quality of life, trial outcome index and total scores all exceeding the minimum clinically important difference. No improvement was seen with standard care.

Conclusions Data from this pilot study suggest intravenous iron improves quality of life, ferritin and transferrin saturations. It may also increase or maintain haemoglobin, thus preventing transfusions after the first cycle of chemotherapy. However, larger adequately powered studies are required to definitively conclude this.

PWE-120 AN EXPERIENCE OF HOME TOTAL PARENTERAL NUTRITION AT THE FREEMAN HOSPITAL OVER A 21-YEAR PERIOD

Satyasheel Ramful*, Hayley Leyland, Colette Louise Kirk, Lisa Gemmell, Christopher G Mountford, Nicholas P Thompson. *Depts of Gastroenterology and Dietetics, Freeman Hospital, Newcastle Upon Tyne, UK*

10.1136/gutjnl-2018-BSGAbstracts.354

Introduction Home total parenteral nutrition (HPN) is used for patients with severe intestinal failure. Our service at the Freeman Hospital, Newcastle upon Tyne covers Northumberland, North Cumbria, Durham, Gateshead, North Yorkshire, Tyneside, Wearside and Teesside.

Methods This study used the database kept by the HPN service and the Trust document portal to gather data retrospectively regarding 221 patients started on HPN from 1996 till 2016.25 individual data sets were collated about each patient. Line sepsis rates were obtained from the trust central venous catheter surveillance data (this includes data for patient episodes at other hospitals).

Results The study showed that over the 21 years, there has been a rapid growth in number of patients on HPN.

Number of patients on HPN by year.

The gender split of the cohort was 101 males and 120 females, with a total mean age 52.7 years and median age 55 years. Teesside (22%, 49/221) followed by Northumberland (18%, 40/221) were the regions with the most patients initiated on HPN.

The three most common indications for HPN were Post-operative complications (30.3%, 67/221), Crohn's disease (21.3%, 47/221) and Mesenteric ischaemia (16.7%, 37/221). 14.9% (33/221) patients were on HPN as a result of malignancy.

The 1 year and 5 year survival for the cohort was 94% and 79.4% respectively. There were 73 deaths noted in the study group, 8 patients had stopped HPN prior to death. 29 of these patients had been on HPN as a result of malignancy. Of the 65 patients who died while being on HPN, only four deaths were clearly as a complication of parenteral nutrition. 8 patients had neuroendocrine tumours; their average time on HPN was significantly greater at 25.6 months compared to 5.6 months for patients with other tumour types.

The mean rate of catheter-related bloodstream infection was 0.27 per 1000 catheter days over the period covering years 2011 till 2017. The rate of liver (significant fibrosis/cirrhosis) or biliary complications while being on HPN was 12% (27/221) and the commonest complication was biliary obstruction/cholangitis (33.3%, 9/27). 6 patients of the cohort underwent successful small bowel transplantation and were able to stop HPN.

Conclusions The HPN service at the Freeman has noted a rapid growth in patient numbers, with survival rates comparable to or better than that reported in the literature. Mortality

was linked to disease process rather than HPN complications and line infection rate was low.

PWE-121 NUTRITIONAL ASSESSMENT AND VITAMIN DEFICIENCIES IN PATIENTS WITH NETS

¹Mark Reynolds*, ²Sheryl Lim, ³Aled Rees, ²Reyhan Chaudhry, ¹Jennifer Blackhouse, ¹Mohid S Khan. *¹Department of Gastroenterology, Cardiff and Vale University Health Board, Cardiff, UK; ²Cardiff University, Cardiff, UK; ³Department of Endocrinology, Cardiff and Vale University Health Board, Cardiff, UK*

10.1136/gutjnl-2018-BSGAbstracts.355

Introduction Neuroendocrine tumours (NETs) have diverse natural history and clinical syndromes. As a result of the disease or related to management, patients may have altered gut or pancreatic function that can cause nutritional deficiencies. There is a lack of consistent evidence-based dietetic guidance for patients with NETs.

This study evaluated whether nutritional status and nutritional deficiencies had been assessed in patients with NETs in an existing service in South Wales.

Methods A retrospective study included 141 NET patients seen in Gastroenterology (n=74) and Endocrinology (n=67) clinics. Key parameters collected were: BMI, weight, vitamin B12, Ferritin, Folate, Albumin, vitamins A/D/E and presence of steatorrhea. Evidence of treatment with vitamin or iron replacement and use of bile acid sequestrants or Creon was also recorded.

Results Weight was recorded in under half of patients (70/141) and BMI in just 14% (n=20). This rose to 100% and 73% respectively in patients seen by a gastro-specialist dietitian; only 22 patients (16%) had this specialist input. 54 patients reported weight loss, 70% of these (n=38) had a quantified weight loss, 46% had percentage weight loss calculated.

106 patients (75%) had been investigated for a form of vitamin or iron deficiency. The likelihood of investigation was significantly higher in Gastroenterology clinic patients than Endocrine clinics (95% vs. 54%, p<0.01). 57% of those investigated were found to have a deficiency, which was consistent across specialities: 59% (41/70) of those from Gastroenterology clinics and 53% (19/36) from Endocrine clinics. 41/60 patients (68%) with a recorded deficiency did not have sufficient replacement. 7/27 patients with iron deficiency were given supplementation. 38 patients had vitamin D levels tested (27%), 29 were insufficient (76%).

27 patients reported steatorrhea, 26 of whom were prescribed somatostatin analogues. 96% of these patients were also prescribed Creon.

Conclusions Although higher rates of nutritional assessment were found in patients who had been assessed by Gastroenterology and with gastro-specialist dietetic involvement, assessment and management of nutritional status in patients with NETs remains an unmet need. Further evidence is required to evaluate nutritional assessment in NETs.

PWE-122 NON-COELIAC GLUTEN/FUCTAN SENSITIVITY OR IRRITABLE BOWEL SYNDROME (IBS)?

¹Kamran Rostami, ¹Jafer Ali, ²Alison Parr, ¹Ravi Madhotra, ¹George Macfaul, ³Mohammad RostamiNejad. *¹Department of Gastroenterology, Milton Keynes University Hospital, Milton Keynes, UK; ²Free Lance Nutrition Therapist, Manchester, UK; ³Gastroenterology and Liver Diseases Research Institute Shahid Beheshti University of Medical Sciences, Tehran, Iran*

10.1136/gutjnl-2018-BSGAbstracts.356