indicators for OGD in suspected AUGIB (shock, previous/suspected variceal bleed), a raised URCR appears to be a useful marker to predict AUGIB: a larger study would be able to test this robustly.

SMI was calculated by a single slice CT image taken at the level of the third lumbar vertebra. Software was used to identify skeletal muscle (sliceOmatic, Tomovision). Sarcopenia was defined as SMI < 41 (female) and < 53 cm²/m² (male). Body mass index (BMI), performance status, demographic data were also compared between patients that went on to receive chemotherapy and those who did not.

Results EUS-B confirmed PDAC in 85 eligible patients during the study (median age 70; 41–84 years). A total of 61/85 (71%) of patients received at least one dose of chemotherapy. Sarcopenia was present in 57/85 (57.6%). Despite a raised BMI of > 25 in 41/85 (48.1%) of the patients, sarcopenia was present in 25 (61.0%) of them.

Patients who did not take up chemotherapy had a lower SMI (40.5 vs 45.2 cm²/m², p = 0.04) and a poorer mean performance status (1.25 vs 0.7: t-test p = 0.002). There was no difference in BMI (26.8 vs 24.6 p = 0.10) in patients that did and did not take up chemotherapy. No patients with a performance status of 3 (n = 3) or age > 80 (n = 5) proceeded to chemotherapy. In those having chemotherapy, survival was higher in non-sarcopenic patients compared to sarcopenic patients (11.8 vs 7.7 months, p = 0.04). Survival was similar in sarcopenic patients having chemotherapy and non-sarcopenic patients who did not have chemotherapy (7.7 vs 7.4 months p = 0.5). Patients with performance status ≥ 2 and sarcopenia were much less likely to receive chemotherapy compared to those with performance status 0–1 without sarcopenia (83.9% vs 37.5%, p = 0.02).

Conclusion Patients with PDAC and a performance status of ≥ 2 and low SMI were significantly less likely to take up chemotherapy and had poorer survival. SMI measurement could act as part of a decision tool to assess suitability of patients to triage patients for rapid EUS-B, or clinical assessment prior to considering chemotherapy.