chronic pancreatic changes 5/17 (29.4%), p = 0.004. Analyses of other markers did not show significant differences in proportions of biochemical marker deficiencies between PEI and non-PEI groups. Using selenium (<0.61 μmol/l) as a marker of PEI in high risk groups gave a sensitivity, specificity, positive predictive value and negative predictive value of 25.81% (95% CI = 12.3%-38.5%), 92.45% (95% CI = 83%-98%), 66.66% (95% CI = 39.3%-86%), 68.06% (95% CI = 58.9%-67%), respectively.

Conclusion Although a selenium deficiency was significantly associated with PEI, its poor sensitivity as a test for PEI would only make it supportive of a diagnosis and other tests would be required. Apart from selenium levels it would appear that checking serum nutritional markers for suspected cases of PEI at diagnosis results in a low diagnostic yield. 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.

PWE-069 MANAGEMENT OF PANCREATIC FLUID COLLECTIONS BY LAMS: LARGE SERIES FROM A TERTIARY REFERRAL HPB CENTRE
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10.1136/gutjnl-2019-BSGAbstracts.300

Background Endoscopic transmural drainage is increasingly accepted as the first-line treatment for patients with symptomatic pancreatic fluid collections (PFC). International data has shown that in comparison to double pigtail stents Lumen Apposing Metal Stents (LAMS) are associated with higher rates of clinical success (especially in cysts with necrosis), shorter procedure times and potentially fewer adverse events. To date there has been limited data from the UK on the utility of these stents.

Methods Between January 2016 - December 2018 all patients who required endoscopic drainage of a pancreatic fluid collection via EUS-guided LAMS (Hot AXIOS™ system, Boston Scientific) were included. Treatment success, length of hospital stay, adverse events, reinterventions and length of follow-up were recorded in each case.

Results During the 3 year study period, 84 EUS-guided LAMS were placed on 80 patients. Median age was 52 years (Range 7–79 years), 52% (44/84) were female. Necrotic material was present in 44% (37/84) and significant portal hypertension visible on EUS in 8% (7/84). In four patients a 8 mm stent was placed, 10 mm stents were placed in thirty-five patients, a 15 mm stent in twenty-five patients and a 20 mm stent in eleven patients (in nine patients the stent size was unknown). Adverse events occurred in 11% (9/84) of cases (6 cases of failed stent deployment, 2 buried stents and one recurrent pancreatic fluid collection following stent removal)

Conclusion Use of LAMSs in the management of pancreatic fluid collections was safe and effective and associated with low rates of cyst recurrence.

PWE-070 TRENDS IN PANCREATIC CYSTIC LESIONS REFERRED FOR ENDOSCOPIC ULTRASOUND: 10 YEARS EXPERIENCE
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10.1136/gutjnl-2019-BSGAbstracts.301

Introduction Pancreatic cystic lesions are being identified more frequently as cross sectional imaging has improved. Referral for endoscopic ultrasound (EUS) for further assessment and possible sampling is well recognised however there is little data on whether the characteristics of such lesions have changed over time. There is also a paucity of data concerning changes in pathological findings and surgical resection rates with respect to cyst lesions. The aim of this study was to assess trends in referral for EUS with respect to patient and cyst characteristics, pathological adequacy and surgical resection rates over a 10 year period to our centre.

Patients and methods Retrospective analysis of the EUS database was performed over the period 2003 to 2012. EUS procedures for assessment of cystic lesions were identified and