Abstract PTU-130 Figure 1

Conclusions Serology based confirmation of CD proved to be both effective and appealing to our patient population. The results should encourage greater uptake of this diagnostic strategy. Small bowel biopsies remain important in children with suggestive symptoms but whose TTG titres are <10 times the ULN, or in whom there is concern about dual pathology.

PTU-131 REMOTE TRACKING OF SYMPTOMS, QOL AND WELLBEING WITHIN THE NEW WALES NET SERVICE

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Introduction Patients with neuroendocrine tumours (NETs) have significantly worse health-related quality of life (HRQoL) than the general population. Technological advances have significantly increased electronic patient-reported outcome (ePRO) data collection capabilities. Currently, there is little longitudinal PRO/ePRO data and limited data on gastrointestinal symptoms, particularly 'diarrhoea', in NET patients.

Methods 12 patients with NETs were given a tablet installed with the CABARET application (app). Using the app patients recorded bowel movements according to Bristol Stool Chart (BSC), completed a weekly gastrointestinal (GI) symptom survey and an EORTC QLQ-GINET21 survey (for QoL) every 2 weeks. Data inputted to the app was accessible to clinicians via a secure method linked to hospital records. 5 months of

user input was analysed to assess trends. App usability was evaluated via a patient questionnaire.

Results There was a significant ($p < 0.01$) correlation between GI symptom burden and QoL. Symptoms varied over time: the coefficient of variation in individual patients for urgency was 86% overall and up to 40% for BSC. Type 6–7 stool made up 57% of all reported with only 1.1% of stool being type 1–2. Lethargy, flatulence and bowel urgency were found to most affect patient's lives, whilst worries about future health and effects on family members were the most frequent concerns reported. 91% of patients found the app easy to use.

Conclusions The app appears to be a patient-friendly method of acquiring real-time, detailed longitudinal data on NET symptoms and QoL, potentially allowing earlier recognition of symptom change and intervention. GI symptoms can vary over time suggesting a 'snapshot' view may not be truly reflective. Further work is required to assess the impact on patient management on a wider scale.

PTU-132 NORMAL ALT – MISSED OPPORTUNITIES TO FIND FIBROSIS. LESSONS FROM ILFT

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Introduction Liver Function Tests (LFTs) are frequently checked in primary care although liver disease is not suspected in the majority of cases. Despite this up to 20% of LFTs are abnormal. A significant percentage are never investigated, raising the possibility of missing significant and potentially treatable liver disease at an earlier stage.

The intelligent LFT pathway (iLFT) was designed to risk stratify patients with abnormal LFTs into three categories. 1. Serious or complex liver disease that requires secondary care 2. Less significant disease that could be managed in primary care 3. Diagnostic uncertainty requiring further investigation.

Alanine transaminase is an important component of LFTs. Previous studies have suggested the accepted reference range is too high, leading to the possibility of missed diagnosis.

Method iLFT uses the combination of diagnostic criteria for liver disease, an investigation ordering and reporting system (ICE), and the tracked blood sciences system (Siemens). iLFT produces an automated diagnosis or description of the abnormality with staging information and suggestions for further management including referral criterion which is sent to the GP.

A step wedge design trial was conducted in 6 GP practices (covering 30 000 patients). Patients at the practices with LFTs requested in the preceding 6 months were retrospectively used as controls. GPs requested the iLFT option and those with abnormal LFTs were assessed.

A sub study analysis was performed within the iLFT intervention arm, an alternative normal range for ALT (Male <30, Female <19) was implemented and outcomes compared to the conventional normal range (M and F <55) including a cost effectiveness analysis.

Results 229 patients were included in the study. Using the lower ALT range: the number of subjects with abnormal LFTs increased from 64 (27.9%) to 140 (61.1%). Mean age was