cytology, and one had suggestive cytology but no CEA analysis). The fourth patient had a mucinous cystadenoma, with mucin aspirated at FNA but no CEA analysed.

Conclusion EUS provides useful information with regards to the macroscopic appearances of pancreatic cystic lesions. FNA is safe and allows the addition of fluid CEA as a useful marker for malignancy. Negative cytology does not exclude malignancy but false positives are rare. Difficulty in aspirating fluid should be considered suspicious.

REFERENCE

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Disclosure of Interest None Declared.

PTH-101 DIETARY SATURATED FATTY ACIDS ARE POSITIVELY ASSOCIATED WITH THE DEVELOPMENT OF PANCREATIC CANCER – DATA FROM A UK PROSPECTIVE STUDY (EPIC) USING 7-DAY FOOD DIARIES

¹P Banim*, ²R Luben, ²K-T Khaw, ³N Wareham, ⁴A Hart. ¹Gastroenterology, James Paget University Hospital, Great Yarmouth, UK; ²Department of Public Health, Institute of Public Health, University of Cambridge, Cambridge, UK; ³MRC Epidemiology Unit, University of Cambridge, Cambridge, UK; ⁴Norwich Medical School, University of East Anglia, Norwich, UK

10.1136/gutjnl-2014-307263.547

Introduction An increased dietary intake of saturated fatty acids could promote pancreatic carcinogenesis through increasing insulin resistance. Our aim was to investigate this association for the first time using nutrient information measured by food diaries in a cohort study.

Methods A total of 23,658 men and women aged 40–74 years recruited between 1993–1997 into the EPIC-Norfolk study, UK, completed 7-day food diaries which recorded all foods, brands, recipes and portion sizes eaten. The diaries were interpreted by nutritionists using a computer programme which converted participant recorded text into nutrient values of: total saturated fatty acids intake, palmitic and stearic acids. The cohort was monitored until June 2010 to identify those participants who developed incident pancreatic cancer, confirmed by a review of medical notes. The HRs of developing cancer were estimated

across quintiles of intake using Cox regression, adjusted for total energy intake and oleic acid intake, the latter which increases insulin sensitivity.

Results During 17 years of follow-up, 88 participants were diagnosed with pancreatic cancer (55% women, median age at diagnosis = 73.4 years, range 52.1–88.8 years). There were no associations with either total or individual saturated fatty acids in the whole cohort or in women. However, in men, increasing quintiles of dietary saturated fat acids were positively associated with risk (highest vs. lowest quintile HR = 9.68, 95% CI: 1.72–54.54, $P = 0.01$) with a trend across quintiles (Trend HR = 1.76, 95% CI: 1.17–2.64). There were similar associations for palmitic acid (trend HR = 2.29, 95% CI: 1.41–3.71) and stearic acid (trend HR = 1.51, 95% CI: 1.00–2.30).

Conclusion The data support an aetiological role of dietary saturated fatty acids in pancreatic cancer in men, due to the large effect sizes, dose-responses, temporality and plausible biological mechanisms. These macronutrients should be measured in future aetiological studies and the reasons for differences between genders investigated.

Disclosure of Interest None Declared.

PTH-102 TREATMENT OF BENIGN PANCREATIC DUCT STRICTURES WITH FULLY COVERED SELF EXPANDABLE METAL STENTS (FC-SEMS) IS FEASIBLE, SAFE AND EFFECTIVE IN PATIENTS WITH SYMPTOMATIC CHRONIC PANCREATITIS (CP)

*R Rameshshanker, H Kaltsidis, P Vlavianos, N Phillips, D Westaby. *Gastroenterology, Imperial College Health Care NHS Trust: Hammersmith Hospital, London, UK*

10.1136/gutjnl-2014-307263.548

Introduction FC-SEMS have been used for treatment of benign biliary strictures (BBS) with excellent results. Pancreatic duct strictures (PDS) of CP vary in length and complexity and associated with upstream dilatation and/or stones. Limited data on aggressive endotherapy (ET) with insertion of the repeated plastic stents (PS) showed good response. Experience with FC-SEMS in pancreatic strictures is limited.

Methods Aim: To assess feasibility and safety of smaller diameter (8 mm) FC-SEMS for treatment of CP with dominant downstream strictures either *de novo* or as rescue (failed previous ET).

Abstract PTH-102 Table 1

Patients	Age	Sex	De Novo (N) or rescue (R)	Main (M) or Santorini (S)	Pain response		Complications	SEMS removed in weeks
					ESWL	partial (P), complete (C);nil (N)		
1	43	M	N	M	-	C	None	13
2	67	M	R	M	-	P	None	12
3	66	F	R	S	-	P	None	11
4	71	F	R	M	+	C	None	12
5	32	M	R	M	+	C	None	16
6	55	F	N	S	-	C	None	12
7	68	F	R	S	-	C	None	16
8	47	F	R	M	-	N	None	04
9	40	M	R	M	-	C	None	10
10	59	M	R	M	+	C	None	12
11	55	F	R	S	-	N	None	12
12	47	M	R	M	+	N	None	12
13	36	F	R	M	-	C	None	20
14	41	F	R	S	-	C	None	12
15	57	F	R	M	-	N	proximal migration+ Santorini abscess	02