Males : Females (n)	6:7				
Age (median) (years)	73				
Primary/Initial treatment (n)	Appendecectomy	Antibiotics	Radiological drainage		
9	3	1			
Appendecectomy (n)	Laparoscopic	Converted to open			
6	3				
LOS post appendecectomy (days) (mean +_SD)	8.5 +_ 8.6				
Histology (n)	Colonic adenocarcinoma	mucinous adenocarcinoma	adeno-carcinoid		
6	5	2			
Time between primary treatment and completion surgery (months) (mean+_SD)	3.5 +_ 4.2				
Completion right hemicolecotmy (n)	Laparoscopic	Converted to open	Open		
3	1	6			
LOS post colectomy (days) (mean +_SD)	7.6 +_ 2.5				
Post right Colectomy course					
R0 colectomy (%)	50				
TNM stage (n)	0	I	II	III	IV
2	0	2	4	1	
Follow-up (months) (mean)	37.5				
Survival rate (%)	1 year	2 year	3 year	5 year	
77	69	46	38		

13.

ESTABLISHING ABSOLUTE IRON DEFICIENCY ANAEMIA BEFORE REFERRING PATIENTS TO COLORECTAL FAST TRACK CLINICS CAN HELP TO INCREASE THE DIAGNOSTIC YIELD OF THE BOWEL CANCER SCREENING PROGRAMME

Talal Majeed, Jennifer Allans. *Wirral University Teaching Hospital, Wirral, UK*

Background and Aims: Although there are strict and specific guidelines for referring patients with iron deficiency anaemia (IDA) to fast track colorectal cancer (FT CRC) clinics for further assessment and investigation, patients with other types of anaemia are still referred by primary care physicians in the UK resulting in low diagnostic yield.
Our hypothesis was that patients with IDA are more likely to have CRC compared to patients with no anaemia or non-IDA anaemia. By confirming this hypothesis, we can identify high-risk patients from the population who can then be preferentially subjected to investigations mandated by guidelines. This strategy can help to increase the diagnostic yield of FT CRC clinics.
Materials and Methods: A retrospective cohort study was conducted from 2016-18 in a single busy district general hospital providing services to a population of 700,000 people.
Results: In our study, patients with true IDA (low MCV and ferritin) were found to be more likely to have CRC compared to any other type of anaemia which confirmed the latest guidelines for management of IDA. Compared to symptoms, only the presence of a mass on abdominal examination and rectal examination was found to be more likely associated with cancer.
Conclusions: Physicians should be able to stratify patients based on blood indices when referring them to FT CRC clinics. Diagnostic yield of these clinics can be increased if clinicians strictly adhere to fast track guidelines and confirm true IDA before referring patients to clinic.

15.

EARLY EXPERIENCE OF TRANSANAL MINIMALLY INVASIVE SURGERY IN A DISTRICT GENERAL HOSPITAL

Disha Mehta, Mohammed Imtiaz, Ashish Shrestha, Pradeep Basnyat. *East Kent NHS Trust, Ashford, UK*

Background: TAMIS is a technique for excision of rectal polyps and early cancers, avoiding major pelvic surgery. The aim was to review TAMIS performed in a DGH over a 5-year period.
Method: TAMIS is performed using GelPOINT Path Transanal Access Platform under GA, in day surgery by a single surgeon. Data was collected prospectively between January 2014 and December 2018. The demographics, operative data and pathologic data were analysed.
Results: Thirty-two patients (eighteen males) were identified. The median age was 69 (46-81 years). The median distance from the anal verge was 5cm (2-8cm). The median operation time was 60mins (30-175mins). Two patients were found to have rectal cancer (pT1). Histology confirmed complete excision of all thirty-two lesions. There was no surgical mortality. One patient required an EUA for post-operative anal pain. A suture close to the dentate line was removed, resulting in resolution of symptoms. One patient had an emergency TAMIS following bleeding post endoscopic polypectomy. Twenty-five patients (78%) were discharged on the same day. At follow-up sigmoidoscopy, two patients had recurrent polyps at the site of TAMIS, which were successfully excised endoscopically.
Conclusions: Our data suggests TAMIS for rectal lesions can be performed safely in a DGH as a day case.

19.

THE INITIAL ENCOUNTERS OF CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY FOR PERITONEAL CANCER AT A NEWLY ESTABLISHED CENTER

Thamer Bin Traiki, Ghaida Aljamili, Hesham AlGhofili, Turki AlShammari, Ibrahim Alshayea, Monirah AlSalouli, Walid Mukhtar, Abdullah AlHarbi. *King Saud University Medical City, Riyadh, Saudi Arabia*

Background: Cytoreductive surgery and Hyperthermic intraperitoneal chemotherapy (CRS/HIPEC) has been described as the standard therapy that improves the outcome of a patient with peritoneal metastasis.
Multiple trail has been performed and standards have been published to aid in patient selection in order to improve outcomes. We describe our initial experience in sitting up and maintaining a new centre for the treatment of peritoneal cancers at KKUH in Riyadh.
Method: An IRB approval was taken for retrospective study which was done on 32 patients who underwent CRS/HIPEC. Data was obtained from the prospectively collected information and analysed by using descriptive statistics (median, range and proportions) and Pearson's Chi-square test.
Results: The median age was 53.5 years, colon cancer was the most common primary pathology (34.4%). The median peritoneal cancer index (PCI) score was 11 (range 11-39) and 84.4% underwent complete cytoreduction (CCR 0) which was not significantly different than 92%(p=0.113) as reported, the rest were (CCR 1). The median operative time was 445 minutes. most of the patients spent 2 days in the ICU with a median total hospital length stay of 13.5 days. The morbidity grade in Clavien-Dindo (grade III and grade IV) was 9.4%.