Abstract PTU-045 Table

	Sclerosing cholangitis (n = 54)	Controls (n = 54)
Age (yr)	53.5 (27)*	61 (15)*
Male gender	72%*	52%*
Follow-up (mo)	9.5 (13)	10 (9)
General anaesthesia	56%	47%
Sensitivity	50% (35% > 65%)	55% (41–69%)
Specificity	100% (100% > 100%)	97% (91% > 100%)
Accuracy	88% (79% > 98%)	80% (68% > 91%)
Adverse events	17.5%	7.5%
Cholangitis	11%*	1.9%*

Data are presented as medians (IQR) and percentage as appropriate. The 95% confidence intervals of operating characteristics are reported. * $p \leq 0.05$.

Conclusion In experienced hands, SOC is equally accurate in cancer diagnosis in SC and patients with single biliary strictures. SOC may be of particular use in the assessment of SC, in which differentiating benign from malignant strictures remains particularly challenging. However, cholangioscope insertion may be hampered by bile duct narrowing and cholangitis is more common following SOC in SC.

Disclosure of Interest None Declared

PTU-046 A RETROSPECTIVE COMPARISON OF PLASTIC, UNCOVERED AND FULLY COVERED METAL STENTS IN THE MANAGEMENT OF DISTAL MALIGNANT BILIARY STRICTURES

doi:10.1136/gutjnl-2013-304907.138

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Introduction Uncovered self expanding metal stents (USEMS) are associated with longer patency and reduced complication rates compared to polyethylene stents (PS), for the management of distal malignant biliary strictures (DMBS) [1]. However, PS are used for unstaged tumours, due to difficulties in operative USEMS removal. Fully covered self expanding metal stents (FCSEMS) can be easily removed before or during surgical resection. Recent data supports their use as first line management of DMBS, regardless of resectability status [2]. The current study provides the first retrospective comparison of survival, patency and complication rates between PS, USEMS and FCSEMS in the context of DMBS.

Methods The records of all patients, who underwent endoscopic retrograde cholangiopancreatography and stent placement for newly diagnosed DMBS in our centre, between February 2007 and August 2012 were reviewed. Patients who subsequently underwent surgical resection were excluded from the patient survival estimation. The stent patency period was calculated as the period between stent insertion and occlusion; death or surgical resection with a patent stent. Cumulative patient survival and stent patency were estimated using the Kaplan Meier method. The log-rank test was used for comparison between groups. Fisher's exact test was used for comparison of complication rates. The statistical analysis software used was IBM SPSS Statistics 20.

Results 87 cases were identified: 37 PS (8.5 or 10 Ff), 26 USEMS (wallstent/wallflex) and 24 FCSEMS (wallflex). 7 patients proceeded to surgical resection. Stent occlusion occurred in 54%, 23% and 4.2% of the patients in the PS, USEMS and FCSEMS group respectively, with a mean patency period of 87, 144 and 196 days. Cumulative patency was higher in the FCSEMS vs USEMS group ($p = 0.028$) and higher in both groups compared to the PS group ($p < 0.001$ and $p = 0.007$ respectively) [Fig1]. No statistically significant

difference was observed in survival or complications between the 3 groups. However, 6 episodes of cholangitis occurred in the PS group vs 1 episode in each of the FCSEMS and USEMS groups; 2 episodes of pancreatitis were noted in the FCSEMS group vs none in the other groups.

Abstract PTU-046 Figure

Conclusion The use of FCSEMS as first line management for DMBS is associated with longer patency and similar complication rates compared to USEMS and PS. However, the risk of pancreatitis requires further assessment.

Disclosure of Interest None Declared

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PTU-047 MANAGEMENT OF POLYP CANCERS WITHIN THE BOWEL CANCER SCREENING PROGRAMME COULD BE IMPROVED!

doi:10.1136/gutjnl-2013-304907.139

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Introduction Endoscopic management of early colonic neoplasia or polyp cancer remains unclear. There are no national guidelines or good quality data to guide clinicians with these difficult lesions. The aim of this study is to identify the incidence of early cancer and variation in practise of managing these lesions

Methods Data was prospectively collected in all patients undergoing screening within the Solent BCSP. The database was interrogated to identify all neoplasia. The endoscopists suspicion of cancer was noted from the reports. MDT outcome was recorded, along with final management of the cancer

Results In total 3976 patients underwent screening colonoscopy between 2007–2012. N = 5768 neoplastic polyps found giving a mean polyp detection rate of 1.5/patient. Cancer was found in 235/3976 (6%) patients. Mean age was 67yrs. 142/235 (60%) were male. 145/235 (62%) had advanced cancer, confirmed at surgery.