

their presenting complaints, FIT, imaging and endoscopy results with analysis of outcomes.

Results: 127 male versus 108 female patients were included. 59.61% of patients who were eligible for the FIT test received one. Mean waiting time for FIT positive patients was 42.39 (95% CI) versus 61.10 (95% CI) for FIT negative patients. Patients with one or two red flags symptoms had a mean waiting time of 44.81 days (95% CI 35.79-53.82) and 47.91 days (95% CI 38.07-57.75) respectively. Patients with three red flag symptoms had a mean waiting time of 28.2 days (95% CI 17.94-38.39). There was a statistically significant difference in mean waiting time between patients having 1-2 symptoms and patients with three symptoms ($p < 0.005$).

Conclusions: Despite delays during the COVID pandemic particularly for endoscopy, high risk and FIT positive patients were prioritised. Waiting times were still higher than advised national guidelines.

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Two-week bowel cancer referrals during the COVID pandemic

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Aims: The aims were to assess the impact of the COVID-19 pandemic on the waiting times for patients referred via the two-week pathway for suspected colorectal cancer. We also examined the use of Faecal Immunochemical Test (FIT) alongside the presenting complaints in triaging/prioritising patients for further imaging and/or endoscopic investigations appropriately.

Methods: A list of all patients referred via the two-week pathway to the West Suffolk Hospital for suspected colorectal cancers from 30/01/2020 to 19/07/2020 was compiled. The main four red flag symptoms were change in bowel habit (CIBH), anorectal bleeding, anaemia and weight loss. A subset of 235 patients were closely examined regarding