obtained, ease of diagnosis and the duration of tissue sampling and pathological reporting.

**Results**

108 participants were recruited, 57 male; mean age 66.9 ± 10.9, 85.2% had a final diagnosis of malignancy. Median lesion size (IQR) was 25 mm (19–34.5), 62 (57.4%) of lesions were in the head of pancreas. Tissue results from the FNB needle were significantly more accurate than FNA (84.2% vs 75%, p=0.041) in discriminating malignant from benign masses. A greater proportion of FNB samples had abundant diagnostic material (59.2% vs 44.4%, p=0.017) and a straightforward diagnosis (68.9% vs 51.9%, p=0.03). Biopsy sampling time median (IQR) was 685s (565–832) vs 752s (651–835), p=0.0006 and pathology reporting times (191s (134–258) vs 332s (260–358), p<0.0001) were significantly shorter with FNB compared to FNA.

**Conclusion**

The diagnostic performance of the SharkCore™ FNB needle was significantly better than that of a standard FNA needle in the diagnosis of solid pancreatic masses and was associated with better sample quality, ease of reporting and shorter sampling and pathological reporting times.

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**PWE-073**

**EUS-GUIDED DRAINAGE OF PERIPANCREATIC FLUID COLLECTIONS: HOT AXIOS EXPERIENCE FROM A TERTIARY REFERRAL CENTRE**

1Mohammad Farhad Peerally*, 1Fraser Goldie, 1Sophia Savva, 1Farooq Khan, 1Sudarshan Kadri, 1Digestive Diseases Centre, University Hospitals of Leicester NHS Trust, Leicester, UK; 2SAPPHIRE, Department of Health Sciences, University of Leicester, Leicester, UK

**Introduction**

Endoscopic management of peripancreatic fluid collections (PFCs) has a high success rate and low mortality rate but plastic stents may be associated with high rates of blockage (18%) while stent migration (15%) remains an issue for tubular self-expanding metallic stents. The Hot-Axios (Boston Scientific) device offers a one-step combined dia-thermy-enabled access and deployment of a lumen-apposing self-expanding metal stent (LASEM). The aim of this study was to investigate the efficacy and safety of the Hot-Axios device for the management of patients with PFCs referred to a regional tertiary centre.

**Methods**

This was a single-centre retrospective database study involving 27 consecutive patients who underwent drainage of PFCs using the Hot Axios device between 1st January 2018 and 1st of January 2019. Data was obtained by interrogating GI reporting tool (Unisoft) and electronic health record systems, and is reported using simple descriptive statistics.

**Results**

28 procedures were performed in 27 patients (20 males (74%), average age 57). 27 stents (96%) were successfully placed. Clinical success rate was 89% (25 procedures, 2 increased in size due to complications, 1 had no change in size). 27(96%) procedures were performed under conscious sedation (median doses: 3 mg (range:1–6) Midazolam and 50 mcg of Fentanyl (range 25–100)). Stents remained in situ for an average of 55 days. 71% (20 procedures) required further washout (mean 1.4(1–5)). There was 1 perforation (4%), 2 blocked stents (7%), 2 migration (7%). 30 day mortality was 7% (2 patients- due to pseudoaneurysmal bleed unrelated to the procedure).

**Conclusion**

EUS-guided management of PFCs using the Hot-Axios device offers high technical and clinical success rates, and low adverse event rates. Long term efficacy and safety data comparing plastic, conventional metal stents and LASEMs in a randomised controlled trial is required.

**REFERENCES**