

Results Of the 69 gastrectomies and 76 biopsies, 8.3% (n=12) were HER2-IHC positive (n=7, +2 and n=5, +3). HER2-SISH positivity was 4.8% (n=7). All IHC+3 were SISH positive, while two, +2 were SISH positive. Concordance for IHC 0, +1, +3 were 100%. There was a significant overall correlation ($\kappa=0.72$, $p<0.001$) between HER2-IHC and HER2-SISH indicating substantial concordance. The mean overall survival of HER2-SISH negative and positive patients were 41.7(0–210) and 14.6(3–51) weeks respectively. The mean duration of follow up was 40.4 weeks (range 0–210). Survival was significantly poor ($p=0.018$) with HER2-SISH positivity.

Conclusions HER2-IHC was well concordant with HER2-SISH for 0, +1, +3 scores and could be used for treatment and prognostication in low resource settings. HER2-IHC+2 without gene amplification may be due to transcriptional activation by other genes or post-transcriptional events, mandating further evaluation by SISH. Survival of GC patients is significantly affected by HER2-SISH positive status.

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PERSONALISED MEDICINE: IS THIS THE WAY TO COMBAT HELICOBACTER PYLORI (HP) ERADICATION FAILURE?

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Introduction Antibiotic-resistant HP varies in different geographical areas. A recent review of international guidelines suggest evidence-based locally relevant treatment strategies. Within the United Kingdom, hospitals develop local antibiotic guidelines as per local resistance rates. However, Public Health England (PHE) recommendation for treatment regimes in primary care remains to be clarithromycin and metronidazole-based regimes for patients with dyspepsia who are HP positive. The Gastrointestinal Bacteria Reference Unit (GBRU), PHE is the national reference laboratory which tests all HP cultures in England. We aimed to look local HP secondary resistance data from 3 different units in London and compared whether variation in specimen collection practice impacted on rates of HP culture positivity.

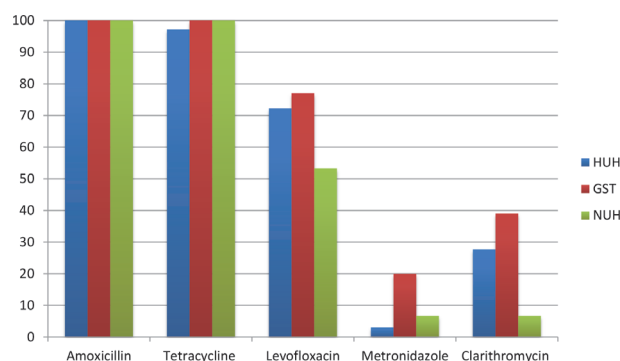
Methods We compared culture data from 3 different units in London. Due to differences in the local databases used, the date ranges of data collected was varied.

We obtained 34 months data between March 2016 and December 2018 from Homerton University Hospital (HUH). There were no local guidelines at HUH regarding number of biopsy samples taken and samples were transported to the lab routinely.

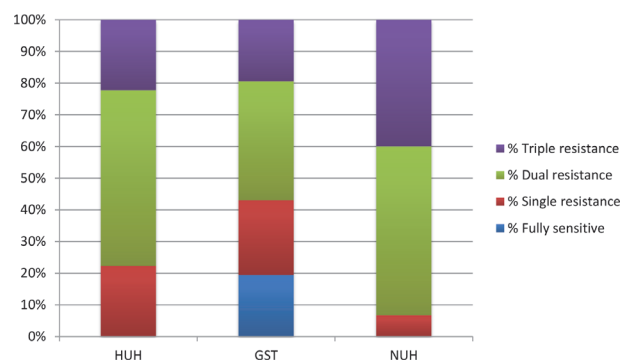
Culture data from Guys & St Thomas' Hospital (GST) was for 10 months between January to October 2019. At least 4 to 6 samples were taken on Monday to Thursday morning lists to ensure samples are sent to reference lab urgently.

Culture data from Newham University Hospital (NUH) was for 12 months from October 2018 to October 2019. At least 6 gastric biopsy samples were taken on a dedicated endoscopist's list on a weekday morning and samples were urgently transported by taxi to the laboratory.

Results 122 gastric biopsy samples were sent in HUH and 36 isolated HP, giving a 29.5% positive culture rate.



Abstract P250 Figure 1 Phenotypic HP sensitivities by hospital



Abstract P250 Figure 2 Percentage of antibiotic resistance by hospital

112 gastric biopsy samples were sent in GST and 72 isolated HP, giving a 64.2% positive culture rate.

34 gastric biopsy samples were sent in NUH and 15 isolated HP, giving a 44.1% positive culture rate.

Conclusion 38% of UK's foreign born population live in London. Variation in concentrations of migrant communities within a city can lead to variations in antimicrobial resistance. Our results are skewed towards resistant isolates as patients having gastroscopy and cultures taken for HP sensitivity would have had multiple courses of antibiotics. They suggest a benefit in tailoring local second line antimicrobial guidelines to local resistance rates. Given the lack of amoxicillin resistance, we recommend penicillin allergy testing for patients who report allergy.

Pancreas and neuroendocrine

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THE UTILITY OF FDG PET/CT IN THE DIAGNOSIS AND MANAGEMENT OF IGG4 RELATED DISEASE

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Introduction IgG4 related disease (IgG4-RD) is a rare immune mediated fibroinflammatory condition that can affect nearly any organ. Pancreaticobiliary (PB) manifestations include autoimmune pancreatitis (AIP) and