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

Abstract OTH-11 Table 1 Association between GB and/or CBD stones and variables in the study

	Age	Stoma	TPN duration	IBD	Ischaemia
GB stones	58.0 vs. 53.0, p=0.016	(OR 1.84, 1.1 - 3.0, p=0.017)	667 days vs. 331 days, p<0.0001	Yes	Yes
CBD Stones	60.0 vs. 54.0, p=0.0057	No association	(1079.5 days vs. 393 days, p=0.0002)	Yes	Yes
GB and CBD stones	60.5 vs 54.0, p=0.0059	No association	(1079.5 vs. 401 days, p=0.0014)	Yes	Yes

imaging and intervention. A p value of less than 0.05 was considered as statistically significant.

Results 298 patients were included (median age 56 years, 120 males and median duration of HPN of 434 days). IBD (60, 20%), cancer (60, 20%), Ischaemia (54, 18%) and post op complications (55, 18%) were the commonest indications for HPN. ESPEN Classification of Intestinal failure: 37.2% PN2, 44.6% PN3 and 9.1% PN4.

Overall 116 (38.9%) patients were found to have at least one PB disease (GB stones/sludge n=109 (36.6%), CBD stones n=38 (12.8%), both 34 (8.5%), acute pancreatitis n=4 (1.3%), chronic pancreatitis n=4 (1.3%), pancreatic cyst n=3 (1.0%) and GB cancer n=1 (0.3%). GB stones were associated with older age (58.0 vs. 53.0, p=0.016), IBD & Ischaemia groups, longer duration of HPN (667 days vs. 331 days, p<0.0001) and the presence of a stoma (OR 1.84, 1.1 - 3.0, p=0.017). CBD stones were associated with older age (60.0 vs. 54.0, p=0.0057), IBD & Ischaemia groups and longer duration of HPN (1079.5 days vs. 393 days, p=0.0002). GB

& CBD stones were associated with older age (60.5 vs 54.0, p=0.0059), IBD & Ischaemia groups and longer duration of TPN (1079.5 vs. 401 days, p=0.0014). (See Table 1) There was no association with TPN formulation.

27 patients developed CBD stones after HPN, 24/27 had an ERCP, 2/27 awaiting ERCP and 1/27 managed conservatively. 2/27 had prior cholecystectomy. 72% of patients with CBD stones and GB in situ did not proceed to cholecystectomy mainly due to perceived risk.

Conclusion Our study shows that PB conditions are common in patients receiving HPN. The risk factors are related to increasing age and underlying comorbidities rather than HPN per se. Most interventions are non-surgical and therefore development of a pathway to identify patients at higher risk of CBD stones should be considered.

Colon and anorectum

OFR-6

DIAGNOSTIC YIELD OF CONSTITUTIONAL GENETIC TESTING IN PATIENTS WITH MULTIPLE COLORECTAL ADENOMAS (MCRA)

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Introduction Adenoma multiplicity is associated with increased colorectal cancer (CRC) risk. The multiple colorectal adenomas (MCRA) phenotype is defined by a cumulative number of 10-99 colorectal adenomatous polyps. Timely identification of

Abstract OFR-6 Table 1 Diagnostic Yield, n (%) of Pathogenic/Likely Pathogenic Variants in Polyposis and Colorectal Cancer Associated Genes in MCRA patients. Presented as overall diagnostic yield and diagnostic yield in each associated gene of interest stratified by adenoma burden

	All MCRA Patients (10-99 adenomas)	10-19 adenomas	20-49 adenomas	50-99 adenomas
	n = 259	n = 97	n = 107	n = 55
Pathogenic Variant/Likely Pathogenic Variant in any gene of interest	66 (25.5)	11 (11.3)	22 (20.6)	33 (60.0)
Adenomatous polyposis associated genes				
APC	20 (8.6)	1 (1.2)	10 (10.2)	9 (18.0)
Biallelic MUTYH	37 (15.2)	5 (5.4)	10 (10.0)	22 (44.0)
POLD1	2 (1.2)	0	0	2 (6.7)
POLE	0	0	0	0
NTHL1	0	0	0	0
Hamartomatous polyposis associated genes				
GREM1	1 (0.60)	1 (1.5)	0	0
PTEN	0	0	0	0
BMPR1A	0	0	0	0
SMAD4	0	0	0	0
STK11	0	0	0	0
Nonpolyposis colorectal cancer associated genes				
MLH1	2 (2.8)	1 (3.0)	1 (3.0)	0
MSH2	1 (1.4)	1 (3.0)	0	0
MSH6	1 (1.4)	1 (3.0)	0	0
PMS2	2 (2.8)	1 (3.0)	1 (3.0)	0
EPCAM	0	0	0	0