

Results A total of 12983 colonoscopies were performed during this period. 547 (age range 30–98 years) cases of CRC were diagnosed, 54% of them were males and 48 (8.7%) were less than 50 years of age. Clinical presentation and other characteristics were compared between young and old illustrated in table 1.

Most common clinical presentations in young were; Anaemia (40%) Rectal bleeding(40%), change in bowel habits-CIBH (12%) while older patients were presented with anaemia(22%), CIBH (19%), rectal bleeding (21%) and abnormal imaging(19%). Significant proportion of young patients showed thrombocytosis when compared to older individuals (23% vs 14%, $p=0.03$).

Most common sites were rectum and SC in both cohorts. In older population 43% of CRC were in proximal colon while only 14% in young had a proximal CRC ($p=0.01$)

Majority of the CRC were adenocarcinoma (90%), and the remainder were anal squamous, neuro endocrine. 4.7% of cancers were not confirmed by histology.

Significant proportion of patients were diagnosed at an advanced stage (3 and above) 31% and 32% in older and younger age group respectively. 59% of our cohort had elective or emergency surgery while the rest were treated with a palliative intent. One year mortality was 12.5% and 19% for young and older cohort respectively.

5 year survival rate was higher in young patients than older (77.8% vs 69.2%).

Conclusions In our cohort younger CRCs presented with anaemia and rectal bleeding while older cohort with CIBH and anaemia/rectal bleeding. Thrombocytosis was a distinct feature in young CRCs. Even through significant proportion of younger CRCs presented with advanced disease, 5 year survival rate was higher in young.

P319 FAECAL IMMUNOCHEMICAL TESTING: COST EFFECTIVE WAY STRATIFYING SYMPTOMATIC PATIENTS FOR URGENT STRAIGHT TO TEST INVESTIGATION

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Background Quantitative faecal immunochemical test (FIT) offers the opportunity to stratify symptomatic ‘high risk’ colorectal patients for further investigation.

Method FIT was introduced in primary care to stratify ‘high risk’ symptomatic patients aged 60 years and above with a change in bowel habit to determine whether an urgent straight to test (STT) CT colonography (CTC) was indicated. All FIT tests were analysed in a national bowel screening hub using the OC-Sensor platform. A result of ≥ 4 $\mu\text{gHb/gFaeces}$, was used as the cut-off. All FIT results were cross referenced with a prospectively maintained colorectal cancer registry to determine the colorectal cancer detection rate (CRC). Data was analysed from February 2018-December 2019.

Results The mean number of total CTC performed per month pre-FIT was 240 (range 185–278) and reduced to 217 (range 183–264) post-implementation ($p < 0.05$). The number referred under the STT pathway was 167 (range 119–209) reducing to 131 (range 91–153) ($p < 0.05$), however there was a corresponding rise in the number of non-STT referrals

Abstract P319 Table 1

FIT Result $\mu\text{gHb/gFaeces}$	Number of Colorectal Cancers	All Tests	CRC Detection Rate
<4	10	5337	0.2%
4 - 9.9	5	976	0.5%
10 - 149.9	34	1337	2.5%
>150	55	313	17.6%
Grand Total	104	7963	1.3%

from outpatients 73 (range 44–105) to 85 (range 60–111) ($p < 0.05$).

Conclusion FIT has the potential to reduce the burden on secondary care investigations to exclude bowel cancer. Our experience has shown that a conservative FIT level of < 4 $\mu\text{g/ml}$ has reduced numbers of STT referrals by 22%.

P320 LESSONS FROM PRIMARY CARE: IMPLEMENTING FIT FOR PATIENTS WITH LOWER RISK SYMPTOMS IN NORTH LONDON

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Introduction GP’s need direct access reliable tests to help them hone diagnostic decisions and integrate with secondary care to make best use of limited resources, maximise impact and contribute to resilience in the system. Correct use of Faecal Immunochemical Test (FIT) has the capacity to revolutionise the patient pathway experience and management of colorectal symptoms within primary care. FIT has been proposed by NICE to be the investigation of choice in patients with a ‘low risk, but not a no risk’ of colorectal cancer (quantified as 0.1–3% cancer risk). FIT positive patients are advised to be referred up on a 2 week wait (2ww) urgent cancer pathway.

Methods FIT testing in primary care was introduced in North Central London in April 2019. The launch was accompanied by a sector wide education program of talks, information leaflets, and an educational video. Data was collected from a GP practice of 11,440 patients that led the implementation of the test in the local area. Data points used were uptake, use and application of the test, the appropriateness of the pathway followed for that patient and the eventual definitive diagnosis of the patient.

Results Over the 10 month audit time frame, 166 FITs were requested 33 (20%) were positive, i.e. > 10 $\mu\text{gHb/gF}$. FIT tests across the whole STP have climbed from 448/month at the start of the audit period to 1507/month by the end.

Of the 33 FIT positive tests, 2 were diagnosed with colorectal cancer, (6%) with FIT results of 11 gHb/gF (rectal cancer) and 20 gHb/gF (sigmoid cancer).

Of the 33 positive FIT tests; 27 were sent on the 2ww pathway, 3 further chose a private route for investigation. The remaining 3 were not referred for a range of reasons: 2 patients and their families chose to not to pursue further investigation due to advanced age and frailty. One patient was found to have concurrent *Campylobacter*, and reassessed by their GP as not requiring onward referral.