FAECAL IMMUNOCHEMICAL TESTING (FIT)

WMRC: West Midlands Research Collaborative

Presenting author: Miss Elizabeth Li

Aim: Faecal immunochemical testing (FIT) is simple, noninvasive and accessible test widely used in screening programmes for colorectal cancer. Though the use of FIT in detecting positive pathology has been a topic of contention, there is a strong body of evidence demonstrating FITs high negative predictive value (96100%), namely its strength in ruling out sinister disease. Recently recommendations in NICE guidelines on suspected cancer in symptomatic patients suggests its use to triage the need for referral to secondary care in patients of low risk; namely those with iron deficiency anaemia under 60 and those with anaemia (all types) over 60. The data from these recommendations are based on are from 10 cohort studies, 5 of which were deemed to have high risk of bias by the guideline authors, only 4 examine colorectal cancer alongside faecal occult blood testing, none of which examine cohorts with more than 80 colorectal cancers detected and none reporting results specific to this low risk symptomatic group that is being described. This leaves a grey area whereby management is left to the digression of primary care practitioners.
Patients: With more than 40,000 new cases of colorectal cancer being detected every year and the growing burden on secondary care, there is an urgent need to define management for this large pool of patients with anaemia and suspected colorectal cancer. More rigorous data is needed to direct referral guidelines, delineate influential factors including age, sex and medication, and stratify risk factors and pretest probability.
Intervention/Comparator: Can FIT triage and rule out sinister pathology in patients presenting with suspicious symptoms of bowel cancer who belong to a low risk demographic
Study design: We propose a multicentre diagnostic cohort study recruiting patients with anaemia and suspected colorectal cancer, who have been referred to secondary care. All patients will have a faecal occult blood test done a full blood count, urea and electrolytes and CRP and a complete drug history recorded prior to further investigation (colonoscopy/CT colonography). Data will be collected on positive pathological findings including colorectal cancer, advanced adenomas, and other causes of occult bleeding including inflammatory bowel disease and polyps. Plus, data for cancers that went onto resection will be followed up including staging and metastases. We aim to recruit 25003000 patients with the primary goal to detect 150 300 cancers and gather demographic information sufficient to analyse gender disparity, impact of medications and if detection thresholds should be altered and potentially produce a system to score and stratify this group of patients. In cost effectiveness analysis, FIT is better than both guaiacbased faecal occult blood testing and no triage and in analysis models the use of FIT could save 77% incorrect referrals to colonoscopy (true negatives), and missed only 0.2% of cancers (false negatives). This has the potential to have a significant impact on both the economic and logistical management of colorectal cancer services nationwide.

doi:10.1016/j.isjp.2019.03.008

TIME TO CLOSURE (REVERSAL) OF TEMPORARY ILEOSTOMY FOLLOWING ANTERIOR RESECTION FOR RECTAL CANCER

Dukes Club Collaborative Group

Presenting author: Peter Vaughan Shaw

Aim: Delay to closure (reversal) of temporary ileostomy following anterior resection for rectal cancer may be associated with poorer bowel function and quality of life once continuity is restored. Interval to ileostomy closure in the UK is markedly higher than in other developed healthcare systems. This multicentre study will assess time to ileostomy closure and reasons for delay to closure. Results will inform consensus guidelines on optimum treatment pathways following ileostomy formation thereby streamlining care and reducing delays in closure.
Patients: Patients with a defunctioning ileostomy following anterior resection for rectal cancer. Comparator None.

Outcomes: Outcomes will include the following: Average time to ileostomy closure National and regional variation in time to ileostomy closure Incidence of nonclosure across the UK and by centre Factors impacting time to closure Pathways and processes facilitating timely closure
Study design: The study will be conducted through collaboration with members of the Dukes club (the trainee arm of the ACPGBI) and the National Research Collaborative. There will be two parts to the study;

1. a prospective 3month data collection of all patients undergoing closure of ileostomy following a previous anterior resection for rectal cancer
2. a retrospective capture of patients who underwent anterior resection with ileostomy formation over a 12month period in 2015.

Data will be collected from electronic hospital and theatre records, MDT notes and radiology imaging systems. Case Report Forms will capture information on patient demographics, oncological details, surgical history and outcomes. Surgeon and patient preference or system delays such as bed shortages or service pressures due to competing national targets will also be sought. Finally, all participating units will be surveyed to determine local clinical and management protocols and barriers to timely closure.

doi:10.1016/j.isjp.2019.03.009

A NATIONWIDE STUDY OF CLINICAL VARIATION IN THE MANAGEMENT AND OUTCOMES OF SYMPTOMATIC COMMON BILE DUCT STONES

Northern Ireland Surgical Research Collaborative

Presenting author: Aideen Campbell

Aim: To identify current practice in management of common bile duct (CBD) stones across the UK and compare clinical outcomes.
Patients: All patients undergoing attempted CBD clearance.
Intervention/Comparator: Comparing various methods of CBD stone clearance:

- open CBD exploration
- laparoscopic CBD exploration
- ERCP in isolation or combined with cholecystectomy.

Outcomes: Primary:

- Method of attempted CBD clearance
- Success of CBD clearance

Study Design: Population based crosssectional prospective audit over twomonth period completed by UKwide traineeled research collaborative network. Audit standards are taken from the Joint Advisory Group, Royal College of Surgeons and National Institute for Health and Care Excellence guidelines to evaluate clinical outcomes.

doi:10.1016/j.isjp.2019.03.010