significantly associated with RAP (p=0.55) or parasite infection, as concurrent infection was present in only 2 patients (p=0.24).

**Conclusion** From this study, low grade inflammation, manifest by increased IELs, may be associated with RAP and also parasitic infection. *H pylori* is not associated with parasite infection. However, as eosinophilia was not significantly associated with the condition further investigation is required to elucidate the potential involvement of innate immunity, including mast cells. Furthermore, there is no association between *H pylori* infection and RAP. Funded by EU CONTENT Project (INCO-CT-2006-032136), CONICYT/A240. None declared.

**Competing interests** None declared.

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**PTU-134**

**WHAT DO YOUNG PEOPLE AND PARENTS WANT FROM AN INFLAMMATORY BOWEL DISEASE (IBD) SERVICE?**

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**Introduction** National surveys report that transition care in inflammatory Bowel Disease is still not well developed. Although the general principles guiding transition of adolescents with chronic illnesses from paediatric to adult health care have been established, there are no studies to assess the transfer needs and concerns of adolescents with IBD and their carers. We aimed to gauge the perspectives of adolescents with IBD and their parents to determine their issues, concerns and expectations.

**Methods** A cross sectional survey of IBD patients starting transition process in a dedicated transition clinic and their parents was undertaken using a semi-structured questionnaire designed for self completion. Along with demographic and clinical information, respondents were asked to rate on a scale of 1–5 (using Likert scale anchored by 1-least important and 5-very important and essential) their responses on their perceived importance on the aspects of preparation, self management skills, concerns regarding transfer and value of support services.

**Results** 20 patients (12 Crohn’s and 8 Ulcerative Colitis) and their parents completed the survey independently. There was concordance in the responses of patients and their parents in rating highly the need for information, education and co-ordination of transfer process (Abstract FTU-135 table 1). The knowledge, empathy and accessibility were identified as key attributes for the transferring adult team (Abstract FTU-135 table 2). The highest rated concern for both adolescents and their parents was the perceived differences in performing tests such as endoscopy (mean score of 4.55±0.23 and 4.65±0.25 respectively). The adolescents favoured to attend appointments without parents before transfer (mean score 3.65±1.18) as opposed to their parents (mean score 1.9±1.16). In addition parents were concerned whether they will become less involved in care following transfer (mean score 4.15). The adolescents’ favoured younger age of transition and transfer when compared to their parents. While dedicated adolescent services were described as beneficial by patients and their parents, only 50% of patients preferred to have joint appointments.

**Conclusion** This first pilot study demonstrates significant concerns about transition process needing addressing among adolescent IBD patients and their parents. Patients and parents differ in their rating of independence and self advocacy needed at the time of transfer. Tailoring transition to individual patient and parent needs without dedicated transition care teams may be challenging.

**Competing interests** None declared.
for Paediatric Gastroenterology and Nutrition report there is no compelling evidence to treat children colonised with HP without histological evidence of gastritis. This reflects the current pathophysiological understanding of cancer development, where inflammation secondary to infection is believed to be the driver of dysplasia and cancer. In our tertiary referral centre current practice stains all paediatric gastric biopsies with Haematoxylin and Eosin (H+E) as well as Warthin Starry (WS) stain, specifically for HP-like organisms. The aim of this study was to investigate the incidence of HP infection in children undergoing endoscopy. We also examined the routine use of special staining on all gastric biopsies for HP and whether other histological features on H+E examination could act as reliable markers of infection allowing selective special staining.

**Methods** We reviewed all gastric biopsies submitted between January 8 and September 11, in patients born after 1989. All reports were loaded onto a database and searched for key words with "Helico", "HLO" and "HPylori". Each report was then examined for evidence of HP, acute inflammation and lymphoid aggregates.

**Results** 1102 cases were examined and 25/1102 were positive for HP, 2% of all cases. There was acute inflammation in 17/23 cases. In the six with no acute inflammation, two were suspected of having HP (one previously treated) and one had only a single biopsy from the body, not the antrum. 146/1102 (13%) cases had acute inflammation. Acute inflammation as a marker for HP has a sensitivity of 74%, specificity of 88%, PPV of 11% and NPV of 99%. Lymphoid aggregates and acute inflammation as markers of infection further increased HP detection.

**Conclusion** This study shows our current practice involves special staining of all biopsies for low prevalence disease (2%). However H+E examination alone has low sensitivity for picking up HP in cases of low density infection. Acute inflammation as a marker for HP infection could aid selection of cases for special staining. The NPV of 99% suggests that very few cases would be missed. Selective staining of cases for HP would also save around £3000/year (excluding pathologist time). The disadvantage that a small number of children colonised with HP, without gastritis may be missed is of unclear significance. Further research is required in order to develop an integrated clinical and pathological approach into the investigation, diagnosis and treatment of HP in children.

**Competing interests** None declared.

**Pathology**

**DOES TOTAL NUMBER AND POSITIVE LYMPH NODE RATIO HAVE AN IMPACT ON OUTCOME FOLLOWING SURGICAL RESECTION FOR HILAR CHOLANGIOCARCINOMA?**

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**Introduction** Lymph node status is an important predictor of survival following resection for hilar cholangiocarcinoma (HCCA). Controversies still exist regarding the extent of lymphadenectomy and whether an extended lymph node dissection improves outcome. This study aims to evaluate the prognostic value of the total number of nodes removed and positive lymphnode ratio (LNR) on overall and disease-free survival in patients undergoing resection for HCCA.

**Methods** From 1994 to 2010, 54 HCCA were resected at our Institution. Seventy-eight patients with available data were included in our analysis. Overall survival (OS) and disease-free survival (DFS) were calculated and stratified according to the number of lymph nodes excised and positive LNR at different cut-off levels.

**Results** An average of 13.8 lymph nodes were removed. 45 patients (57.7%) had a positive lymph node status, with a mean of 3.2 involved nodes per patient. 1, 5 and 10-year OS for N+ status was 60%, 10% and 10%, while N- OS was 82%, 41% and 41% (p=0.000).

 Similarly, 1, 5 and 10-year DFS was worse in the N+ group (71%, 45% and 42%) compared to N- (91%, 65% and 60%) (p=0.045). There was no difference in 1, 5 and 10-year OS (70%, 23%, 20% vs 70%, 25% and 20%, p=0.690) and DFS (78%, 48% and 48% vs 82%, 58% and 58%, p=0.305) when <10 nodes were removed (n=39) compared to ≥10 nodes (n=36). There was no difference in 1, 5 and 10-year OS (65%, 9% and 9% vs 60%, 10% and 10%, p=0.562) and DFS (78%, 40% and 40% vs 65%, 46% and 40%, p=0.795) when LNR <0.25 (n=22) was compared to LNR >0.25 (n=23). No difference was found when a cut-off of 15 total excised lymphnodes and LNR of 0.50 was used.

**Conclusion** The overall number of lymphnodes excised and positive LNR did not correlate with overall and DFS in resected HCCA. Larger, prospective studies are necessary to confirm these results.

**Competing interests** None declared.

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