUMP INHIBITORS AND FAECAL IMMUNOCHEMICAL TESTS FOR THE DETECTION OF COLORECTAL NEOPLASIA IN SYMPTOMATIC-PATIENTS

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Introduction The identification of the factors that are likely to influence the accuracy of the faecal immunochemical test (FIT) is of great importance for the colorectal cancer (CRC) screening programmes and for the screening of symptomatic patients. A study in Spanish cohort found that the proton pump inhibitors (PPI) therapy reduces the accuracy of FIT in detecting advanced neoplasia (AN) in symptomatic patients. The aim of this study is to determine if these results can be reproduced in an independent population and can therefore be generalised.

Methods This is a prospective single centre study at the University Hospital of Coventry Warwickshire over a period of 14 months. Individuals who were referred for a diagnostic colonoscopy, on symptomatic pathway, were approached and were given a FIT prior to their colonoscopy. Their medication details were reviewed in-depth.

Results A total of 612 individuals were included in the study. The positivity threshold of FIT used was 10 μg Hb/g faeces and the main outcome was AN. AN was detected in 9% (55) of the patients. The accuracy of FIT for detecting AN in PPI users and non-PPI users were sensitivity 54% vs 81%, P = 0.05; specificity 91% vs 90%, P = 0.74; positive predictive value 29% vs 47%, P = 0.13; and negative predictive value 96% vs 98%, P = 0.41, respectively. The ROC curves for FIT for the detection of AN in PPI users and non-PPI users were 0.74 (CI 95% 0.58±0.91) and 0.92 (CI 95% 0.89±0.95) respectively.

Conclusions PPI therapy impairs the performance of FIT for the detection of AN in symptomatic patients. Given the widespread use of these drugs in the general population, the negative impact on the CRC screening programs could be substantial.

REFERENCE

P293 EXTERNAL VALIDATION OF A FAECAL IMMUNOCHEMICAL TEST BASED-RISK SCORE FOR ADVANCED NEOPLASIA IN SYMPTOMATIC PATIENTS

1Subashini Chandrapalan*, 2Lorena Rodriguez-Alonso, 3Alexia Farrugia, 4Monika Widlak, 5Francisco Rodriguez-Moranta, 6Jordi Guardiola, 7Ramesh Arasaradnam. 1University Hospital Of Coventry And Warwickshire, Coventry, UK; 2University Hospital of Bellvitge-IDIBEL, Barcelona, Spain; 3Warwick Medical School, Warwick, UK; 4School of Health Sciences, University of Coventry, Coventry, UK; 5School of Health Sciences, University of Leicester, Leicester, UK
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Abstract P292 Figure 1 ROC curves for PPI and non-PPI users