

Results: There were 115 patients for analysis, mean age 68 years. 2/115 (1.7%) demonstrated a colorectal malignancy on CT, with no further diagnoses at completion colonoscopy. CT imaging detected SIP in 31/115 (27%). This included 8/42 (19%) who would have otherwise been referred direct to endoscopy alone based on symptoms and fitness.

Subgroup analysis by presenting complaint showed SIP was most likely to be detected in those presenting with weight loss (13/36, 36.1%, $p=0.049$) or anaemia (12/31, 38.7% $p=0.084$).

Conclusions: CT is a valuable first-line investigation in SCCP patients. In this cohort, no colorectal malignancies were missed on CT that were later detected at endoscopy and 27% detected SIP. Weight loss demonstrated a statistically significant correlation with incidental pathology. These findings suggest CT as a possible first-line investigation in patients presenting with weight loss, anaemia or where there is delayed access to endoscopy.

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The use of first-line CT scan in the Suspected Colorectal Cancer Pathway at a District General Hospital during the COVID-19 Pandemic

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Aim: During the initial phase of the COVID-19 pandemic the British Society of Gastroenterology and Joint Advisory Group on GI Endoscopy published guidance to halt all non-emergency endoscopy. CT was used as the first-line investigation with delayed completion endoscopy. We reviewed the efficacy of this change to determine its influence on future practice.

Methods: All patients referred via the suspected colorectal cancer pathway (SCCP) to our district general hospital from 15/04/20-15/05/20 (initial COVID-19 lockdown) were included. Retrospective analysis of patient records was performed. Results were analysed using χ^2 statistic. Significant incidental pathology (SIP) was defined as non-colorectal pathology requiring referral to different speciality or further imaging.