Introduction Traditional management of malignancy related ascites (MRA) is via large volume paracentesis (LVP). NICE recommends indwelling peritoneal catheters, (IPCs) which are cost effective and patient centred. A service and practice guidelines were set up. Ongoing reviews assess safety and efficacy and inform future pathways.

Methods A single centre retrospective analysis of patients requiring IPCs between October 2018 and December 2020 was performed. Demographics and outcomes were collected. Descriptive statistical methodology was applied. IPCs are placed in theatre or dedicated clean spaces, with pre-operative antibiotics.

Results 29 patients (14 male, 15 female) underwent 30 IPC placements. [1 patient had 2 IPCs (this will not be discussed as case is published)]. Diagnoses were, breast (2), ovarian (5), prostate (1), thymic (1), unknown primary (5) cancers and 1 mesothelioma. The majority were for gastrointestinal cancers. 3 had no preceding LVP; 26 had a mean of 2.2 LVPs before. 6 developed post-operative leaks. 2 patients developed cellulitis. Bacterial colonisation occurred in 1 patient. 4 IPCs were removed: 2 as ascites resolved, 1 for tumour infiltration, 1 for non-resolving site cellulitis. 24 patients have died: mean number of days to death: 60.1 (range 6-262). Integrated Palliative Care Outcome Scale scores collected in patients consistently show sustained reduction in pain, dyspnoea, nausea, vomiting, drowsiness, distension and improvements in body image and appetite.

Conclusions

IPCs are safe and efficient More formal evidence is required on some aspects namely a systematic review of the literature, a study to determine if patients with MRA should have an IPC at first presentation and correlate with quality of life outcomes and a national collaboration on numbers of IPCs being inserted and related outcomes.

PTH-39 DELAYED DIAGNOSIS IN HEREDITARY HAEMOCHROMATOSIS – POTENTIAL UTILITY OF ‘CASE-FINDING’ APPROACH

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Introduction Hereditary haemochromatosis is a common genetic disorder, with a prevalence of 0.25-1% in the UK population. It has variable clinical penetrance, with men more frequently affected. Progression to liver cirrhosis can be prevented with early diagnosis and venesection. Increased testing of serum ferritin may lead to increased diagnosis, although haemochromatosis may still be overlooked, as elevated ferritin levels may be ascribed to malignancy or inflammatory disorders. If late diagnosis is common then a case-finding approach may identify patients earlier in their disease, with lower costs than a screening programme. The aim of this project was to identify whether patients with hereditary haemochromatosis are diagnosed within 6 months of an initial abnormal ferritin, and to estimate the number of patients that remain undiagnosed in Somerset.

Methods Somerset patients with haemochromatosis diagnosed between 2005-2020 were identified from clinic letters and venesection databases. Review of electronic blood results and clinic letters identified demographic data, time to diagnosis and ferritin result at diagnosis. For those with a delayed

diagnosis (defined as over 6 months after a ferritin >500), the number of pre-diagnosis ferritin results was recorded.

Results 124 patients (30 female, 94 male) were identified. 83 patients (20F, 63M) were diagnosed in Somerset after their first available ferritin estimation. 47 (56.6%) were diagnosed within six months of their first raised ferritin. Of those with a delayed diagnosis, 9 (25%) took over 3 years to be diagnosed and 4 (9%) remained undiagnosed after 5 years. The higher the initial ferritin result, the more likely a patient was diagnosed within 6 months ($p=0.005$). Using published data for the prevalence and clinical penetrance of genetic haemochromatosis, we predicted the expected number of patients with overt haemochromatosis in Somerset. From our modelling we would expect to see 72 women and 412 men with overt clinical haemochromatosis in our population. This indicates that in Somerset 58% of women and 77% of men with clinically relevant haemochromatosis may be undiagnosed.

Conclusions Our data show that diagnosis was delayed in almost half of Somerset patients with haemochromatosis. Additionally, it is a significantly underdiagnosed condition. Given that early initiation of venesection can reduce the risk of developing complications, improving the diagnostic pathway for patients with haemochromatosis using a ‘case-finding’ approach should be prioritised.

PTH-40 PREVALENCE OF UNDIAGNOSED PRIMARY BILIARY CHOLANGITIS AND THE POTENTIAL UTILITY OF A ‘CASE-FINDING’ APPROACH

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Introduction Primary Biliary Cholangitis (PBC) is a progressive, autoimmune disease for which treatment improves 10-year transplant free survival from 60% to 80%. The observed variance in prevalence of PBC (1.91-40.2/100,000) may be in part explained by underdiagnosis. Liver function tests (LFTs) are frequently measured, but abnormalities are under-investigated. The purpose of this audit was to determine the rate at which abnormal alkaline phosphatase (ALP) results were investigated and whether patients meeting diagnostic criteria for PBC were referred in line with current guidelines. If existing laboratory data can identify missed PBC, there is potential to use a case-finding approach.

Methods We interrogated our laboratory system (population of 500,000; 2011-2018) using the audit tool PathManager™ to identify potential patients aged 40-60. Individuals with >3 abnormal ALP results, and ≥ 1 result >150 IU/L were identified. Patient results were screened for malignancy; bone pathology; known AMA status; and acute resolving elevated ALP. Unexplained raised ALP were labelled ‘possible missed PBC’. Separately antimitochondrial antibody positive (AMA +ve) patients were identified. Patients with a known PBC diagnosis were excluded. Those with a raised ALP trend, +ve AMA and no diagnosis were labelled ‘missed PBC’.

Results 2814 patients had raised ALP on >3 occasions. 1551 of these (55.2%) had an AMA result (76 +ve). 1263 (44.8%) had no previous AMA result; of these, 437 (34.6%) had cancer, 76 (6.0%) underlying bone pathology and 181 (14.3%) had an acute abnormality which resolved. 575 (20.4% of the total) had no cause identified. In a sample of patients with a