Abstract O36 Figure 1 3D reconstruction of gastric gland with CCO positive (brown) & negative regions (blue) visible

Pancreas and neuroendocrine

**O37 SCREENING FOR PANCREATIC CANCER IN HIGH RISK INDIVIDUALS: EXPERIENCE FROM A SPECIALIST CENTRE**

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Introduction Two groups of high-risk individuals (HRI) for pancreatic ductal adenocarcinoma (PDAC) have been defined. 1) Individuals from familial pancreatic cancer (FPC) kindreds and 2) individuals with identified genetic syndromes (GS) due to a germline mutation. Screening of HRI has been proposed to identify premalignant lesions and early stage malignancy with the aim of improving outcomes. Screening criteria have been formulated by a number of organisations including the international Cancer of the Pancreas-Screening consortium (CAPS) and the Italian Society for the Study of the Pancreas (ISAP). Recent CAPS and ISAP publications have reported a significant yield. A prior meta-analysis concluded that 135 patients with HRI were needed to be screened to identify one high risk lesion. The aim of this study is to review compliance with guidelines and the yield of HRI screening in our screening programme.

Methods The study is a retrospective review of a prospectively maintained database of HRI. EUS, was the preferred annual screening method. MRI and CT were used in some patients due to intolerance of endoscopy or preference. Data was cross-checked with the endoscopy database and electronic patient record.

Results A total of 110 individuals (71F) median age 46 (IQR, 41–57.75) were enrolled and underwent at least one screening procedure between January 2006 and January 2019. 108 (98.2%) met either or both CAPS/ISAP criteria: 58 were classified as FPC and 50 GS. The 2 who didn’t meet criteria were a patient with idiopathic juvenile onset chronic pancreatitis (CP) and a patient with idiopathic CP and one first degree relative with PDAC. 487 screening procedures were performed. 407 (83.6%) EUS, 49 (10.1%) CT and 23 (4.75%) MRI with a median of 4 [IQR, 2–6] procedures per individual and median follow up 4.3 years [IQR, 2–7.75]. 9 (8.2%) had solid or cystic abnormalities identified on EUS and underwent tissue sampling. Two patients subsequently underwent distal pancreatectomy. The first (60 yr old female with hereditary pancreatitis) had a 20 mm cystic lesion in the tail of pancreas on her 2nd EUS. Resection histology was mucinous cystic neoplasm (follow up 11 years). The 2nd (48 yr old male, FPC) had a 14 mm nodule in body of pancreas. Histology was low grade pancreatic intraepithelial neoplasia (follow up 11.5 years). There were no adverse events consequent on screening.

Conclusions In a large cohort of HRI undergoing screening, compliance with international criteria was good with no screening related adverse event. However, the yield to date has been low with only one high grade precursor lesion resected from 487 screening procedures.

Pancreatic and neuroendocrine

**O38 RICOCHET: A TRAINEE-LED NATIONAL PROSPECTIVE STUDY OF THE DIAGNOSTIC PATHWAY FOR SUSPECTED PANCREATIC CANCER**

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Introduction Pancreatic cancer is a deadly disease with a poor prognosis. Variations in the diagnostic pathway nationally may affect outcome, therefore a prospective study is necessary to map variation.

Methods Trainee-led prospective UK national study of the diagnostic pathway for suspected pancreatic cancer. Including all patients presenting within a 3-month study period, with 90-days follow-up. All investigation and MDTs were recorded in the REDCap database with a unique OpenPseudonymiser