progressors. Importantly, no significant difference in the proportion exhibiting fibrosis progression was found between those with NAFL or NASH at index biopsy (10/27 (37%) vs. 36/83 (43%) p = 0.65). 12/27 (44%) with NAFL at baseline progressed to NASH at follow-up biopsy, whereas 6/75 (8%) with NASH regressed to NAFL. Weight change was a significant factor associated with inter-biopsy change in disease activity measured by NAFLD activity score (r = 0.23 p = 0.026). Of 10 patients with NAFL who had fibrosis progression, 3 progressed by 1 stage, 5 by 2 stages and 2 by 3 stages; all had NASH on the follow-up biopsy. Of concern, 6 of 27 (22%) patients with baseline NAFL had reached stage 3 fibrosis at the follow up biopsy, but none were cirrhotic. Among the patients with NAFL, 80% of those who had fibrosis progression were diabetic at the time of follow-up liver biopsy compared with 25% of non-progressors (p = 0.005). The FIB-4 score was the only significant baseline factor that predicted fibrosis progression (OR 2.1 [95% CI: 1.1-3.9], p = 0.02). However, the AUROC was only 0.63 (p = 0.04).

Conclusion Contrary to current dogma, this study suggests that

Disclosure of Interest None Declared.

Pancreas

PTH-092 INVESTIGATING THE ROLE OF PHYSICAL ACTIVITY IN PANCREATIC CANCER – THE AGE AT WHICH THIS IS MEASURED IS IMPORTANT IN AETIOLOGICAL STUDIES AND IS INDEPENDENT OF BODY MASS INDEX

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Introduction There are plausible biological mechanisms for how increased physical activity (PA) may prevent pancreatic cancer, although most studies do not report an inverse association. We investigated whether this may be related to the age at which PA is measured, using a validated questionnaire, and whether the effect of PA is independent of body mass index (BMI).

Methods 23,639 participants, aged 40–74 years were recruited into the EPIC-Norfolk cohort study between 1993 and 1997. These participants completed validated questionnaires on both occupational and leisure time PA. From this, four levels of PA were derived. The cohort was monitored for up to 17 years to identify those participants who developed pancreatic cancer. The hazard ratios (HRs) of developing cancer were estimated using Cox regression and adjusted for covariates (age, gender, cigarette smoking status and type 2 diabetes). Each analysis was first performed in those recruited of all ages and then in those younger and older than 60 years at recruitment.

Results Within 17 years, 88 participants developed pancreatic cancer (55% female, median age of diagnosis 73 years, range 52–89 years). There was no association between PA and risk of pancreatic cancer in the whole cohort (trend HR=1.03, 95% CI: 0.84–1.27). However, in those recruited at younger than 60 years (n = 29 cases), higher levels of PA were associated with a decreased risk (highest vs. lowest category HR=0.27, 95% CI: 0.07–0.99, trend HR=0.75, 95% CI: 0.53–1.06, p = 0.11). When BMI was included, the associations were similar (highest vs. lowest category HR=0.25, 95% CI: 0.07–0.93, trend HR=0.73, 95% CI: 0.51–1.03, p = 0.08). In participants aged greater than 60 years (n = 59 cases), higher PA was associated with a non significant, increased risk both when BMI was unaccounted for...