the need for strong adhoc clinician support to deal with complex patients and dedicated time for ongoing professional development for the IBD nurses. High volume of phone calls resulting in chasing investigations, conveying results and liaising with administrative team on behalf of patients necessitate better education about the IBD advice line. 57% of the patients who called had recently had a clinic appointment or was due one; with very little training given on running telephone clinics, one wonders about the clinical effectiveness of telephone clinics and whether the clinicians are able to address all of patients' concerns during these appointments.

During the COVID-19 pandemic, IBD advice line has been a valuable resource to patients. From safety and cost effectiveness (IBD advice line cost - £39/call, A&E attendance - £148/visit) point of view, it continues to enhance patient experience.

PTH-61 FAECAL ELASTASE MAY HAVE A ROLE IN THE INVESTIGATION OF IRON DEFICIENCY ANAEMIA

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Introduction Faecal elastase-1 (Fel-1) is often used for investigation of diarrhoea and if exocrine pancreatic insufficiency (EPI) is suspected¹. It is common in routine clinical practice that patients with EPI have iron deficiency anaemia (IDA). Although logical that EPI patients are prone to IDA due to malabsorption,^{2,3} the association has not yet been shown in the published literature⁴. We wanted to see how strong the positive association might be between low Fel-1 (and therefore EPI) and IDA.

Methods Patients with low Fel-1 <200 mcg/g were identified retrospectively from December 2019 to November 2020. Endoscopy, radiology, coeliac serology and ferritin results were reviewed. None of the low Fel-1 patients had an identified cancer or any other cause for IDA. Statistical analysis was performed to study the association of IDA in patients with low Fel-1.

Results 301 Fel-1 results were available over one year period 47/301 (16%) patients were identified with low Fel-1

26/47 were females

Mean age 66 (SD±15)

7/47 (15%) low Fel-1 patients had IDA and unremarkable investigations

7/7 (100%) with low Fel-1 and IDA had diabetes or impaired glucose tolerance

7/40 (17%) with low Fel-1 and normal ferritin had diabetes

26/254 (10%) with normal Fel-1 had IDA

228/254 (90%) with normal Fel-1 had normal iron

Sensitivity of finding IDA in low Fel-1 patients 0.15 (95% CI 0.06 – 0.28)

Specificity 0.90 (95%CI 0.85 – 0.93)

Positive predictive value 0.21 (95%CI 0.09 – 0.39)

Negative predictive value 0.90 (95%CI 0.80– 0.89)

Positive likelihood ratio 1.5 (95%CI 0.67 – 3.20)

Conclusions (1) Our study shows that low Fel-1 is positively associated with IDA.

(2) Fel-1 may have a role in investigation of unexplained iron deficiency anaemia.

(3) Fel-1 is useful in the IDA pathway especially in patients who also have diabetes

(4) A low Fel-1 may help with identifying EPI as a cause of IDA and reduce repeat cycles of endoscopic investigations by treating EPI.

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PTH-62 THE SAFETY AND QUALITY OF ULTRASOUND-GUIDED LIVER BIOPSY IN CLINICAL PRACTICE

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Introduction Liver biopsy constitutes an invaluable diagnostic, prognostic, decision-making and research tool in patients with liver disease. Multiple approaches and techniques are described, however evidence is scanty in many aspects. Audits evaluating complications of liver biopsies, use of different biopsy needles, biopsy size and communication between the clinician and pathologist are paramount to ensuring high-quality care. This study assesses local liver biopsy services in a non-specialised liver unit against guidelines from the British Society of Gastroenterology, the Royal College of Radiologists and the Royal College of Pathology. Findings provide a paradigm for audit and quality improvement of local liver biopsy services in other hospitals.

Methods This is a retrospective audit of electronic records. 110 ultrasound-guided percutaneous liver biopsies performed at our trust in 2019 were examined. Patients undergoing biopsy at tertiary centres were excluded. Information regarding consent, anticoagulation/antiplatelet medications, clotting and platelet levels, biopsy needles used, biopsy sample size, complications, and the pathology report were collected and anonymised. Data was processed in Microsoft Excel.

Results The current clinical practice was assessed against published guidelines. Informed consent was obtained from all patients. However, this was documented in procedural notes only in 88% of occasions. A minority of patients (7%) were on anticoagulation/antiplatelet therapy; this was correctly withheld on 99% of procedures. INR prior to biopsy was >1.4 in only 1% of patients; this was adequately corrected. Platelets were checked in all patients and did not require correction. Targeted biopsies from a focal lesion correctly utilised an 18 G needle in most instances. Non-targeted biopsies for diffuse parenchymal disease (DPD), however, did not utilise the recommended needle size of 16 gauge in 77% of biopsies. Indeed, DPD biopsies provided sufficient sample sizes (>20 mm) in 41.2% of cases. Complications were reported in 4% of patients, and were mostly minor. Pathology reports answered the clinical question in 91% of cases, and were received within 10 days of biopsy in 83%.