

positive biopsy cases. A proportion of patients will not have serological tests going straight to endoscopy as first line investigation for their anaemia. Serological testing remains useful in primary care and for physicians to diagnose coeliac disease; however it is important to be aware of the small number of cases (approximately 5%) that will be missed when relying on serology alone.

Competing interests None declared.

PWE-123 RESPONSE TO BILE ACID SEQUESTRANTS IS POOR IN PATIENTS WITH EQUIVOCAL SEHCAT RESULTS

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Introduction Bile acid malabsorption (BAM) is a common cause of chronic diarrhoea that can be diagnosed by the SeHCAT test and treated with bile acid sequestrants (BAS). The purpose of this study was to clarify the use and efficacy of BAS in the treatment of patients with diarrhoea and equivocal SeHCAT results.

Methods Case records were reviewed over a 6-year period for patients investigated by SeHCAT with a positive ($\leq 8\%$), equivocal ($>8\%$ and $<16\%$) or negative ($>16\%$) retention result. Patients were sub-characterised into the following groups. Group 1: terminal ileum Crohn's disease, (pre or post resection) $n=51$. Group 2: diarrhoea predominant irritable bowel syndrome (D-IBS) $n=159$. Group 3: BAM associated with other gastrointestinal disease $n=51$; of which cholecystectomy ($n=37$), coeliac disease ($n=1$), chronic pancreatitis ($n=1$), bacterial overgrowth ($n=2$), diabetes ($n=4$) and other gastrointestinal surgeries ($n=6$). Group 4: terminal ileum disease plus cholecystectomy $n=3$. Patients' sex and age were recorded. Use of BAS (colestyramine or colesevelam) and response were noted.

Results SeHCAT tests were performed in 264 patients and 39 (15%) patients were found to have equivocal results while 104 (39%) had positive results. Although 28/39 (72%) patients with equivocal results were offered treatment with BAS, information on response to treatment was only available in half of these patients ($n=14$). In comparison, there was a higher rate (75%) of follow-up in the patients with positive SeHCAT results with information on response to treatment being available in 73 of the 97 patients offered BAS treatment. There was a marked difference in response to BAS therapy between the two groups. A successful response was noted in only 36% ($n=5$) of patients with equivocal SeHCAT results while 66% ($n=48$) of patients with positive SeHCAT results had a successful response. The difference in treatment response was also most significant among the patients in group 2 with D-IBS. 73% ($n=24/33$) of the patients with positive SeHCAT results in group 2 responded to BAS therapy while only 33% ($n=3/9$) of those with equivocal SeHCAT results in this same group had a successful response.

Conclusion This retrospective study indicates that there is a poorer response to bile acid sequestrants among patients with equivocal SeHCAT results, however it is possible there was a disproportionate number of non-responders attending for follow-up in this group. More comprehensive follow-up is needed in patients with equivocal SeHCAT results in the future to help determine whether BAS treatment in this lower response group is cost-effective.

Competing interests None declared.

PWE-124 COLESEVELAM USE AND EFFICACY FOR BILE ACID MALABSORPTION

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Introduction Bile acid malabsorption (BAM) is a common cause of chronic diarrhoea that can be diagnosed by the SeHCAT test and treated with bile acid sequestrants (BAS). Colestyramine, the most commonly used BAS, is often poorly tolerated due to side effects including nausea, vomiting, flatulence and abdominal pain. Colesevelam, has recently been advocated, as a second line BAS therapy in patients who poorly tolerate colestyramine.¹ The purpose of this retrospective study was to determine the current use and efficacy of colesevelam in bile acid malabsorption.

Methods Case records were reviewed over a 6-year period for patients found to have a positive SeHCAT test (defined as retention $\leq 8\%$). The age and sex, indication for SeHCAT test, use of BAS and clinical response were noted.

Results SeHCAT tests were performed in 264 patients, of which a positive SeHCAT was found in 104 (39%). Data on use and response to BAS were found in 73. The majority ($n=68$) were given colestyramine as first line treatment with only five receiving colesevelam first line. Symptom improvement with colestyramine occurred in 41/68 (60%). 27/68 (40%) failed colestyramine therapy of which 2/3 were due to poor tolerance. 12 of these were then offered second line therapy with colesevelam. 42% of the 12 patients ($n=5$) who were given colesevelam after failing to respond to or tolerate colestyramine had a positive response to colesevelam second line. None of the patients reported poor tolerance to colesevelam. Overall BAS response was slightly higher among male patients (76% success in males vs 60% success in females) but there were no differences between different age groups.

Conclusion This retrospective study indicates a good response rate and good tolerance to colesevelam in colestyramine non-responders; however its use as second line therapy was low for reasons that are unclear. Further study is needed to establish whether colesevelam might have better efficacy than colestyramine as first line therapy and to raise awareness of its availability.

Competing interests None declared.

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PWE-125 DOES THE TNM STAGING CRITERIA PREDICT SURVIVAL IN PATIENTS WITH SMALL BOWEL NEUROENDOCRINE TUMOURS?

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Introduction Small bowel neuroendocrine tumours (SBNETs) are regarded as relatively indolent cancers. A TNM staging system designed by European NET Society (ENETS) was designed to help stage these tumours to enable ease in classification of these tumours.¹ This study aims to demonstrate whether the TNM stage and grade of tumour predicts survival in this cohort of patients. The cause of death is also analysed.

Aim To retrospectively stage patients with known small bowel primary NETs and see whether survival is dependent on stage and grade of disease. The cause of death in patients with small bowel NETs was also analysed.

Methods A total of 138 patients with SBNETs were identified. Primary site: Duodenal 2.1% (3), Jejunal 2.9% (4), ileal 95% (131).