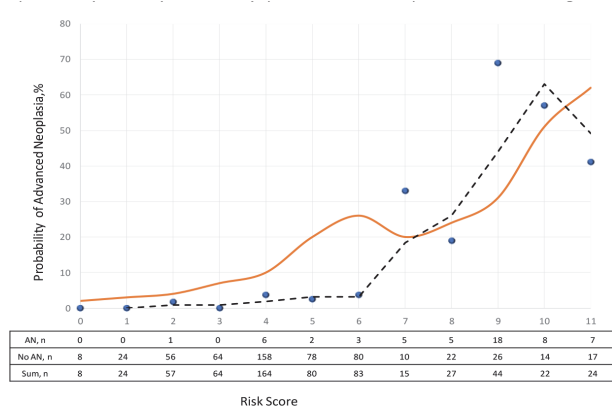


Introduction It has been demonstrated that the quantitative Faecal immunochemical test (FIT) could be an accurate method for prioritizing symptomatic patients for the rapid detection of cancer. A quantitative FIT-based strategy performs better compared to the current high-risk symptoms-based strategies in fast tracking the suspected cancer referrals. A score, which combines quantitative FIT, age and sex to estimate the risk of advanced neoplasia (AN) in a symptomatic population, could help a physician in their decision-making process and in the proper allocation of endoscopic resources¹. The aim of this study is to assess the performance of such a score in an independent British symptomatic patient cohort.

Methods Symptomatic individuals referred for a diagnostic colonoscopy at University Hospital Coventry & Warwickshire were included. Patients were given a FIT HM-JACKarc prior to their colonoscopy. The main outcome was AN. The risk score was assigned, ranging 0–11 points, according to the presence or absence of risk factors: sex (female=0, male= 2 points), age (<40 years = 0, 41–50 years = 1, 51–60 years = 2, 61–70 years = 3, >70 years = 4) and positivity of FIT (< 10 µg Hb/g faeces = 0, ≥ 10 µg Hb/g faeces = 5). 10 µg Hb/g faeces was considered as the positivity threshold for FIT.

Results 612 individuals were included and 51% (310) of whom were women. The mean age of the study cohort was 68 years. [IQR 57–76]. AN was detected in 9% (55) of the patients. Figure 1 shows the observed probability (dotted line) and expected probability (continuous line) of AN, according to FIT based-risk score.



Abstract P293 Figure 1 Expected (continuous) and observed (dotted) probability of AN by risk score. The table shows number of individuals with and without AN in each risk score category. The expected probability was calculated based on the equation, developed through a logistic regression model in the Spanish cohort. The observed probability is the prevalence of AN in our study sample

Conclusion A risk score, which combines quantitative FIT, age and sex can accurately estimate the risk of having AN in a symptomatic British population.

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P294 OVER-AGE SELF-REFERRALS IN THE ENGLISH BOWEL CANCER SCREENING PROGRAMME – ARE THEY THE WORRIED WELL?

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Introduction The English Bowel Cancer Screening Programme (BCSP) invites people aged 60–74 and registered with a GP, to complete a faecal occult blood test (FOBT) every two years. People with abnormal tests are then referred for further assessment, with most going on to have a colonoscopy.

Over the age of 75 individuals can ‘self-refer’ into the Programme. The size of this population is increasing and is more health conscious. We were therefore interested in understanding the demographics of this group of individuals.

Methods Data on subjects aged 75+ who requested guaiac FOBTs between 2010 and 2017 was interrogated according to age, gender, positivity of the test, fitness for colonoscopy, cancers and adenomas detected.

Results During this time period 205,034 gFOB tests were completed by 185,637 subjects (aged 75–105). 54% of these individuals were male compared to 49% of those aged 60–74.

Numbers of people who self-refer are increasing annually but still represent <2% of all tests performed (1.3% in 2013 to 1.8% in 2019).

Positivity in the over 75’s was 2.8% compared to 1.9% in the 60–74 age range. Of those positive 85% attended SSP appointments, with 95% fit for colonoscopy (89% and 97% in 60–74 year olds), however only 88% of those went on to have this procedure (compared to 95% of 60–74 year olds).

Cancer detection rates were higher, and normal colonoscopies lower in these individuals compared to those in the 60–74 age group (cancer:17.5% vs 8.7%; normal:9.6% vs 16.6%), with little difference in the adenoma detection rates.

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Conclusions Whilst numbers of over-age referrals are on the increase they remain a small proportion of the subjects

Abstract P294 Table 1

Demographics	BCSP		Over-age		
	2010–2017	60–69	70–74	75–79	80+
n	24,750,813	7,055,159	163,064	49,954	
% male	49	48	54	51	
% positive	1.81	2.09	2.58	3.45	
% who attended SSP appt	90	87	87	79	
% attended & fit for colonoscopy	97	96	97	91	
% colonoscopies performed (of above)	95	94	91	81	
cancers detected all% (n)	8.0 (16,812)	10.8 (7,375)	16.0 (452)	22.6 (184)	
cancers detected m/f%	9.1/6.5	12.1/9.1	16.8/14.8	24.6/ 20.2	
adenomas detected%	44.6	47.3	47.0	41.8	