symptoms. We diagnosed 5 as RCD1 (29%), 1 RCD2 (6%), 1 EATL at presentation, 1 non-CD immune enteropathy, and 9 non-refractory (NR) (53%).

9 patients had a prior RCD2 diagnosis based on TCR monoclonality (n=9) and abnormal IEL immunophenotyping (n=6). We reclassified 2 as RCD1 due to unconvincing symptoms when these parameters were abnormal, but subsequent convincing symptoms with resolution of these parameters. 6 cases were reclassified as NR due to unconvincing symptoms.

During 36 patient years of follow-up after abnormal IEL immunophenotyping and 57 patient years following TCR monoclonality detection there was no progression to EATL and no deaths.

Conclusions Abnormal immunophenotype and TCR monoclonality did not confer a high risk of mortality or progression to EATL in patients with non-malabsorptive presentations of persistent VA. TCR monoclonality can also be found in specimens with normal IEL counts. We therefore recommend that these tests are reserved for patients meeting strict RCD criteria, including classic malabsorption, to avoid unnecessary treatment and anxiety.

Nutrition

OTH-10 LIPID MONITORING AND HYPERLIPIDAEMIA IN PATIENTS ON HOME PARENTERAL NUTRITION

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Introduction Home Parenteral Nutrition (HPN) is integral to the management of patients with intestinal failure (IF). HPN carries risks; one is hyperlipidaemia, including hypertriglyceridaemia¹, however the frequency of this is unclear. Current guidelines vary in monitoring recommendations. BAPEN guidelines (2020) recommend weekly lipid measurement initially, and quarterly once lipid levels and HPN prescription are stable, ESPEN guidelines (2020) do not suggest frequency.

We aimed to audit the frequency of hyperlipidaemia in patients receiving HPN in the north of England.

Methods Using a hospital-based electronic system and regional HPN database, we reviewed a cohort of 162 patients who commenced HPN after the first of January 2015. Patients were included if they had received PN, rather than solely fluid and electrolytes, for at least 3 months.

Results 19 out of 162 patients were taking lipid-modifying therapy; of these, 13 had commenced on it prior to PN (Table 1). In all cases, these were statins. Of the 6 patients who commenced on statins post-PN, none of them met criteria for intervention by lipid levels, as set out by NICE (National Institute for Health and Care Excellence (2020)).

Conclusions There was little consistency in when and how often lipids were measured. There was also very little change in lipid levels with establishment on PN. Our results suggest that lipid derangement caused by HPN is uncommon; indicating that monitoring as recommended by BAPEN may be unnecessarily frequent.

REFERENCE

1. Btaiche I, Khalidi N. Metabolic Complications of parenteral nutrition in adults, part 1. *Am. J. Health-Syst Pharm.* 2004;**61**:1938–49.

Abstract OTH-10 Table 1 Patient demographics, details of lipid monitoring and measured serum lipid values

Demographics (N=162)

Sex

Male	38.9%
Female	61.1%

Age (years)

Median (range)	57.5 (16-85)
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Initial Lipids Measured

Yes- <30 days post-PN	69 (42.6%)
Yes- >30 days post-PN	54 (33.3%)
No	39 (24.1%)

IF Severity (ESPEN Classification)

A1-4	4.1%
B1-4	17.2%
C1-4	17.2%
D1-4	61.5%

HPN Duration (days)

Median (range)	496 (44-2002)
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Lipid-modifying therapy

Yes (pre-PN)	13
Yes (post-PN)	6
No	143

Number of post-PN lipid tests.

Mean (range)	3.44 (0-11)
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Results (all mmol/L)

	Mean Initial Measurement	Mean subsequent measurement (>30 days after commencing PN)	Mean change
Total Cholesterol (<5.0 mmol/L)	3.76	3.64	-0.27
HDL (>1.0 mmol/L)	1.15	1.19	0.05
Non-HDL (<4.0 mmol/L)	2.61	2.45	-0.10
Triglycerides (<2.3 mmol/L)	1.50	1.58	0.08

OTH-11 BILIARY COMPLICATIONS ON HOME PARENTERAL NUTRITION: EXPERIENCE OF A REGIONAL REFERRAL CENTRE FOR INTESTINAL FAILURE

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Background Parenteral nutrition is associated with gastrointestinal complications but the prevalence and risk factors for this are not entirely clear. The aim of this study was to assess the frequency of pancreaticobiliary (PB) conditions and their risk factors in a cohort of patients receiving home parenteral nutrition (HPN).

Methodology All patients receiving HPN via our regional referral centre for intestinal failure are entered into a prospectively maintained database. All patients who received HPN from 1st August 2010 to 1st August 2020 were included. Data included patient demographics, comorbidities, reason for HPN, ESPEN classification, duration of HPN, cross sectional