was 44gHb/gF. None of the FIT negative group had CRC, only one had a single 3 mm adenoma.
Conclusions FIT is providing significant numbers to the 2ww referral population, although half of the FIT referrals received were on patients who would have met symptomatic criteria stipulated in NG12. Despite the age of patients with FIT referrals being significantly younger as one would expect from the referral criteria, there is no significant difference between CRC and polyp detection rates in our population studied. Nonetheless, the number of cancers were small, suggesting that referring patients who are FIT negative is unlikely to result in the finding of significant pathology.

P317 DIFFERENCES IN NORMAL MUCOSA AND COLORECTAL TUMOUR MICROBIOTA BETWEEN RIGHT AND LEFT COLON

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Introduction Colorectal cancer (CRC) is categorised by colonic location of the primary tumour. Right-sided colon cancers (RCC) are found in the ascending and transverse colon. Whereas, left-sided colorectal cancers (LCC) are found in the descending colon, sigmoid colon and the rectum. The right and left colon have many distinctive developmental and physiological differences, which may explain the variations in outcomes, prognosis and response to therapy between RCC and LCC. In addition, the variability also observed in genetic mutations and oncogenic signalling pathways between RCC and LCC has led to stratifying CRC patients to right or left for treatment and clinical trials. However, the differences in mucosal adherent microbiota between the right and left colon and RCC and LCC has not been fully categorised.
Methods Normal and tumour biopsies were obtained post-surgery from 15 patients with RCC and 7 patients with LCC and were analysed for mucosal adherent gut microbiota using 16S rRNA profiling. Bacterial α-diversity was assed using the Shannon diversity index. All patients had either T3 or T4 stage tumours, had iron deficiency anaemia and were treated with intravenous ferric carboxymaltose prior to surgery.
Results Species α-diversity in the right colon was significantly greater than the left colon ($p=0.045$). However, the species α-diversity between RCC and LCC showed no difference. To assess whether this was due to a decrease in RCC α-diversity or an increase in LCC α-diversity, we compared the right colon to the RCC and the left colon to the LCC. Species α-diversity was consistent between RCC and adjacent right colon, whereas, the LCC had significantly higher bacterial α-diversity than the adjacent left colon ($p=0.015$).
Conclusion These results suggest that under normal physiological conditions the right and left colon have different bacterial diversities. However, in CRC the tumour associated bacteria show similar diversities regardless of location. This may suggest that the LCC has acquired a mechanism to increase bacterial populations, potentially to support tumour growth. Ongoing work will determine the individual bacterial species associated with this increase in LCC α-diversity. The outcome is potentially beneficial when stratifying CRC patients, due to the development of probiotic therapies and biological drugs.

P318 COLORECTAL CANCER (CRC) IN THE YOUNG: A COMPARATIVE STUDY OF CRC IN YOUNG VS OLD

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Introduction Incidence of CRC in the young are increasing and it is defined when a diagnosis is made in individuals younger than 50 years of age. There is plethora of data on incidence and tumour characteristics in young. However, there is limited literature available regarding clinical presentation and tumour behaviour in young CRC. Aim is to assess the clinical presentation, tumour characteristics, management and mortality in young and to compare between older individuals.
Methodology It is a retrospective review of prospectively collected data. We reviewed all CRC diagnosed at our hospital between 2014 – June 2019. Data were retrieved from trust cancer database, endoscopy reports, electronic clinical records and pathology reporting systems.

Abstract P318 Table 1

	Young No (%)	Old No (%)
Number	48(8.7)	499(91.3)
Clinical Presentation		
Change in bowel habits	06(12.5)	96(19.2)
Abdominal pain	05(10.4)	54(10.8)
Rectal bleeding	19(39.6)	105(21)
Abnormal imaging	05(10.4)	79(15.8)
Anaemia	19(40)	110(22)
Complications related to CRC	1(2.1)	17(3.4)
Laboratory findings		
Iron deficiency anaemia	29(60.4)	338(75.3)
Thrombocytosis	11(22.9)	69(13.8)
Location of CRC		
Rectum	16(33.3)	149(23.5)
Sigmoid colon	16(33.3)	141(28.2)
Descending colon	04(8.3)	23(4.6)
Transverse colon	01(2.2)	40(8)
Caecum/appendix/ascending colon	11(22.9)	146(35.7)
Staging at the time of diagnosis		
1	2(2.1)	25(5)
2	3(4.2)	45(9)
3	18(37.5)	178(35.7)
4	15(31.2)	90(18)
Not specified	10(25)	209(32.3)
Survival		
1 year	42(87.5)	405(81)
2 years	41(85.4)	377(75.4)
3 years	39(81.2)	359(71.8)
4 years	37(77.1)	349(69.8)
5 years	37(77.1)	346(69.2)