Adequacy for the sample for lesions <10 mm was 77% (10/13) and for more than 10mm was 68% (104/153); those for lesions in the head was 70% (55/79) and for rest of the pancreas was 75% (59/79). Success rate for single, two, three and four passes made to obtain sample were 58%, 75%, 70% and 80% respectively. Accuracies for 19, 22 and 25-gauge needle sampling were 67%, 76% and 85% respectively.

Conclusion EUS-FNA has high accuracy in the evaluation of suspected pancreatic lesions regardless of its size, location of the lesion. It was useful also in confirming small pancreatic lesions that were <10 mm. 25-gauge needle produced best tissue yield out of all the types of the needles used for sampling.

Competing interests None declared.

PM0-109 IGG4 RELATED AUTOIMMUNE DISEASE—EXPERIENCE FROM NORTH EAST OF ENGLAND

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Introduction IgG4 related disease is now well recognised as a multisystem disease. This condition, originally discovered in Japan in 1995 is now being increasingly recognised in the Western World. Apart from diagnosis, treatment can also present as a challenge in a small group of patients. We report our experience from a tertiary referral hospital in North-East England.

Methods Data were obtained from retrospective case note review from 2005 to 2011. Only patients diagnosed with AIP and IgG4 disease based on accepted international criteria were included in the study.[1]

Results 16 patients were identified during this period. Mean age group was 64 years (Range 43—83 yrs). Male=15, Female=1. Abnormal LFTs were present in 62.5% of patients. Mean bilirubin was 97 mmols/l (range 4—354). Mean total IgG was 15.9 g/l (range 7.5—26.7). Mean IgG4 subclass levels was 6.4 g/l (Range 0.27—24.6). Pancreas was affected in 88% (15) and biliary abnormalities were seen in 62.5% (10) of the cases. Other organs noted to be involved were pericardium (1), retroperitoneum (2), gall bladder (2). Two patients had duodenal obstruction due to inflammation of the duodenum, stomach, peripancreatic area and the gall bladder bed. CT scan revealed enlarged head of pancreas (HOP) in nine patients (57%), extra-pancreatic mass in 4 (25%), extra hepatic bile duct involvement in 10 (62.5 %) and intrahepatic bile duct involvement in 9 (37.5%). 3 (18.75%) patients underwent ERCP and two had stenting of biliary strictures. EUS was performed in nine patients—showed enlarged HOP in 4 (44 %) and changes of chronic pancreatitis—4 (44 %). Nine patients (56%) had a raised serum IgG4. Diagnosis was made at surgery or by laparoscopic biopsy in 7 (44%) patients. Final diagnosis: Type I AIP in 15 patients (88%), Type II AIP in 1 (6%) and IgG4 cholangiopathy with no pancreatic involvement in 1 (6%). Other autoimmune diseases that were associated were Raynauds disease (1) and Sjogren's syndrome (1). Steroids were initiated in 12 (75%) patients (mean dose 37.5 mg). Disease relapsed in three patients (25%). Azathioprine was started on five patients. One patient was switched to 6MP due to side effects.

Conclusion Extrapancreatic disease, especially biliary structuring appears to be common. As this condition mimics malignancy, a combination of modalities were needed to arrive at a diagnosis. Relapse in not uncommon and a small group of patients will require additional immunosuppression for control of the disease.

Competing interests None declared.

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PM0-110 AN AUDIT OF PANCREATIC CANCER OUTCOMES IN THE DISTRICT GENERAL HOSPITAL SETTING: OUTCOMES APPEAR BETTER THAN NATIONAL AVERAGE

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Introduction Pancreatic cancer outcomes nationally demonstrate poor survival outcomes with 1 and 3-month survival rates of 73% and 47%. We performed an audit of our experience of our patients with pancreatic cancer in the setting of a district general hospital and compared our results with the national dataset.

Methods We carried out data search from our system with all patients with a new diagnosis over 16 months from June 2010 to October 2011. The information was correlated with case notes and relevant histology and radiology reports. The data were collected and entered on an Excel spreadsheet for analysis.

Results 21 new diagnoses with a mean age of 73, range from 56 to 95. The male to female ratio was 3:2. The most common presenting symptoms were jaundice and abdominal pain. The average duration of symptoms developing to being seen was approximately 70 days. Patients on average had a CT scan within 7 days of being seen in clinic. Range 1—29 days. The most common radiological diagnosis was head of the pancreas tumour; representing 52% of cases. 62% of patients had biliary obstruction of which 69% had an ERCP and 31% had PTC insertion of a stent. The stent was changed at least once in 38% of these patients. 14% of patients had duodenal obstruction. 19% of patients underwent Whipples procedure with 57% patients having chemotherapy. Gemcitabine/Cisplatin combination was most commonly used. 48% of patients had died with a mean of 154 days from when they were first seen. The range was 80—226 days. 75% of the patients who had Whipples procedure and post op chemotherapy had metastatic disease on CT on average 10 months later. Of those that are still alive, only one other than those that had the Whipples procedure had survived more than a year.

Conclusion Our data demonstrated that our outcomes were better than the national data set produced by the Pancreatic Cancer UK charity. The average 1-year survival is 16% and our figures show that 24% of our patients survived more than 1-year. Our cumulative survival at 1-month and three months was comparable to the national average (100% and 86% vs 74% and 47%), are patients have radiological diagnosis sooner and more of our patients go on to have surgery. Our survival data supports that as a district general hospital we are able to manage patients' pancreatic cancer effectively and safely with good outcomes.

Competing interests None declared.

PM0-111 SHOULD ALL PATIENTS WITH LOCALLY ADVANCED PANCREATIC CANCER BE OFFERED INTRAOPERATIVE ASSESSMENT?

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Introduction Surgery is the only potentially curative option in patients with pancreatic cancer. Hence it is extremely important that the diagnostic tests used to ascertain resectability is very reliable before this curative option is denied to this unfortunate group of patients. CT and Endoscopic Ultrasound (EUS) which are commonly used as part of pre operative staging was compared with intraoperative findings to assess diagnostic reliability in determining resectability in patients with pancreatic cancer.