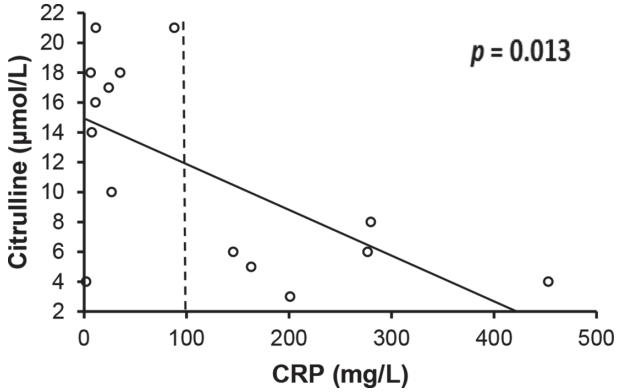

Abstract P287 Figure 1 Correlation between CRP and Citrulline concentration

Results In total there were 15 (10M) patients, aged 58(55–63) [median (range)] years. All had citrulline ≤21 µmol/L (10 (5–18)). Faecal calprotectin and elastase were available in 87% and 67% and were 691 (445–2022) µg/g faeces and 217 (15-384) µg/g faeces respectively. The average PN days were 41 days including PN discontinuation due to end of life/palliative care (6(40%)). All had eGFR >60 (76->90) ml/min except one patient (20 ml/min) and CRP 35 (11–201) mg/L. A significant negative correlation was observed between CRP and citrulline concentrations ($p = 0.013$). Plasma citrulline concentrations were 15 (5.4) vs. 5 (1.8) µmol/L (mean (SD)) ($p<0.001$) when CRP threshold for mild/moderate vs. severe sepsis is considered as 100 mg/L (figure 1).

Conclusion In our cohort, citrulline ~21 µmol was a strong indicator of PN dependency in iGvHD. Thus, Citrulline has a useful clinical utility in the nutritional assessment of iGvHD patients. Larger studies are required to establish threshold for citrulline in septic iGvHD patients.

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Colon and anorectum

P288 DOWNSTAGING OF RIGHT-SIDED COLORECTAL CANCER DIAGNOSED THROUGH IRON DEFICIENCY ANAEMIA

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Introduction Previous studies have suggested that iron deficiency anaemia (IDA) is an indicator of poor prognosis in colorectal cancer (CRC), but this may be due to confounding – IDA is much commoner in right-sided CRC, which tends to late presentation and therefore a worse prognosis. This study aims to determine the effect of diagnosing CRC through the detection of IDA on tumour stage - a surrogate marker of prognosis in CRC - whilst controlling for tumour side.

Methods A total of 1154 cases of CRC with adequate clinical information were identified from the MDT records of a single general hospital for 2010–2016. Histological confirmation of adenocarcinoma was available in 90%. Each case was staged on the basis of the available radiological and surgical evidence, and the route of presentation identified. Because tumour side and presentation are surrogate markers of prognosis in CRC, these variables were merged to create a new variable to reflect CRC prognosis, and analysed using binary logistic regression models.

Results A summary of the basic patient data is shown in table 1. As anticipated, most cases presenting with IDA proved to have right-sided tumours, whilst the majority of cases diagnosed through screening were left-sided.

As expected, left-sided tumours diagnosed through screening (mostly in the national bowel cancer screening programme) were significantly down-staged in comparison to those presenting with symptomatic disease – with an odds ratio for early stage disease of 2.09 (95% CI 1.4 - 3.1, P<0.001).

The key finding in this study is that right-sided tumours diagnosed following the detection of IDA also appear to be down-staged compared to those presenting with symptomatic disease – with an odds ratio for early stage disease of 2.52 (95% CI 1.6 - 3.8, P<0.0001).

Abstract P288 Table 1

	IDA	Screening	Symptomatic	Overall
Number	171	213	770	1154
Sex ratio – M/F	1.1	1.5	1.3	1.3
Age (years) – mean (sd)	77 (± 11)	68 (± 6)	73 (± 13)	72 (± 12)
Hb (g/l) – mean (sd)	88 (± 17)	133 (± 19)	122 (± 23)	119 (± 25)
Early stage (I or II) – n (%)	89 (52.0%)	127 (59.6%)	304 (39.5%)	520 (45.1%)
Right-sided – n (%)	141 (82.5%)	71 (33.3%)	243 (31.6%)	455 (39.4%)

Conclusion The findings suggest a prognostic benefit to diagnosing right-sided CRC through the detection of IDA, with a benefit comparable to that of the screening programme for left-sided CRC. This strengthens the case for a systematic approach to blood count monitoring in the population at-risk of CRC.

P289 THE EXTENT AND IMPACT OF RADIATION PROCTOPATHY: A CASE SERIES OF PELVIC RADIATION DISEASE PATIENTS

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Introduction Radiation proctopathy (RP) is a common diagnosis following pelvic radiotherapy and can lead to debilitating symptoms of rectal bleeding, bowel urgency, tenesmus and passage of rectal mucus. Current data suggest 6% of patients have severe rectal bleeding that can negatively impact on quality of life.

There are limited data on the prevalence of RP in patients following pelvic radiotherapy, its symptom profile and its management. Here we report a large case series from a tertiary pelvic radiation disease clinic.

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 re0ferral. 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.

P290 OUTCOMES OF FAECAL IMMUNOCHEMICAL TESTING FOR RISK STRATIFICATION IN A TWO-WEEK-WAIT PATHWAY FOR COLORECTAL CANCER

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Introduction National guidelines on the investigation of cancer recommends patients with a 3% risk or greater are investigated on an urgent cancer pathway. A review of outcomes two years after the incorporation of FIT into a 2-week-wait (2WW) pathway for colorectal cancer (CRC) was undertaken.

Methods We introduced primary care access to FIT for stratification of symptomatic patients at risk of CRC in November 2017. A retrospective review of clinical outcomes at different FIT thresholds was undertaken. Outcomes were sourced from Cancer Outcomes and Service Dataset (COSD) to 31 December 2019.

Results 15589 FIT requests were made between November 2017 and October 2019. 90.4% of all FIT kits dispatched were returned for analysis (13361/14788). 0.3% of returned kits could not be analysed. FIT results ≥150 µg Hb/g faeces identified patients with a 24.1% risk of CRC diagnosis (132/547). FIT results 100–149.9 µg Hb/g faeces identified patients with a 12.6% risk of CRC (12.6%). FIT results 10–99.9 µg Hb/g faeces identified a 3.6% risk of CRC (65/1829) and 4–9.9 µg Hb/g faeces identified a 0.6% risk of CRC (10/1568). 8 CRCs were diagnosed in patients with FIT results <4 µg Hb/g faeces out of 8921 results (0.09% risk of CRC). Further stratification of results shows that FIT results 10–19.9 µg Hb/g faeces confers a 1.6% risk of CRC (11/711).

Conclusions FIT stratifies risk of CRC in a symptomatic population effectively. Risk falls below the NICE threshold for urgent investigation in some patients with >10 µg Hb/g faeces.

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

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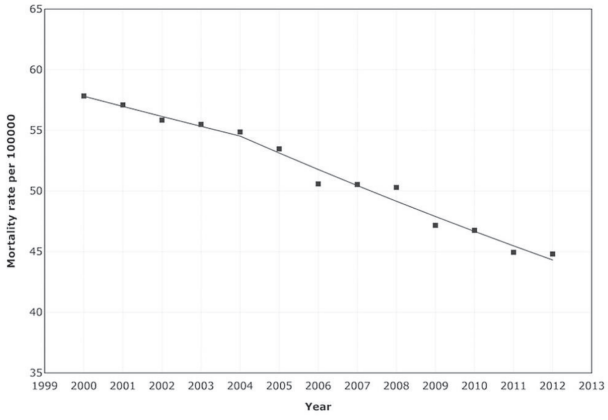
Introduction Though there is good clinical trials evidence of the efficacy of screening for colorectal cancer (CRC), how effective it is in the real world is less clear. For an effective screening programme one would expect an initial rise in incidence before a subsequent fall, and also a fall in mortality 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, Midthune DN. 'Permutation



Abstract 291 Figure 1