analyse the outcome of patients diagnosed to have pancreatic cancer in clinical practice in North London.

**Methods** In this duel centre retrospective study, a years worth of pancreatic cancer diagnoses was compiled using the North London Cancer Network Multi-disciplinary team meeting data base. The patients records were then searched gathering information on their dates of diagnosis; referral to our hepatobiliary surgeons at a local tertiary referral centre; whether they had a pre-operative stent; the date of their surgery (if they survived long enough to have it) and they’re ultimate outcome.

**Results** 68 patients within our sector received a diagnosis (histological/endoscopic/radiological) of pancreatic cancer over the course of 1 year (May 2010—May 2011). Of this cohort 20 (29.4%) were referred for surgical opinion. During the lag between diagnosis and surgical review, 9 (45%) patients received endoscopic biliary drainage and stent insertion (all were 1st pass). The total number to ultimately receive their Whipple’s was 5 (25%). In four patients in whom surgery was felt to be an option, aggressive disease and complications leading to a lengthy in patient stay at the point of diagnosis meant that the physical condition of the patient had deteriorated to the point where they were no longer fit for surgery/ inoperable. Only one patient proceeded straight to operation without prior stenting. Two patients had their operations privately. Unfortunately details of any post operative complications are not available.

**Conclusion** Our experiences of pancreatic cancer is that at the point of diagnosis most cancers were inoperable 48 of 68 (70%). Within our study period only 5 of 68 (7%) patients had surgery for pancreatic cancer. The majority of patients even when initially considered for surgery (75%) do not end up having a resection. When patients are referred with symptoms of obstructive jaundice, knowing that the majority will not undergo surgery and also knowing in clinical practice that it is difficult to get surgical resection within 10 days of diagnosis, the humane thing to do instinctively is to stent and achieve biliary drainage. Achieving biliary drainage helps in improving the patients symptom picture and additionally allows chemotherapy options in those whose jaundice resolves.

**Competing interests** None declared.

**References**


Conclusion Nasogastric feeding is well tolerated in the majority (73.7%) of patients with severe AP. NG feeding should be first line, but if failing a rapid change to the NJ route instituted.

Competing interests None declared.

PMO-102 MEMBRANOUS EXPRESSION OF SULFATASE-2 IS ASSOCIATED WITH A POORER PROGNOSIS IN PATIENTS FOLLOWING PANCREATIC CANCER RESECTION
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Introduction Pancreatic adenocarcinomas are resistant to medical therapies and associated with a poor prognosis. Sulfatase 2 (SULF2) is one of two extracellular heparan sulphate 6-O-endosulfatases that modulate ligand activated FGF and Wnt signalling. SULF2 expression is dramatically upregulated at mRNA levels in pancreatic cancers (NCBI GEO). We have investigated SULF2 protein expression in pancreatic adenocarcinomas, in association with clinicopathological parameters.

Methods Immunohistochemistry for SULF2 was performed on archived FFPE (Formalin-Fixed paraffin Embedded) blocks from 21 resected primary pancreatic adenocarcinomas, most of which were histologically defined as ductal (19/21, 90.5%). Membranous and cytoplasmic expression of SULF2 in tumour and stromal cells were separately assessed. Additionally, immunostaining for α-Smooth Muscle Actin (α-SMA) was performed for further cell characterisation.

Results SULF2 was expressed in tumour cells in the majority of the tumours (18/21, 86%). This expression was either cytoplasmic (15/21, 61.9%), membranous (12/21, 57.1%) or both (17/21, 80.9%). Membranous positivity was found almost exclusively in tumours with low differentiated areas (11/12, p = 0.007). Membranous over-expression was also associated with shorter patient survival (p = 0.011). Spindle-shaped cells of desmoplastic tumour stroma showed strong cytoplasmic positivity in all tumours studied (21/21, 100%). These cells were also positive for α-SMA, a marker of activated pancreatic stellate cells. Non-neoplastic pancreas showed only focal positivity for SULF2, this involved mainly endothelial, and scattered epithelial cells of exocrine pancreas.

Conclusion SULF2 over-expression is common in pancreatic adenocarcinomas, in both the ductal cancer cells as well as the desmoplastic tumour stroma. Tumour cell membranous localisation and over expression is associated with a more aggressive tumour behaviour and poorer patient survival. SULF2 is a novel candidate biomarker in patients for pancreatic cancer, identifying those with a poorer prognosis, as well as those who may benefit from therapies inhibiting SULF2.

Competing interests None declared.

PMO-103 PROGNOSTIC VALUE OF POST OPERATIVE CA19-9 IN PATIENTS UNDERGOING PANCREATICOCLUODUODENECTOMY FOR Pancreatic Adenocarcinoma
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Introduction Pancreatic Adenocarcinoma accounts for over 90% of Pancreatic malignancy with overall survival being <5% at 5 years. CA 19-9 is a commonly used tumour marker with levels in excess of 200 U/ml being 90% sensitive for pancreatic malignancy. Pre-