**Abstract P301 Table 1**

| Size | Location Right.: Left | Morphology Pedunculated.: Sessile | Adenoma | HGD | SSL | Cancer | Other |
|---|---|---|---|---|---|---|---|
| ≤ 5 mm (N=10775) | 50.3% 49.7% | 3.7% 96.3% | 64.3% | 0.6% | 19.5% | 0.0% | 15.6% |
| 6–10 mm (N=2365) | 30.8% 69.2% | 31.75% 68.25% | 74.1% | 4.05% | 16.1% | 0.17% | 5.58% |
| 11–19 mm (N=1759) | 31% 69% | 46.9% 53.1% | 76.5% | 12.9% | 6.3% | 1.1% | 3.2% |
| ≥ 20 mm (N=1007) | 24% 76% | 14.1% 85.9% | 66.4% | 16.9% | 7.7% | 7.7% | 1.3% |

pathology reporting system. Statistical analysis was performed using multinomial logistic regression.

**Results** A total of 15906 polyps were removed at colonoscopy over the specified period. Mean size was 7.3 mm (range: 1 to 120 mm). 86.6% of all polyps were non pedunculated and 56.3% polyps were located in the left colon. The size, site, morphology and histology of these polyps is shown in table 1.

A histopathological diagnosis of polyp cancer was made in 104/15906 polyps (0.65%). 94/104 polyp cancers (90.25%) were associated with non pedunculated morphology [OR 1.45, 95%CI 0.75–2.78 p=0.005].

Risk of developing in cancer in polyps ≥20 mm was significantly higher than in smaller polyps [ OR 6.57 95% CI 5.7-13.1 p< 0.001 ].

89 cancers were found in the left colon and rectum compared with 15 cancers in the right colon ( 85.5% vs 14.5%) [OR 1.98, 95%CI 0.9–3.1 p=0.007].

**Conclusion** This is the largest report of the prevalence of cancer in colorectal lesions 6–10 mm in size. We have demonstrated that the prevalence of covert cancer in colorectal lesions <5 mm is negligible and that of polyps 6–10 mm is very low (0.17%). All these cancers were in non-pedunculated adenomas in left colon. Based on the data, we have demonstrated in the 6–10 mm polyp subgroup, we suggest a modified ' resect and discard' concept ( based on OD AND location based strategy) extending to 6–10 mm polyps in the right colon. Given the fact, that most non experts fail to reach PIVI criteria based on OD alone, this modified strategy would reduce the need for optical assessment and increase the scope of 'resect and discard' to a larger number of polyps.

## P302 SINGLE CENTRE EXPERIENCE OF EFFICACY AND SAFETY OF FAECAL MICROBIOTA TRANSPLANTATION FOR CLOSTRIDIUM DIFFICILE DIARRHOEA

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**Introduction** Clostridium Difficile diarrhoea is common in hospitalized patients especially in elderly, immunocompromised or those who have had multiple broad spectrum antibiotics. C.Difficile Diarrhoea is difficult to treat and has high recurrence rate. Faecal microbiota transplantation has emerged as a novel and highly effective alternate to antibiotics for treatment of C. Difficile diarrhoea but there have been reports of sepsis and aspiration pneumonia following FMT.

**Methods** We reviewed the outcomes and complication rates in patients with C Difficile diarrhoea who were treated with FMT. A list of all patients treated with FMT was obtained and their notes, drug charts and blood results were reviewed. The number of antibiotic courses and types of antibiotic received prior to FMT was recorded. The number of previous C diff episodes was also recorded. Medisec and clinical notes were used to follow-up the patients for 1 year to look for recurrence and complications.

**Results** 28 patients were treated with FMT after failing multiple courses of antibiotics. 20 patients (71.4%) were male and 8 (28.5%) were female with an average age of 73.89 years.

In 20 patients, FMT was given after second or more recurrence of C Difficile. In 8 patients FMT was given after 1st recurrence of C Difficile Diarrhoea after failed antibiotic response and worsening diarrhoea.

NG was the preferred route, used in 19 patients with NJ used in 4 and PEG used in 2 patients. 2 patients had FMT via rectal enema and route could not be identified in 2 patients.

In total, 29 courses of Fidoxamicin were used. 39 courses of vancomycin were used including weaning courses in 2 patients and metronidazole was used 18 times. In total these patients (28) had 76 courses of antibiotics prior to receiving FMT.(2.71 courses per patient or 27 days of antibiotics!)

26 patients(92.8%) required 1 treatment of FMT and 2 patients (7.14%) required second course of FMT.

On follow up over 1 year following index FMT treatment, 3 patients (10.7%) of patients had recurrence of C Difficile diarrhoea. No immediate or late complications were observed in any of the patients receiving FMT. All patients who had prolonged stays in hospital due to C Difficile diarrhoea were discharged within 7 days of FMT therapy and all were diarrhoea free at the time of discharge.

**Conclusion** FMT is a safe and highly effective therapy for C Difficile diarrhoea and significantly shortens patient stay in hospital and should be considered after 1st episode of recurrence of C Difficile diarrhoea.

## P303 COST COMPARISON OF FAECAL IMMUNOCHEMICAL TESTS TO CONVENTIONAL METHODS AS DIAGNOSTIC TOOL IN COLORECTAL CANCER

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**Introduction** With rising awareness of colorectal cancer in the general public there has been an increase in the numbers of patients presenting to primary care with suspected malignancy.