OTH-4 ASSESSING THE EFFECTIVENESS OF CURRENT UK GUIDELINES ON FAMILIAL COLORECTAL CANCER RISK

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Introduction The British Society of Gastroenterologists (BSG) have produced guidelines for risk stratification and colonoscopic surveillance of people with a family history (FH) and known mutations of colorectal cancer (CRC). To our knowledge, there has been no attempt to validate the empirical BSG criteria for assessing risk in people attending clinical genetics services concerned by their FH of CRC.

Methods FH data was obtained for all unaffected people with a family history of CRC, referred to Tayside clinical genetics from 2000-2009. Risk category according to BSG guidance was assigned *de novo* (low/population, low-moderate, high-moderate and high). Individuals who went on to develop adenomatous polyps or CRC were identified by record linkage. The risk and the rate of CRC development and adenoma detection were calculated with each group using Relative Risk and Kaplan Meyer Survival Analysis (KMSA) respectively. Analyses involving the high-risk group was conducted both including and excluding mutation carriers (MC).

Results 1120 patients were identified and after exclusion criteria, there were 728 non-polyposis patients (288 low-risk, 316 moderate-risk and 121 high-risk, including 31 MC) with a total of 5562 patient years of follow-up. Eight invasive CRC developed, 2 in low, 3 in moderate and 3 in high-risk groups (2 of those in MC). There were also 65 adenomatous polyps 11,31 and 23 in the respective risk-groups, including 5 in the MC group. There was a significantly increased risk of CRC developing in MC but not in the other risk-groups. KMSA showed no significant difference in the rate of CRC development between the risk-groups. There was a higher risk of detecting polyps in the high-risk group compared to the low risk, especially when less than 50 years old. There was a significantly higher rate of polyp detection in all categories compared to the low-risk group.

Conclusions The mutation group have a significantly higher risk of CRC development, but regular screening appears to reduce this risk. For the rest of the risk-categories, the results show that there was no significant difference in the rate of CRC development when enrolled to a screening programme. Colonoscopic surveillance appears effective in reducing the cancer incidence in high-risk groups below 50 years old, presumably through polyp removal, thereby supporting the current guidance. The study also re-affirms the recommendations that surveillance in medium-risk group is not required below the age of 50. In this context, BSG guidelines appear to effectively stratify risk for familial CRC and screening in these individuals carries a clinical benefit.

OTH-8 PATIENT REPORTED ANXIETY, BEFORE AND AFTER COLONOSCOPY, DURING THE COVID-19 PANDEMIC

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Introduction At the start of the covid-19 pandemic, many invasive diagnostic tests had to be stopped to avoid patients catching covid-19 as a result of attending hospital. Several procedures to reduce COVID transmission have been implemented as services resumed (e.g. COVID testing). Despite this, some patients may still experience what is now called 'COVID anxiety'. The aim of this study was to monitor satisfaction with covid mitigation measures and anxiety among patients attending colonoscopy following an abnormal screening result.

Methods We surveyed patients who were invited for colonoscopy at St Mark's Hospital between July 2020 and May 2021. Data on anxiety and worry were collected, 3 days before and after colonoscopy; scales ranged from 6-24 for general anxiety, 0-20 for COVID-anxiety and 1-4 for bowel cancer worry (with higher scores representing greater anxiety for all three measures). Descriptive statistics were used to assess mean pre- and post-procedure anxiety scores. Inferential statistics were used to test for differences in anxiety, before and after colonoscopy. All analyses were performed using SPSS (Ver 27.0).

Results 205 patients (mean age 67 years; 114 males, 91 females; 121 White, 55, South Asian, 27 any other ethnicity; 142 English first language speakers) completed the pre-procedure questionnaire and were enrolled into the study. 89 (43.4%) completed the post-procedure questionnaire and were analysed.

Pre- procedure, mean general anxiety, COVID-anxiety, and bowel cancer worry scores were 10.94, 0.93 and 1.95, respectively. Post-procedure, the general anxiety, COVID-anxiety and bowel cancer worry scores were 8.92, 1.03 and 2.11, respectively. The change in general anxiety (-2.02) was statistically significant ($p=0.015$), while the changes in COVID anxiety (+0.1) and bowel cancer worry (+0.16) were not (both $p<0.05$).

Significant reductions in general anxiety were observed for women (pre- and post-procedure general anxiety scores were: 13.05 vs. 8.33, respectively; $p<0.001$), White British adults (pre- and post-procedure general anxiety scores were: 11.47 and 8.90, respectively; $p<0.001$) and adults whose first language was English (pre- and post-procedure general anxiety scores were: 11.49 and 9.08, respectively; $p<0.001$). The majority of patients were highly satisfied with the covid-measures put in place. There was no association between satisfaction and changes in COVID Anxiety ($p<0.05$).

Conclusions COVID anxiety was low among people who attended colonoscopy. General anxiety, however, was moderate, although it was reduced following the procedure. General anxiety was not reduced for some groups, including those whose first language is not English, highlighting the need for further research into factors affecting experience in these groups.

Education & training

OTU-15 BSG TRAINEES SECTION SURVEY 2020 – THE IMPACT OF COVID-19 ON UK GASTROENTEROLOGY TRAINING

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