Abstract OWE-30 Table 1

Results	Heterozygous Cystic Fibrosis gene carriers	Other causes of pancreatitis in the literature
Incidence of Diabetes	10 (24.3%)	32%-83% [3.4]
Average time to endocrine failure months	91.3	67.2 [2]
Incidence of exocrine insufficiency	19 (46.3%)	36% [3]
Average time to exocrine insufficiency (months)	66.5	66 [2]
Pancreatic Pseudocysts	13 (31.7%)	40% [3]
Pancreatic ductal stricture	12 (29.2%)	18.1% [2]
Necrotising pancreatitis	10 (24.3%)	49% [1]
Pancreatic stones	3 (7.3%)	83% [2]
Endoscopic intervention	10 (24.3%)	73% [2]
Hepatobiliary surgery	3 (7.3%)	9.7% [2]
Common bile duct stricture	11 (26.8%)	21% [3]

Conclusion We report a different course and complication rate of chronic pancreatitis in CFTR carrier patients when compared to other causes of pancreatitis in the literature.

In this retrospective cohort analysis, when compared with the published literature, patients with chronic pancreatitis caused by a mutation in one CFTR gene appear to have a lower incidence of diabetes, which took longer to develop. Other complications of pancreatitis - pseudocysts, pancreatic strictures and necrosis, were also less frequent in our cohort when compared to the literature, suggesting a less aggressive disease course. However, we noted no difference in the pattern of exocrine insufficiency between the two groups. Based on these findings, a larger prospective study is now required.

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OWE-31 MANAGEMENT OF PANCREATIC FLUID COLLECTIONS WITHIN THE NORTHERN REGION REMOTE CARE PANCREATITIS SERVICE

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10.1136/gutjnl-2019-BSGAbstracts.291

Introduction Severe acute pancreatitis is a condition with high mortality with 40% of patients requiring intervention. NICE-POD recommends that this is best managed in a multidisciplinary team with access to specialist regional services as and when required. We report our experience of the management of pancreatic fluid collections (PFC) within the region's first remote care pancreatitis network.

Methods Data on patients with severe pancreatitis who were transferred to the service between June 2015 - July 2017 were analysed. The network was formally established in 2015 and serves a population of 3.5 million & 17 referring hospitals in the Northern region. All patients were discussed in the multidisciplinary meeting and only patients requiring specialist input were transferred. Baseline characteristics, aetiology,

nutritional support, antibiotic treatment, intensive care unit (ITU) stay, interventions, complications, mortality and follow up of at least one year were reported.

Results 285 patients were referred during this period. 83/285 (29%; 46 male) were transferred with a mean age 56 years [range 18–85]. The commonest aetiology was gall stones(45%) & alcohol(31%). The main reason for transfer(91%) was drainage of peripancreatic collections. Patients were referred after a mean of 13.7 [1–188] days from admission locally; 26% were admitted directly to ITU. Patients were transferred 4.5 [0–16] days post-MDT discussion. Fifty-five (66%) received antibiotics; however only 17 (20%) had appropriate antibiotics based on positive blood cultures. Appropriate feeding was 98%; 70 (84%) patients were enterically fed and 12 received parenteral nutrition (PN). One patient had inappropriate PN.

21% patients had intervention prior to transfer. On transfer, 15/83(18%) did not require intervention as there was spontaneous resolution of the collections. In the remaining patients the interventions included: endoscopic drainage only = 48%, percutaneous only = 29%, endoscopic + percutaneous = 12% & others = 5%.

35%(29/83) had multiorgan failure. 31/83 (37%) had complications following intervention. These were: sepsis = 35%, bleeding = 39%, thromboembolic events = 16% & others = 10%. Twelve (14%) patients died, 10 had MOF and 2 had pulmonary embolism, 11/12 were in ITU. Mean follow up was 18.2 months (range = 14 – 35).

Conclusions Majority of patients (82%) required intervention for treatment of PFCs. Endoscopic drainage was the commonest route of drainage. Inappropriate antibiotic use remains a concern however nutritional support was adequate in majority of the patients. This is the first reported data from the U.K. regarding a remote care network & the results highlight the role of regional multidisciplinary network in the management of patients with acute severe pancreatitis.

OWE-32 CAN FINE NEEDLE BIOPSY FOR PANCREATIC SOLID LESIONS IMPROVE ACCURACY WITH METAL BILIARY STENTS PRESENT?

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10.1136/gutjnl-2019-BSGAbstracts.292

Introduction National standards recommend the accuracy of endoscopic ultrasound (EUS) guided fine needle aspiration (FNA) of pancreatic solid lesions should exceed 78%. Presence of self-expanding metal stents (SEMS) placed to relieve biliary obstruction can potentially lower this accuracy by causing acoustic shadowing and localised inflammation complicating imaging and histological interpretation. Fine needle biopsy (FNB) needles have been developed to obtain cores of tissue in an attempt to improve accuracy. We aimed to assess if the introduction of FNB could improve accuracy of pancreatic solid lesion sampling with or without the presence a SEMS.

Methods All patients who underwent EUS guided tissue sampling of solid pancreatic lesions in a tertiary pancreatic cancer centre between January and December 2018 were retrospectively identified. The presence or absence of SEMS at time of EUS was noted. Standard bevelled 22-gauge (G) FNA needles were used for procedures between January and June, with a