(highest vs. lowest category HR=1.98, 95% CI: 0.94–4.16, p = 0.07, trend HR=1.23, 95% CI: 0.96–1.57, p = 0.10) and when BMI was included (trend HR=1.21, 95% CI: 0.94–1.55, p = 0.13).

Conclusion The association between PA and cancer risk is dependent on the age at which PA is measured. This possibly reflects occupational activity and differences in general medical health with age or residual confounding. The associations were similar when adjusted for BMI, suggesting an independent mechanism of PA. If the inverse association of increased PA in younger participants is causal, one in six cases of pancreatic cancer might be prevented by encouraging more PA. Aetiological studies should measure PA at different ages when investigating pancreatic cancer.

Disclosure of Interest None Declared.

**REFERENCES**
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Introduction Chromogranin A (CgA) is considered as the best general marker for the diagnosis and follow-up of neuroendocrine tumours (NETs) and is also of prognostic value. In literature, there are no available studies which analysed the role of CgA as a predictor of radiological disease progression in all NETs. Present study investigates the prognostic value of CgA as a predictor of radiological disease progression in NET patients.

Methods Patients with metastatic NETs and evidence of Radiological Progression (RP) according to RECIST 1.1 were identified from a NET database. Plasma CgA were measured 6 and 12 months before RP and at the event of RP. CgA was measured with the Supra-regional-Assay-Service radioimmunoassay (Hammersmith Hospital), normal value <60 pmol/L. The tumours were graded according to the 2010 WHO classification, as G1 (Ki67 <2%), G2 (Ki67: 2–20%), G3 (Ki67 >20%).

Results 152 patients were evaluable including 91 midgut NETs (Q1=44, Q3=247.25), T=70, p = 0.048].

12 months [181(Q1=56.25, Q3=624) vs. 149.5 pmol/L had median CgA value at 6 months significantly higher than at (Q1=52, Q3=535), T= 394.5, p = 0.03]. Overall, G1 tumours months before [267 pmol/L (Q1=66, Q3=777) vs. 166 pmol/L PNETs CgA values were significantly higher at RP than 12 [53, Q3 286.25 pmol/L), T=191, p = .39]. Both midgut and NETs [median CgA 6 months before RP: 389.5 pmol/L (Q1 36.25, Q3 128 pmol/L), T=52, p = 0.048], but not for midgut 6 months before [181(Q1=56.25, Q3=624) vs. 149.5 pmol/L (Q1=44, Q3=247.25), T=70, p = 0.048].

Conclusion CgA seems to have predictive value 6 months prior to RP for PNETs and G1 tumours, which may be of value to identify specific subgroups of patients who may benefit from a more aggressive follow-up with possible early intervention in case of increased CgA levels. Further prospective studies are needed to enable more definitive conclusions.

Disclosure of Interest None Declared.