compliance with Spigelman scoring system. 4/14 had recurrent Duodenal adenomas after EMR. 3 patients were found to have Colon cancer. So it is essential that all patients with Duodenal adenomas have a colonoscopy.

REFERENCES

- 1 The role of endoscopy in ampullary and duodenal adenomas. *Gastrointestinal Endoscopy* 2006; 64(6)
- 2 Murray *et al.*, Sporadic duodenal adenoma is associated with colorectal neoplasia. *Gut* 2004
- 3 Ramsoekh *et al.*, Sporadic duodenal adenoma and the association with colorectal neoplasia: a case-control study. *The American Journal of Gastroenterology* 2008
- 4 vanHeumen *et al.*, Management of sporadic duodenal adenomas and the association with colorectal neoplasms: a retrospective cohort study. *J Clin Gastroenterol* 2012 May
- 5 Spigelman *et al.*, Upper gastrointestinal cancer in patients with familial adenomatous polyposis. *Lancet* 1989

Disclosure of Interest None Declared.

PTU-178 CLINICAL UTILITY OF ENDOFASTER® IN PATIENTS ON CHRONIC PPI THERAPY UNDERGOING UPPER GI ENDOSCOPY

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Introduction Patients undergoing upper GI endoscopy (OGD) are often on chronic PPI therapy for dyspeptic symptoms or gastro-oesophageal reflux disease (GORD). Continued PPI therapy at the time of the endoscopy can influence the outcome of H. pylori testing via rapid urease test (CLO) or even histology. In addition, complete response to PPI in patient with GORD and/or Barrett's oesophagus (BO) is often not fully predicted by the clinical history. We hypothesised that rapid testing of H. pylori status and gastric pH by Endofaster® could provide the physician with real-time information useful to influence patient management.

Methods This pilot feasibility study included 135 consecutive patients at a single centre who underwent OGD for BO surveillance/endothecopy (n = 95), screening for hereditary diffuse gastric cancer (n = 11) and evaluation of GORD/dyspepsia (n = 29). The pH and the H.pylori status were measured on 4 mL of gastric aspirate using the Endofaster®, which connects to the suction port of the gastroscope. If clinically indicated, CLO test or gastric biopsies were performed. Endofaster® results were matched with the history of PPI intake (PPI type and time of last dose) and results of CLO and gastric histology.

Results Overall, 109 patients were on chronic PPI treatment and of these 74% presented with gastric hypochloridia (pH >4) at Endofaster® analysis. Forty-nine patients reported PPI intake on

the same day of the OGD and 15% of these (n = 7) had acid gastric pH (<4). Fifty-nine patients had CLO test and 57 had gastric histology results available, while 26 patients had both. Only 1 patient was positive for H. pylori on histology, which was also positive at Endofaster®. Two patients had a positive CLO test, of which one was Endofaster® positive for H. pylori. Eleven patients were positive at the Endofaster® but not at CLO, of which 91% were on chronic PPI (n = 10).

Conclusion This feasibility study shows that a significant proportion of patients on chronic PPI therapy still have acidic gastric pH suggesting sub-optimal response to PPI. Endofaster® may detect H.pylori infection in patients on chronic PPI therapy, which are often false negatives when tested by CLO and histology. A prospective study matching Endofaster® data with gold standard tests for H. pylori status and gastro-oesophageal reflux are needed to conclude on the clinical implications of these findings.

Disclosure of Interest None Declared.

PTU-179 SOCIAL DEPRIVATION IN BARRETT'S OESOPHAGUS?

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Introduction Squamous oesophageal carcinoma is more prevalent in those with lower socio-economic status. Little is known about this for oesophageal adenocarcinoma (OAC). Anecdotally, OAC has been observed in higher socio-economic groups. Barrett's oesophagus (BO) is the only known precursor of OAC. This study investigates the association between BO and social deprivation using the 2010 Index of Multiple Deprivation (IMD).

Methods *Patients:* 1076 BO diagnosed in Rotherham, between April 1978 and August 2012. *IMD:* The Office for National Statistics (ONS) divides England into geographical areas each with a similar population size termed Lower Layer Super Output Areas (LSOA). The 2010 IMD comprising a combination of 38 separate indicators is assigned to each LSOA. Every residential post-code is assigned to a LSOA and thus an IMD. This was applied to the postcodes of Rotherham patients at time of BO diagnosis. *IMD Quintiles* were derived by dividing the distribution of all IMD scores in England into 5 equal categories. The 6257 residential postcodes for Rotherham and the 1076 BO patients were placed in the quintiles relevant to their IMD score. *Analysis:* Chi square goodness of fit tests were used to compare the observed

Abstract PTU-179 Table 1

IMD quintile descending order of deprivation	Rotherham postcodes* n = 6257	BO diagnosed = 2000 n = 490			BO diagnosed = 2001 n = 586		
		Observed (O)	Expected (E)	Ratio (O/E)	Observed (O)	Expected (E)	Ratio (O/E)
Most deprived	2282	188	178.7	1.05	199	213.7	0.93
2nd most deprived	1659	142	129.9	1.09	128	155.4	0.82
3rd most deprived	988	64	77.4	0.83	89	92.5	0.96
2nd least deprived	1049	71	82.2	0.86	133	98.2	1.35
Least deprived	279	25	21.8	1.14	37	26.1	1.41
p value				0.21			0.0001

* Each postcode includes ~20 households.