

malignancies. In our unit, patients referred via suspected colorectal cancer (CRC) pathways with a quantitative faecal immunochemical test (qFIT) $>400 \mu\text{g/g}$ were offered CT imaging in the first instance.

Methods: We accessed our electronic records to retrospectively identify patients referred with a qFIT $>400 \mu\text{g/g}$ between March and May 2020. Patient demographics, previous medical history, and referral details were recorded. Primary outcome was incidence of new CRC diagnosis.

Results: 21 patients were included. Median follow-up was 218 days, and median time from referral to CT was 17 days. 3 (14.3%) patients had new cancer diagnoses; 2 CRC and 1 lung. 42.8% of patients had normal investigations, or benign colorectal pathology. 95.2% patients went on to have an endoscopy; low risk polyps (28.6%), high risk polyps (4.8%) and IBD (9.6%) were identified. 57.1% of patients were discharged following endoscopy, with the remaining 42.9% needing further management which included referral to other specialties and repeat scopes.

Discussion and conclusion: CT scanning did not reduce the need for subsequent endoscopy, but aided in prioritising patients for subsequent investigation. There were no cases of CRC identified endoscopically which were not identified by CT imaging. In conclusion, CT is a viable alternative to endoscopy when restrictions are placed on endoscopy services.

SP4.2.9

Investigation of patients with qFIT $>400 \mu\text{g/g}$ during the initial stages of the COVID-19 pandemic

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Background: During the initial stages of the COVID-19 pandemic non-emergency endoscopy was suspended as per BSG recommendations, resulting in altered pathways for investigation of suspected