Bowel Cancer UK Colorectal Cancer Research Conference

Call for abstracts

Abstracts that do not adhere to the following important points will be rejected:

- The title should not exceed 20 words.
- The abstract should not exceed 300 words.
- Please use authors’ initials and surnames only (eg. J. Smith). Qualifications should be omitted.
- Do not include references, tables or figures.
- Please do not use block capitals.
- Please find an example at the bottom of this document.
- We are unable to accept abstracts that have been previously been presented at other meetings or published in other journals.

Please indicate if you would like your abstract to be considered for an oral presentation in addition to a poster presentation.

Format: The abstract should be separated into “Aim”, “Methods”, “Results” and “Conclusion”. The abstract limit is 300 words. Abstracts should not include promissory notes such as “We will provide additional data during our presentation.”

Authors of selected oral presentations will be invited for a presentation within the Breakfast Session on Wednesday 25 April. Presentation time will be 8 minutes with 2 minutes for Q&A (depending on the final program).

Abstracts selected for a poster or oral presentation will be published in ‘The Proceedings of the Inaugural Bowel Cancer UK Colorectal Cancer Research Conference’, given to all delegates. An online version of the Proceedings will be available to readers of the journal Colorectal Disease. Authors of selected abstracts will be notified in February 2018.

Prizes will be awarded for the best oral presentation and poster at the end of day two.

Queries may be addressed to the Bowel Cancer UK Secretariat
Tel: +44 (0)20 7036 8805 or email: research@bowelcanceruk.org.uk

Submission deadline: Wednesday 31 January 2018
Example abstract

**Lynch syndrome and application of the RCPath colorectal cancer dataset in the UK: A follow-up study**

**V. Watt-Smith, A. Kaur, K.J. Monahan, S. Lishman, D. Alsina, Bowel Cancer UK**

**Aim** An estimated 1,100 cases of bowel cancer each year can be attributed to Lynch syndrome (LS) – a genetic condition that increases the lifetime risk of developing bowel cancer. 175,000 people in the UK are estimated to have LS, but 95% are unknown. The Royal College of Pathologists (RCPath) recommend reflex mismatch repair testing, at the time of diagnosis, on all bowel cancer patients under 50. Our study aimed to establish whether conformity with the RCPath dataset had improved since a similar 2015 study.

**Method** A freedom of information request was submitted to UK NHS health bodies to establish implementation of the RCPath dataset.

**Results** 83% of English hospitals responded, with 100% in the other nations. 71% of UK hospitals reported testing all bowel cancer patients under 50 for LS - a 46% increase from 2015. Only 56% perform the test automatically, and only 1 in 10 at diagnosis. All trusts in Northern Ireland continue to test for LS but with no improvement in Wales at 29%. Reasons for not testing include finances and resources.

**Conclusions** More hospitals are testing for LS in under 50s diagnosed with bowel cancer, but variation still exists with many not carrying out the test automatically, or, at diagnosis. New NICE guidance states that MMR testing on all bowel cancer patients is cost effective, but once adopted these recommendations will have implications for the cellular and molecular pathology laboratories involved.

We recommend:

- Nationwide initiatives should be in place to ensure consistent, systematic approaches to molecular testing for LS.

- All hospitals should carry out regular audits to determine whether molecular testing of tumours for LS takes place at diagnosis of bowel cancer.