experienced incontinence of flatus or faeces while 255/380 (67%) reported FI. Only 136/380 (36%) had been asked about FI during an encounter with a HCP. Of the people who had been asked about FI, the vast majority had been asked in IBD clinics (130/136, 96%). Fewer enquiries were made by HCPs in a primary care setting with 42/136 (31%) people having been asked by a family doctor and 12/136 (9%) by a practise nurse. A minority of patients spontaneously volunteered information about incontinence to a healthcare professional (146/380, 39%). Of the people who had discussed continence issues with a HCP, 55 (38%) were offered specific advice or referral for treatment. Those who volunteered information regarding continence had worse ICIQ-B control scores (9 (6–14) vs 3 (1–8), $p < 0.0001$)) and quality of life scores (16 (11–20) vs 9 [6–14], $p < 0.0001$), reflecting greater burden of disease.

Conclusion Faecal incontinence is common in IBD. It is both under-reported by patients and under-recognised by healthcare professionals. Because symptoms and QOL can be significantly improved with appropriate intervention, HCPs need to enquire about FI as part of routine assessment.

Disclosure of Interest None Declared

Liver

PTU-083 BILIARY MICRORNA MARKERS IN BILE AID THE DIAGNOSIS OF CHOLANGIOCARCINOMA AT ERCP

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Introduction Cholangiocarcinoma (CCA) is a primary biliary ductal cancer which is often difficult to diagnose and which carries a poor prognosis. New diagnostic tests are urgently needed to improve patient outcome. Bile is a rich source of potential novel biomarkers for CCA, due to its intimate proximity to the malignant lesion. However, there are no biliary biomarkers for CCA currently available.

MicroRNAs (miRNAs) are key post-transcriptional regulators, and influence tumorogenesis. Studies on cell lines and tissue have identified several potential miRNA signatures for CCA, and recently miR-9 was identified as elevated in bile from CCA compared with benign disease[1].

In this study we aimed to measure specific miRNA expression in bile from patients with CCA, gallstone disease and pancreatic adenocarcinoma (PA) and to assess their performance in differentiating these causes of biliary obstruction.

Methods Bile was collected at endoscopic retrograde cholangiopancreatography (ERCP) from patients with CCA (n = 6), PA (n = 10) and gallstones (n = 8; benign control). Bile was prepared as previously described[1] and total RNA was isolated using TRIzol (Invitrogen, Paisley, UK). Quantitative real-time reverse-transcription polymerase chain reaction (RT-qPCR) was performed using Taqman mature miRNA primers and probes (Applied Biosystems, Cheshire, UK). Expression of oncomiR-21, miR-155 and miR-106a was measured. Cycle passing threshold (Ct) was recorded and normalised to RNU6B expression. Relative expression was calculated as $2^{Ct\_miRNA\text{-}Ct\_RNU6B}$. PCR reactions were carried out in duplicate.

Results MiR-106a and oncomiR-21 were highly expressed in bile from patients with CCA compared to those with gallstones. MiR-155 was not significantly upregulated in malignancy. In discriminating CCA from benign disease, miR-106a had sensitivity and specificity of 83.3% [95% CI 36–100] and 88% [95% CI 47–100] respectively, with an AUC of 0.83 (cut-off level > 6.05). OncomiR-21 was also upregulated in the bile of both tumour types, but was not as reliable. Neither miRNA discriminated significantly between PA and CCA.

Conclusion MiRNA can be reliably isolated from bile pellets. Both miR-106a and oncomiR-21 are potential novel biliary biomarkers for CCA, and could improve differentiation of benign from malignant disease at ERCP. Further work is required to validate these findings in a larger cohort and against other disease groups, and to investigate possible correlations between miRNA profile and disease course.

Disclosure of Interest None Declared

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PTU-084 TREATMENT OF HEPATITIS C THROUGH AN IN-PRISON SPECIALIST CLINIC

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Introduction There is a high prevalence of hepatitis C virus (HCV) among inmates in UK prisons. Treatment of prisoners in hospital clinics proved to be logistically complex and expensive and resulted in high levels of treatment failures. Our aim was to establish specialist hepatitis C treatment clinics entirely within prison facilities and to evaluate their efficacy.

Methods Clinics were established in two prisons, HMP High Down (Capacity of 1103 inmates) and HMP Downview (capacity of 364 inmates) and run twice a month. The specialist team collaborated with the prison healthcare team to diagnose, investigate and treat HCV entirely within the prison setting. Link nurses would refer inmates with positive antibodies for further investigation including detailed virology and ultrasound scan. Suitable patients were offered treatment and monitired for progress and side effects.

Results 163 inmates with an average age of 40 were referred to the clinic. 62.6% were females and 37.4% were males. 73 patients received genotyping, 50.68% were genotype 1, 43.84% were genotype 3, 2.74% were genotype 2 and 2.74% were genotype 4. Out of the patients who completed treatment data is available on 58%. To date, 85% of patents who completed treatment tested negative after completion of treatment (EOT). 100% of patients who received follow-up testing acheived a sustained viral response (SVR) at 6 months. 9.5% of patients withdrew from treatment because they left prison. 1 patient withdrew as a result of side-effects (severe thrombocytopenia).

Conclusion An in-prison treatment service reduced the number of failed attendances at our hospital service. We were very successful in completing therapy for patients serving longer sentences in prison with good eradication rates. As the prison population is mobile, more effective collaboration between different prisons and community teams are needed to improve treatment and follow up of HCV infected prisoners.

Disclosure of Interest None Declared

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