100%, and 66.7% respectively if Panc3 is excluded from false negative category in cancer group.

There was no procedure related complications or mortality.

Abstract PWE-065 Table 1 Histopathological diagnoses of cancer on EUS-FNAC

Types of cancer	N=114
Adenocarcinoma	93
Neuroendocrine tumour/ carcinoma	16
Adenosquamous carcinoma	1
Non-small cell carcinoma	1
Squamous carcinoma	1
Papillary adenocarcinoma	1
Metastatic renal cell carcinoma	1

Conclusion This study confirms that EUS-FNA of PB lesions can be highly effective and safely carried out in a non-HPB centre. Overall adequacy of tissue acquisition is in compliance with JAG guidelines. Our diagnostic yield is in keeping with the published literature^[2]. Our NPV is relatively low because the purpose of EUS-FNA was to confirm suspected cancer on cross-sectional imaging.

REFERENCE

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PWE-066 ARE WE MISSING CASES OF PANCREATIC EXOCRINE INSUFFICIENCY IN HOSPITALISED PATIENTS WITH HIGH ALCOHOL INTAKE?

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Introduction High alcohol intake is an established risk factor for pancreatic exocrine insufficiency (PEI) and chronic pancreatitis. PEI is associated with maldigestion, weight loss and malnutrition. Faecal elastase-1 (FEL-1) is the most acceptable first-line test for PEI. We aim to study the current practice and yield of PEI in patients with high alcohol intake by testing with FEL-1. We also aim to identify positive and negative predictive factors and improve the testing yield.

Methods We prospectively identified patients admitted to hospital with alcohol related problems and tested with FEL-1. In addition to demographic information, data was collected including body mass index (BMI), alcohol intake per week, pack-year smoking history, haemoglobin, platelet, albumin, bilirubin, alkaline phosphatase, alanine-transferase, C-reactive protein, vitamin B12, folate, ferritin, calcium, magnesium, phosphate, zinc, copper and selenium levels. FEL-1 <200 µg/g was taken as a presence of PEI.

Results A total of 47 patients with high alcohol intake were recruited and tested with FEL-1 (28 male, mean age 46.3 ± 10.9 years). No patients had previously been tested for PEI. Mean alcohol intake per week was 177.1 ± 94.8 units. An FEL-1 level of <200 µg/g was identified in 23.4% (11/47)

patients. Potassium levels showed positive correlations with FEL-1 value ($p=0.048$, $R^2 = 0.084$). A positive correlation was also seen with serum copper ($p= 0.0087$, $R^2= 0.48$). A higher proportion of biochemical markers with below normal level was seen in low FEL-1 patients compared to FEL-1 ≥200 but without reaching statistical significance, including albumin 54.5% (6/11) vs 36.1% (13/36) $p=0.31$, magnesium 63.6% (7/11) vs 53.3% (16/30) $p=0.73$, and phosphate 45.5% (5/11) vs 35.3% (12/34) $p=0.5$

Thirty-three patients were smoker with no difference in mean pack-year smoking history between patients with low FEL-1 and those with FEL-1 ≥ 200 µg/g (10.8 ± 12.3 vs 14.2 ± 15.7 , $p=0.5189$). Also, there was no difference in mean BMI in patients with a low FEL-1 compared to those with FEL-1 ≥200 (28.4.34 vs 26.3 kg/m², $p=0.4616$).

Conclusion PEI is common in patients hospitalised with alcohol related problems and not recognised. PEI patients are overweight suggesting that using a low BMI to target patients is insufficient to prompt testing for PEI or malnutrition in this patient group. Serum markers have a correlation but are unhelpful at predicting PEI. However, given the high yield we recommend follow up studies to see if treatment has an impact on quality of life and hospitalisation of patients.

PWE-067 CAN SERUM NUTRITIONAL MARKERS BE USED FOR DIAGNOSING PANCREATIC EXOCRINE INSUFFICIENCY IN AT RISK GROUPS?

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Introduction Patients with pancreatic exocrine insufficiency (PEI) are at an increased risk of nutritional deficiency which can lead to cardiovascular disease and associated mortality. Faecal elastase-1 (FEL-1) has a good sensitivity and specificity in severe PEI but the diagnostic accuracy decreases in mild to moderate PEI. Some serum nutritional markers and vitamin serum levels have been shown to be associated with malnutrition. The aim of this study was to investigate if serum nutritional markers could be used to diagnose PEI.

Methods Patient at high risk of PEI (abdominal pain suggestive of chronic pancreatitis, high alcohol intake and diabetes mellitus) were prospectively recruited. Patients with known PEI or taking enzyme replacement therapy were excluded. All patients had demographic information collected, BMI calculated and FEL-1 performed. Blood samples were taken for levels of sodium, potassium, calcium, magnesium, phosphate, prealbumin, vitamin D, copper, zinc and selenium. A FEL-1 result of <200 µg/g was considered as indicating PEI which was confirmed on repeat testing and investigated further.

Results A total of 144 patients were included in the study (mean age 52.1 ± 18 years, 76 males). A FEL-1 <200 was detected in 46 patients 46/144 (32%) indicating presence of PEI. There was no significant difference between PEI and non-PEI groups in age (54.8 vs 50.8 years, $p=0.11$) or BMI (27.8 vs 27.9 kg/m², $p=0.91$).

A significant number of PEI patients had selenium deficiency 8/31 (25.8% below normal level) compared to non-PEI group 7/98 (7.4%), $p=0.028$. None of the patients with normal pancreatic function and morphology on images had low selenium (0/30) compared to patients with PEI and confirmed