three times a year for EUS network meetings to audit outcomes and review practice standards.

In 3 of the 4 centres, cytopathology staff are present in the endoscopy room to provide rapid on-site evaluation and confirm adequate sample cellularity and give a preliminary diagnosis.

Methods Each centre prospectively audited the results of EUS guided biopsy of suspected malignant solid pancreatic lesions over a 6 month period from 1.7.13 to 31.12.13. From this data the true positive rate was calculated to determine if such networking produced results comparable to large volume single centres.

Results There was a regional sensitivity of 96%. The majority of lesions were adenocarcinoma but other results included: 1 lymphoma, 8 neuroendocrine tumours, 1 renal cell cancer metastasis. Conclusion A regional sensitivity of 96% is comparable with results from a single large volume UK EUS centre. This demonstrates that smaller volume centres working within a regional network can achieve similar standards to high volume centres.

REFERENCES
1 Hewitt et al. GI Endoscopy 2012; 75 (2):319–331

Disclosure of Interest None Declared.