Abstract OC-063 Table 1

Assessment	MMSE	Barthel	Anxiety			Pain		
			Pre	1h post	24h post	Pre	1h post	24h post
Patient n = 49	28.1 (6.4)	17.8 (5.0)	3.5 (3.2)	1.7 (2.3)	2.8 (2.9)	0.1 (0.3)	2.0 (2.3)	3.4 (2.9)
Clinician n = 21	6.2 (9.6)	3.2 (4.3)	0.3 (0.7)	0.1 (0.2)	0.2 (0.7)	0 (0)	0 (0)	0.1 (0.7)
Combined n = 70	21.6 (12.6)	13.4 (8.3)	2.5 (3.0)	1.2 (2.0)	2 (2.8)	0 (0.3)	1.4 (2.1)	2.5 (2.9)

Conclusion Pain at 1h post PEG placement was common in self-reporting patients and usually mild. By 24h, 41% reported moderate to severe pain often taking analgesia. Preprocedural anxiety did not predict post procedural pain. Clinician examination of all patients at 1h did correlate with self-reported discomfort or predict self reported pain at 24h. Clinician assessment at 1h and 24h where patients could not self assess failed to identify pain. After PEG placement patients should be offered advice on pain and given access to analgesia. It is likely that pain is not identified in debilitated patients and clinicians need to be more alert to its possible presence.

Disclosure of Interest None Declared

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Radiology free papers

OC-064 PET SCANNING IN GASTRIC CANCER: A COMPARISON OF AVID VERSUS NON AVID CANCERS

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Introduction Only some gastric cancers (GC) are detectable on PET imaging (PET avid). Few studies have assessed the molecular and biological differences between PET avid and non-avid GCs. Thus there may be prognostic differences between the two groups that have not been established.

The primary aim was to identify and measure clinical differences of PET avid and non-avid primary GCs. The secondary aim was to determine whether characteristic molecular differences exist between PET avid and non-avid primary GCs.

Methods Participants selected for this study were individuals (male and female, any age) with a diagnosis of GC that attended the Peter MacCallum Cancer Centre, Victoria, Australia, during the period of 1992–2002 who had agreed to partake in research.

A total of 52 primary GC cases who received an initial PET scan were identified and included in this study.

Results From the 52 cases identified 29 tumours were PET avid and 23 were non-avid.

PET avid tumours were mostly intestinal type, 86%; T stage 3, 46%, with no cases of T4. Avid tended to be N1, 47%. Suggesting they may spread via lymph rather than locally. An AJCC stage of Ib was the most frequent, 35%, but overall more were stage IIIa+b, 49%. Avid tumours were located along the greater and lesser curve of the body in equal proportion: 25% each.

Non-avid tumours were mostly diffuse type, 68%; T stage 3, 41%, with 9% of T4. Non-avid tumours tend to be N0, 46%. Overall, AJCC stage IIIa was the most frequent, 33%, with 9% at stage IV. Non-avid tumours were found more in the antrum, 40%. Signet ring carcinomas were found to be significantly more likely to be PET non-avid, $p = 0.017$. Non-avid tumours were significantly, $p = 0.004$, less differentiated than avid.

Progression free survival was significantly less in the avid group, survival of 808 versus 1208 days, $p = 0.04$. However, the overall

survival showed little difference. From these results it is difficult to determine true survival difference. Larger studies are needed to investigate this further.

The overall genetic profiles of the avid compared to non-avid were not significantly different.

Conclusion Our results suggest that PET avid tumours are diagnosed earlier or that they are less locally invasive, and that non-avid tumours are locally invasive.

PET does appear to provide valuable information regarding the histological sub-type of the tumour, its likely differentiation, lymph node involvement and metastasis (stage). Information available from PET on the genomics of the tumour is still unclear but there does seem to be some difference in expression levels of genes in avid and non-avid tumours. Further studies with larger numbers are needed. The use of PET for diagnosis, preoperative staging and management planning is still uncertain.

Disclosure of Interest None Declared

OC-065 AUDIT OF RADIATION EXPOSURE IN CROHN'S PAST AND PRESENT

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Introduction The aim of this audit was to establish how much radiation patients with newly diagnosed Crohn's disease are exposed to and if this has changed over time within our practise. We hoped that with the increased availability of new imaging modalities such as ultrasound and MRI scanning the exposure of these patients to radiation may have fallen.

Methods Using the IBD database all Crohn's patients diagnosed from 1995 to 2011 were identified. We then collected data on 59 patients diagnosed from 1995 to 2001 and on 61 patients diagnosed from 2006 to 2011. These dates were chosen as ultrasound of the small bowel was introduced in UHL in 2002, and took a few years to become established as an imaging technique in Crohn's.

Data for each patient was collected only on studies performed in the first year of diagnosis, to prevent bias occurring due to the length of time that patients had the disease. We also felt the first year was likely to encompass studies performed to establish the diagnosis and extent of disease.

Results For patients diagnosed between 1995 and 2001 with Crohn's disease the average exposure to radiation in the first year was 1.83 mSv (range 0–12.3mSv). For patients diagnosed between 2006 and 2011 we found an average exposure of 2.67mSv (range 0–24mSv), an increase of 46%.

Abstract OC-065 Table 1

Dates	No of patients	MRI	US	CT	AXR	Ba studies	Average dose (mSv)
1995–2001	59	0	24	4	24	35	1.83
2006–2011	61	25	65	19	45	5	2.67