In 2 patients the FE-1 was repeated; in 1 when treatment failed and FE-1 was still <100 μg/l (due to bile salt malabsorption), the other following treatment for coeliac disease and microscopic colitis (FE-1 147μg/l then normal). There was no difference in symptoms (steatorrhoea, diarrhoea, weight loss, abdominal pain) between the groups.

**Conclusion** This study shows that clinicians need to be aware that even in patients with FE-1 less than 100μg/l, the cause may be non-pancreatic in origin. FE-1 becomes a less reliable diagnostic tool in moderate to mild PEI parameters. FE-1 should be repeated if symptoms do not improve with pancreatic enzyme replacement. Symptoms may not be helpful in distinguishing pancreatic from non-pancreatic causes of low FE-1.

**Disclosure of Interest** None Declared

**REFERENCES**


**Conclusion** Our interim results suggest that quadruple assessment including clinical, radiological (CT/PET/MRI/EUS), FNAC and biochemical analysis is necessary prior to therapeutic planning.

**Disclosure of Interest** None Declared.

**PTU-174**

<table>
<thead>
<tr>
<th>High clinical likelihood supported by imaging</th>
<th>Severe, No. (%)</th>
<th>Moderate, No. (%)</th>
<th>Mild, No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinically pancreatic cause no imaging/no evidence on imaging</td>
<td>12 (52.2)</td>
<td>3 (16.7)</td>
<td>3 (15.8)</td>
</tr>
<tr>
<td>Other diagnosis</td>
<td>7 (30.4)</td>
<td>4 (22.2)</td>
<td>2 (10.5)</td>
</tr>
</tbody>
</table>

**Abstract PTU-174 Table 1**

**Disclosure of Interest** None Declared.