

cytology, and one had suggestive cytology but no CEA analysis). The fourth patient had a mucinous cystadenoma, with mucin aspirated at FNA but no CEA analysed.

**Conclusion** EUS provides useful information with regards to the macroscopic appearances of pancreatic cystic lesions. FNA is safe and allows the addition of fluid CEA as a useful marker for malignancy. Negative cytology does not exclude malignancy but false positives are rare. Difficulty in aspirating fluid should be considered suspicious.

#### REFERENCE

- 1 Khalid A, Brugge W. ACG Practice guidelines for the diagnosis and management of neoplastic pancreatic cysts. *Am J Gastroenterol* (2007);102:2339-2349

**Disclosure of Interest** None Declared.

#### PTH-101 DIETARY SATURATED FATTY ACIDS ARE POSITIVELY ASSOCIATED WITH THE DEVELOPMENT OF PANCREATIC CANCER – DATA FROM A UK PROSPECTIVE STUDY (EPIC) USING 7-DAY FOOD DIARIES

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**Introduction** An increased dietary intake of saturated fatty acids could promote pancreatic carcinogenesis through increasing insulin resistance. Our aim was to investigate this association for the first time using nutrient information measured by food diaries in a cohort study.

**Methods** A total of 23,658 men and women aged 40–74 years recruited between 1993–1997 into the EPIC-Norfolk study, UK, completed 7-day food diaries which recorded all foods, brands, recipes and portion sizes eaten. The diaries were interpreted by nutritionists using a computer programme which converted participant recorded text into nutrient values of: total saturated fatty acids intake, palmitic and stearic acids. The cohort was monitored until June 2010 to identify those participants who developed incident pancreatic cancer, confirmed by a review of medical notes. The HRs of developing cancer were estimated

across quintiles of intake using Cox regression, adjusted for total energy intake and oleic acid intake, the latter which increases insulin sensitivity.

**Results** During 17 years of follow-up, 88 participants were diagnosed with pancreatic cancer (55% women, median age at diagnosis = 73.4 years, range 52.1–88.8 years). There were no associations with either total or individual saturated fatty acids in the whole cohort or in women. However, in men, increasing quintiles of dietary saturated fat acids were positively associated with risk (highest vs. lowest quintile HR = 9.68, 95% CI: 1.72–54.54, P = 0.01) with a trend across quintiles (Trend HR = 1.76, 95% CI: 1.17–2.64). There were similar associations for palmitic acid (trend HR = 2.29, 95% CI: 1.41–3.71) and stearic acid (trend HR = 1.51, 95% CI: 1.00–2.30).

**Conclusion** The data support an aetiological role of dietary saturated fatty acids in pancreatic cancer in men, due to the large effect sizes, dose-responses, temporality and plausible biological mechanisms. These macronutrients should be measured in future aetiological studies and the reasons for differences between genders investigated.

**Disclosure of Interest** None Declared.

#### PTH-102 TREATMENT OF BENIGN PANCREATIC DUCT STRICTURES WITH FULLY COVERED SELF EXPANDABLE METAL STENTS (FC-SEMS) IS FEASIBLE, SAFE AND EFFECTIVE IN PATIENTS WITH SYMPTOMATIC CHRONIC PANCREATITIS (CP)

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**Introduction** FC-SEMS have been used for treatment of benign biliary strictures (BBS) with excellent results. Pancreatic duct strictures (PDS) of CP vary in length and complexity and associated with upstream dilatation and/or stones. Limited data on aggressive endotherapy (ET) with insertion of the repeated plastic stents (PS) showed good response. Experience with FC-SEMS in pancreatic strictures is limited.

**Methods** Aim: To assess feasibility and safety of smaller diameter (8 mm) FC-SEMS for treatment of CP with dominant downstream strictures either *de novo* or as rescue (failed previous ET).

Abstract PTH-102 Table 1

Patients	Age	Sex	De Novo (N) or rescue (R)	Main (M) or Santorini (S)	ESWL	Pain response		Complications	SEMS removed in weeks
						partial (P), complete (C);nil (N)			
1	43	M	N	M	-	C		None	13
2	67	M	R	M	-	P		None	12
3	66	F	R	S	-	P		None	11
4	71	F	R	M	+	C		None	12
5	32	M	R	M	+	C		None	16
6	55	F	N	S	-	C		None	12
7	68	F	R	S	-	C		None	16
8	47	F	R	M	-	N		None	04
9	40	M	R	M	-	C		None	10
10	59	M	R	M	+	C		None	12
11	55	F	R	S	-	N		None	12
12	47	M	R	M	+	N		None	12
13	36	F	R	M	-	C		None	20
14	41	F	R	S	-	C		None	12
15	57	F	R	M	-	N		proximal migration+ Santorini abscess	02

**Methods** All patients referred to our tertiary institution for pancreatic intervention and successfully underwent SEMS were included.

Response (i.e. pain control) was assessed at 3 months by using a 1–10 visual analogue scale to compare pre- and post-intervention symptoms (a score <2 is complete, 3 or above is partial response).

**Results** A total of 15 patients (8 male and 7 female, mean age 52) received FC - SEMS 10 in main PD and 5 in the accessory duct (Santorini). 13 had previous endotherapy while for 2 patients this was the first attempt at endotherapy. 4 individuals with PD stones had ESWL prior to ERCP. Table 1 summarises the data on this patient group.

Placement of stents was feasible in all individuals. All had their stents removed at 4 months or earlier if they were symptomatic. One stent migrated proximally and associated with formation of an accessory duct abscess treated with antibiotics and stent removal. At 3 months, a total of 9 patients (60%) reported complete resolution of pain whereas in another 2 (13%) the response was partial. In the remaining 4 individuals (27%) there was no improvement after placement of FC-SEMS and those were subsequently removed; these individuals are considered for surgical drainage.

3 patients (2 complete responders and 1 partial responder) developed new strictures at the proximal end of the stents.

**Conclusion** Placement of FC-SEMS for treatment of BPS is feasible with an acceptable safety profile. Stent migration occurred in one. New strictures seen in 3 patients and warrant further assessment. Future FC-SEMS designed for use in the pancreas may overcome this problem.

**Disclosure of Interest** None Declared.

#### PTH-103 THE MANAGEMENT AND ASSESSMENT OF INCIDENTAL PANCREATIC CYSTS ON COMPUTER TOMOGRAPHY IN A NON-PANCREATIC CENTRE

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**Introduction** With increased use and sensitivity of cross sectional imaging more incidental pancreatic cystic lesions are found. Studies have demonstrated a prevalence of 2.5% of cystic pancreatic lesions in asymptomatic patients on MRI and CT scanning. Cystic lesions have a wide variety of radiological appearances and prognostic outcomes. We aimed to review cases found to have incidental pancreatic cysts on CT scanning and ascertain the concordance between CT and EUS and the management of such lesions in a non-pancreatic centre.

**Methods** We retrospectively reviewed patients undergoing EUS for pancreatic cystic lesions found on incidentally on CT scan between 2010 and 2012. Twenty-five patients were included. Solid lesions with a cystic component were excluded.

**Results** There were 15 female; 10 male. Indications for CT scan included abdominal pain 32%; weight loss 16%; jaundice and suspected stone disease with abnormal USS 16%. In all cases there was no preceding clinical suspicion of pancreatic cysts/disease. Median number of cysts was 1 (1–4); mean size 3 cm (1–11 cm). In 70% of cases the cyst was >3 cm; and <3 cm in 30%. They were located in the HOP 36%; BOP 32%; TOP 16%; NOP 4%; multiple sites 12%. The cyst was aspirated +/- biopsy in 12 (48%) cases, of which in 2 (16%) this changed the CT diagnosis. Final diagnosis was pseudocyst 10 (40%); IPMN 6 (24%); simple cyst 2 (8%); serous cystadenoma 2 (8%); mucinous cystadenoma (MCA) 1 (4%); cystic adenocarcinoma 1 (4%); wegener's cyst 1 (4%); renal cyst 1 (4%).

In 32% (8 cases), the EUS findings were inconsistent with CT findings, due to IPMN and MCA in the vast majority. Greatest concordance between EUS and CT findings was in the diagnosis of pseudocysts.

**Conclusion** Increasing number of asymptomatic pancreatic cysts found incidentally will undoubtedly cause increased referrals to tertiary pancreatic centres. EUS is a better imaging modality with additional benefit of attaining samples. Performing EUS +/- cyst FNA provided an alternative diagnosis to CT in a significant percentage (32%) of patients and helped streamline referrals for tertiary opinion. EUS should be considered in all patients presenting with incidental pancreatic cysts on cross-sectional imaging. This may be performed at the index hospital (if non-pancreatic centre) and should not be restricted to tertiary HPB centres if operator experience and confidence allows.

**Disclosure of Interest** None Declared.

#### PTH-104 DIAGNOSTIC YIELD OF SECRETIN ENHANCED MRCP IN THE INVESTIGATION OF PATIENTS WITH ACALCULOUS PANCREATICO-BILIARY TYPE ABDOMINAL PAIN

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**Introduction** Secretin enhanced magnetic resonance cholangiopancreatography (S-MRCP) has been used as part of the diagnostic algorithm for the diagnosis of patients presenting with acalculous biliary type abdominal pain (ABAP); the exact role of this diagnostic modality is unclear. The aim of this study was to assess the diagnostic yield of S-MRCP in a large HPB tertiary referral centre in the investigation of patients with ABAP.

**Abstract PTH-104 Table 1** Findings on S-MRCP in patients who had a normal MRCP and / or a normal EUS

S-MRCP findings	Patients with a normal MRCP N = 37 (%)	Patients with a normal EUS N = 41 (%)
Normal	29 (78)	19 (46)
Obstruction at ampulla/ proximal PD	5 (13)	12 (28)
Cyst/IPMN	1 (3)	2 (5)
Divisum	1 (3)	3 (7)
Santoriniocoele	-	1 (3)
PD stricture	1 (3)	2 (5)
Chronic pancreatitis	-	1 (3)
Poor quality scan	-	1 (3)