procedure-related complications. The overall en-bloc resection, R0 (deep), and R0 (deep and lateral) rates were 92.5%, 83.4%, and 61.0%, respectively. Proximal location of the lesion was a predictor for R1 outcome (p value 0.011). Size of the lesion was not significantly related to the R0 rate. The overall adverse event rate was 11.3%. There was no 30-day procedure related mortality. Recurrence at 3 months occurred in 7 patients (4%).

Abstract OTU-21 Table 1 Outcome and complications following endoscopic submucosal resection of gastric tumors in 3 European referral centres (N=175)

Outcomes		
	En-bloc resection	162 (92.5%)
	R0 (deep/lateral margin)	107 (61%)
	R0 (deep)	146 (83.4%)
	Recurrence	7 (4.0%)
Complications		
Bleeding	Total	17 (9.71%)
	Early	11 (6.28%)
	Delayed	6 (3.42%)
Management of bleeding	Conservative	16 (94%)
	Surgery	1 (0.57%)
	Transfusion	6 (3.42%)
Perforation		3 (1.71%)
Management of perforation	Endoscopic	3 (100%)

Conclusion This is the largest western gastric ESD series, demonstrating the feasibility and safety of this technique in a European setting. Despite the low R0 rate, our recurrence rate is low and comparable to Japanese data. Reasons behind good clinical outcome (very low recurrence) despite an average technical outcome (R0) remains uncertain. This raises a possibility that in the west, R-1 should not automatically be considered as an indication for surgery.

Posters

PTU-060 IRON DEFICIENCY ANAEMIA IN PLAIN SIGHT AT THE FRONT DOOR IN THE MIDLANDS

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Background Iron deficiency anaemia (IDA) can be a marker of serious underlying disease, particularly in the older population due to its association with GI malignancy. Guidelines published by the British Society of Gastroenterology (BSG) recommend that all patients with IDA should be screened for coeliac disease and that dual endoscopy should be considered in all men and postmenopausal women.

Aims To determine adherence to these guidelines, we conducted a retrospective audit of all patients admitted to the Clinical Decision Unit at the Queen Elizabeth Hospital Birmingham between April 1st 2017 and March 31st 2018.

Methods Data obtained from informatics and the electronic prescribing system was analysed to quantify: (1) the proportion of patients with microcytic anaemia who had a ferritin test, (2) those with IDA who had IgA tTG measured and (3) those who had OGD and colonoscopy/CT colonoscopy requested.

Results In the study period, 6,047 (41%) of 14,562 patients were anaemic with 1,237 (8%) specifically having a microcytic anaemia. Of these, 407 (40%) had ferritin measurements which found that 171 (42%) had IDA (ferritin <30 µg/ml). This cohort was comprised of 33 premenopausal women, 84 postmenopausal women and 54 men. 54 (32%) were tTG screened, 30 (56%) men had an OGD and 17 (35%) had a colonoscopy compared to 26 (31%) postmenopausal women having an OGD and 24 (29%) having colonoscopy/CT colonoscopy.

Conclusions In patients presenting acutely, IDA is common, yet often overlooked. A minority of patients were investigated in line with the BSG guidelines demonstrating a need for improved awareness of investigation of IDA among those caring for acutely ill patients.

PTU-061 IMMUNOTHERAPY-RELATED GASTRITIS IN A TERTIARY ONCOLOGY CENTRE

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Introduction Checkpoint inhibitor immunotherapy use has increased significantly over recent years with licensing for more indications. Whilst immunotherapy-related colitis and hepatitis are well-recognised adverse events, immunotherapy-related gastritis (irG) is less well-described and can present a diagnostic challenge.

Methods A retrospective review of the oncology/electronic patient records was done to identify irG patients with demographics, cancer and immunotherapy type, investigations and treatments recorded.

Results From Jan 2014 to Dec 2018, 11 of 205 patients (5.4%) receiving immunotherapy for melanoma had histologically confirmed irG. Median age of patients with irG was 64 with mean 58 (cohort median 66, mean 63). All patients had oncological response to immunotherapy radiologically at time of gastritis. The predominant symptom was anorexia (100%) then nausea or weight loss (82%, 9/11) then fatigue (64%, 7/11). Median weight loss was 5 kg (mean 8.1 kg). Median time to symptoms was 323 days (mean 277). Table 1 below shows the features of the patients.

The characteristic endoscopic appearance of irG was of diffuse erythematous/oedematous mucosa ± frank ulceration. 45% of patients had concurrent duodenitis. The main histological pattern was an acute gastritis with a dense, mixed inflammatory infiltrate with crypt abscesses within attenuated crypts and intraepithelial lymphocytosis.

The 4 PPI-responsive patients had prior immunotherapy-related diarrhoea/colitis (3) and nephritis (1) treated with steroids. 6 patients required steroids. One had infliximab after two steroid courses failed to control symptoms (4 doses). One patient required a 3 day hospital stay. 3 patients had repeat OGDs showing histological resolution including infliximab patient.