therefore biochemistry laboratories throughout UK receive a substantial number of requests for coeliac serological assessments every year.
Objective We set out to review the total number of requested anti-endomysial antibody (AEAs) and anti-tissue transglutaminase (ATTG) tests between 2007 and 2013 at a busy district general hospital, and reviewed the outcome of having made that request.
Methods The results of all the coeliac serology requests made during the study period were reviewed and a retrospective analysis was made of the hospital records to find out the outcome in all those patients with positive results. The laboratory issued a positive result if the ATTG was greater or equal to 4.
Results During 2007, 810 AEAs were requested, of which 30 (3.7%) were positive (10 were weak positive), 736 were negative, 44 were not done. In 2008 ATTG became the primary coeliac serology test and AEAs were only used to review gluten free dietary (GFD) compliance. Between Jan 2008 and Dec 2013 a total of 20,677 ATTGs were requested. This has steadily increase year on year. In 2008 there were 913 requests, 1,389 in 2009, 3,060 in 2010, 4,238 in 2011, 5,584 in 2012 and 6,483 in 2013. Of these 785 (3.6%) proved positive, 19891 were negative, 372 samples were deemed insufficient and 605 were rejected by the laboratory as not indicated. Histological confirmation of coeliac disease was made in 222 patients, however a large proportion of positive serology received no further assessment.
Conclusion There is an ever increasing number of requests for coeliac serology, costing our local CCG £21,070 in 2013. Despite the positive pick up rate being high at 3.6%, a large number of positive results were not pursued any further, with patients failing to have a definitive diagnosis made. It is important to ensure that there are robust mechanisms of chasing up on hospital results, and acting on them appropriately to prevent delayed or missed diagnoses.
Disclosure of Interest None Declared.

PTU-161 ENDOSCOPIC BOUGIE DILATATION IS EFFECTIVE AND SAFE FOR OES OPHAGEAL AND PHARYNGEAL STRICTURES: OUTCOMES OF A LARGE CASE SERIES

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Introduction Endoscopic bougie dilatation is a traditional technique for managing oesophageal strictures. There are some safety concerns with this technique, but no corroborative evidence of this in controlled or uncontrolled studies to date.
Methods We evaluated the outcomes and safety of endoscopic bougie dilatation at our centre, using the endoscopy database to identify all dilatations done by a single operator. Bougies were the preferred option for all dilatations. All cases from January 2007 to March 2013 were then reviewed by case note analysis.
Results 146 patients were identified, who underwent a total of 346 bougie dilatations. Median age was 67 yrs (range 27–91). Indications for dilatation were: peptic stricture 80 (55%), malignant stricture 20 (14%), post-surgical stricture 12 (8%), pharyngeal pathology 25 (17%) and other 9 (6%). Pharyngeal pathology was predominantly post-radiotherapy strictures (64%) and neurological (20%).

In cases of peptic stricture, 78/80 (98%) had a good symptomatic response to an initial course of dilatation (requiring 1 procedure only in 82%). Median end dilatation diameter was 17 mm (range 12–18). Recurrence requiring further dilatation occurred in 27 (34%), after a median of 8 months (range 3–47). In the remainder, median observed remission was 24 months (range 1–63). For pharyngeal pathology patients underwent a median of 2 dilatations (range 1–12). After initial dilatation, 12 (48%) achieved lasting benefit, 5 (20%) had no benefit and 8 (32%) benefited from periodic scheduled dilatations.

Overall median follow up was 22 months (IQR 7- 48). Among the whole case series there were 6 (4%) unscheduled admissions, all self-limiting (dysphagia 2, food bolus 2, stent-related bleed 1, pain 1). There were no perforations.
Conclusion This large case series supports the role of bougie dilatation as a safe and effective therapy for benign peptic strictures. With careful case selection it also appears a valuable, appropriate and safe option for a range of similar oesophageal and pharyngeal pathologies.
Disclosure of Interest None Declared.

PTU-162 THE EPIDEMIOLOGY, CLINICOPATHOLOGICAL CHARACTERISTICS ND OUTCOMES OF GISTS IN THE NORTH EAST OF ENGLAND OVER A FIVE YEAR PERIOD

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Introduction Gastrointestinal stromal tumours (GISTs) are rare mesenchymal tumours of the gastrointestinal tract. In recent years there is increasing focus on immunohistochemistry biomarkers and targeted Imatinib therapy for treatment, but there is little data from the UK on factors that influence outcome.
Methods We reviewed clinical, pathological, treatment strategies, follow-up and outcome data in all patients with GISTs at our regional multidisciplinary cancer group between Jan 2008 and Dec 2012. Tumour size, mitotic index, other pathological parameters and immunohistochemical stains including CD117 (KIT), CD34, and others were recorded. Tumours were categorised according to the NIH, revised AFIP, and AJCC risk-stratification models. Cox proportional hazard regression was used to determine independent factors associated with survival.
Results 42 patients with GIST were identified. 36(85.7%) were located in the stomach, 5 (11.9%) in the small intestine, and 1 (2.4%) in the oesophagus. Median age was 68 (range 43–91) yrs. 24 (57.1%) were female. Tumour size ranged from 1.0–12.7 cm (mean 5.5 cm). Metastasis was present in 19 (45.2%) at diagnosis, the liver being the most common site in 8(42.1%). Histology and immunohistochemical analysis was available in 31 (73.8%). Commonest histological subtype was spindle cell in 17 (53.1%), epitheloid in 9 (29.0%) and mixed in 5 (16.1%). CD117 was positive in 90.6%, and CD34 in 75.0%. 54.8% patients underwent surgical resection with radical surgery in 47.8%, 5 of whom received extensive adjacent organ resection. 47.8%, 34.8% and 52.2% patients were categorised as high risk according to NIH, AFIP and AJCC (stage III-IV) risk models respectively. Recurrence was confirmed in 5 (11.9%) patients at a median of 597 (range 402–943) days. Of these, 2 were deemed low risk by all three classification systems. Imatinib was given to 14/42 (33.3%) patients; as primary therapy in 10 (28.3%) patients (9 palliative and 1 neoadjuvant), and as adjuvant therapy in 4 patients. Cox proportional hazard regression revealed age, tumour site, size, mitotic count, metastases at

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