

to hospital discharge, compared with 6/18 (33%) non-AAH ITU patients.

**Conclusion** Patients with AAH admitted to ITU do comparatively worse than non AAH patients receiving a similar level of organ support; and prognostic variables such as the CLIF-C ACLF score may not be as discriminatory in this cohort. As such, ceilings of care should be considered carefully and on an individual case basis.

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### ECONOMIC EVALUATION OF THE GORE® VIATORR® STENT IN PATIENTS WITH COMPLICATIONS OF SEVERE CIRRHOSIS – ASCITES AND BLEEDING: A UK COST-UTILITY ANALYSIS

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**Introduction** Variceal bleeding and refractory ascites are common clinical manifestations of liver cirrhosis. Transjugular intrahepatic portosystemic stent-shunt (TIPSS) procedures can increase survival and improve quality of life in some cirrhotic patient populations. TIPSS is clinically effective: versus endoscopic band ligation (EBL) in second line treatment of variceal bleeding; and versus large volume paracentesis (LVP) in refractory ascites. However, there is a sparsity of UK based economic evidence determining the cost-effectiveness of TIPSS for these two indications. This study aimed to establish the cost-effectiveness of (i) TIPSS versus EBL in second line treatment of variceal bleeding, and (ii) TIPSS versus LVP in the management of refractory ascites.

**Methods** A cost-utility analysis was conducted from a UK health perspective including NHS costs and quality adjusted life years (QALYs). A Markov model was constructed which included health states for survival either with or without complications of liver cirrhosis including variceal bleeding, ascites and hepatic encephalopathy. The model was conducted across a 2-year time horizon and applied costs and dis-utilities per complication for each monthly cycle. Uncertainty was analysed in one-way deterministic and probabilistic sensitivity analyses.

**Results** TIPSS with the GORE® VIATORR® stent was cost-effective (dominant) and highly cost saving to the NHS for both populations. For the variceal bleeding indication, when compared with EBL, TIPSS resulted in 0.22 additional QALYs, saved the NHS £1,301 per patient and had a 68% probability of being cost-effective. For the refractory ascites indication, when compared with LVP, TIPSS resulted in 0.526 additional QALYs, saved the NHS £17,983 per patient and had a 100% probability of being cost-effective.

**Conclusions** TIPSS using a GORE® VIATORR® stent to manage patients with severe cirrhosis and RA or bleeding is expected to be cost-saving and improve patient outcomes. While TIPSS remains cost-saving and cost-effective in our base-case analysis for the management of high quality and adequately powered RCTs which also evaluate quality of life and health economics are required to inform robust economic analysis; mainly for the bleeding indication. Increased implementation of TIPSS is likely to improve patient outcomes and be cost saving to the NHS, particularly for the management of ascites.

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### SYSTEMATIC REVIEW AND META-ANALYSIS OF EARLY TRANSJUGULAR INTRAHEPATIC PORTOSYSTEMIC STENT-SHUNT (TIPSS) IN THE MANAGEMENT OF ACUTE VARICEAL BLEEDING

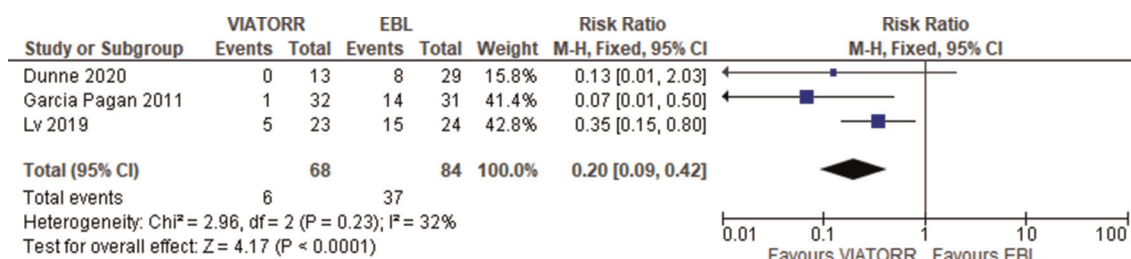
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**Introduction** Transjugular intrahepatic portosystemic stent-shunt (TIPSS) insertion is well established as an effective treatment for the management of bleeding in patients with decompensated cirrhosis. Current evidence suggests that early TIPSS (within 72 hours of a variceal bleed) using the GORE® VIATORR® stent effectively reduces portal pressure and improves prognosis in comparison to endoscopic band ligation (EBL) and medical management. We conducted a meta-analysis of trials comparing early TIPSS with EBL in cirrhotic patients with acute variceal bleeding.

**Methods** Systematic literature searches were conducted in MEDLINE, PubMed, EMBASE and Cochrane. Eligible studies were published between May 1999 and May 2020. The outcomes of interest were survival, re-bleeding and rate of hepatic encephalopathy. Risk Ratio (RR) estimates with 95% confidence interval (CI) were calculated using a random effects model and trials were evaluated using the Cochrane tool for the assessment of the risk of bias.

**Results** 8,123 studies were identified by the search and three prospective controlled trials including 152 patients were included in the meta-analysis. Meta-analyses demonstrated that GORE® VIATORR® consistently and significantly reduced incidence of bleeding (RR = 0.20, 95% CI = 0.09–0.42, p = <0.001) (figure 1). This was associated an improvement in overall survival, which did not quite reach statistical significance, at 1 and 2 years (RR = 0.62, 95% CI = 0.33–1.19 and RR = 0.62, p = 0.16 95% CI = 0.31–1.26, p = 0.19).



Abstract P59 Figure 1 Bleeding at 1 year