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**

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**Disclosure of Interest** None Declared.

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**PHT-098 68Ga-DOTATATE PET IN LOCALISING NEOENDOCRINE TUMOURS – COULD THIS BE THE STATE OF THE ART DIAGNOSTIC TEST?**

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**Introduction** 68Ga-DOTATATE PET is an established tool for localising primary tumour in metastatic neuroendocrine tumours (NETs) and in identifying NET metastases not seen on cross-sectional imaging. There is increasing evidence regarding its role in detecting occult primary sites in suspected NET.

We present our experience of patients with primary gastrinoma/insulinoma seen only on Ga-DOTATATE imaging.

**Methods** Patients reviewed in King’s College Hospital between 2005–2011 were included. Ga-DOTATATE was performed if there was a high degree of clinical suspicion of NET with supportive biochemistry but negative imaging and endoscopy.

**Results** Patients with primary gastrinoma/insulinoma identified only with Ga-DOTATATE are presented below.

A 61 year-old male with dyspepsia and diarrhoea experienced multiple spontaneous jejunal perforations. Fasting gastrin and chromogranin A were elevated (>700 and 106 pmol/L respectively). Octreoscan showed a possible abnormal area in the pancreatic body not seen on CT, MRI, PET-FDG or EUS. DOTATATE revealed a soft tissue density in the pancreatic head. Post-Whipples histology confirmed NET tumour in peri-pancreatic lymph nodes.

A 64 year-old female presenting with an upper gastrointestinal bleed from extensive duodenal ulceration was found to have an elevated fasting gastric level (>400 pmol/L) but a normal CT and Octreoscan. DOTATATE identified a focus within the gastrinoma triange. Resection confirmed a 15 mm nodule of peri-pancreatic tumour with histological evidence of endocrine differentiation of low grade and proliferative rate.

A 77 year-old non-diabetic male with irritable bowel symptoms presented with spontaneous duodenal perforation and developed episodes of hypoglycaemia (glucose 0.2 mmol/L).
EXTERNAL SHOCKWAVE LITHOTRIPSY (ESWL) OF PANCREATIC CALCULI IMPROVES PAIN RELATED TO CHRONIC CALCIFIC PANCREATITIS

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Introduction Chronic calcific pancreatitis is associated with the development of pancreatic ductal calculi. The calculi can lead to the blockage of the pancreatic duct which can increase the pressure in the duct causing pain. Removal of pancreatic calculi is conventionally done using endoscopic retrograde cholangiopancreatography (ERCP). However, removal of large pancreatic calculi may not be amenable using ERCP alone. External shockwave lithotripsy has been successfully used to target and fragment large calculi located in the head or body of the pancreas. The fragmented calculi can be extracted by subsequent ERCP.

Methods We conducted a retrospective case-control study. We identified a cohort of patients who underwent ESWL followed by ERCP for the clearance of large calculi in the pancreatic duct and a cohort who were treated conventionally with ERCP +/- pancreatic duct stenting over a 13-month period from 22 August 2012 to 21 November 2013 in a tertiary hepatopancreatobiliary centre. The medical notes, endoscopy reports and radiological imaging of these patients were reviewed retrospectively to assess the success of achieving ductal clearance and the improvement in abdominal pain.

Results We identified 9 patients who underwent ESWL followed by ERCP and a same number of controls. Complete ductal clearance following ESWL/ERCP was 6 (66.7%) and partial in 3 (33.3%). 1 patient required 2 sessions of ESWL. Following ESWL/ERCP, 4 (44%) patients had no pain, 4 (44%) had mild to moderate pain and 1 had severe pain. In the control group, 2 had no pain, 2 had mild to moderate pain and the rest still experienced severe pain. There were no complications following ESWL.

Conclusion ESWL combined with ERCP is safe and efficient in providing symptomatic relief for patients with large pancreatic calculi related to chronic pancreatitis. It can be offered as first line therapy in select patients with large pancreatic calculi.

Disclosure of Interest None Declared.