

September 2019 to January 2020. Adults with EVH were included in the study. The clinical characteristics and laboratory data at admission were documented, based on which MELD and CTP scores were calculated. The surviving patients were then followed via telephone after 30 days and readmission and its reasons, mortality, and morbidity within 30-days were determined.

Results A total of 95 EVH patients were included in the study, out of which 74.7% were males. The mean age of the participants was 49.56 years. The etiology was Hepatitis C in 62 (65.3%) patients. The in-hospital mortality was 5 (5.3%). Of those who survived, 17 (17.5%) had readmissions with rebleeding as cause in 7 (7.4%) patients. The rest of the patients were admitted with other complications of end-stage liver disease.

Conclusions The all-cause 30-day readmission rate after EVH was 17.5% with more than one-third of the cases due to rebleeding. The readmission was not associated with higher rates of mortality (in-hospital mortality rate vs readmission mortality rate).

IDDF2020-ABS-0176 **CLINICIAN EXPERIENCE AND ATTITUDES TO PALLIATIVE CARE IN PATIENTS WITH HCC – AN AUSTRALIA-WIDE SURVEY**

¹Abdul-Hamid Sabih*, ²Lynn Lim, ²Maria Cigolini, ¹Simone I Strasser, ¹Ken Liu. ¹AW Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Australia; ²Palliative Care Services, Royal Prince Alfred Hospital, Australia

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Background Palliative care (PC) service involvement in HCC patients is suboptimal. Little is known about clinician experience and attitudes towards PC in HCC, which formed the aim of our study.

Methods A nationwide survey of consultants/trainees was conducted through the Gastroenterological Society of Australia. Clinician and practice demographics, experience and attitudes towards PC use in HCC patients were collected.

Results 161 respondents participated with representation from all states/territories (61% male, 94% gastroenterologist/hepatologist). Most worked in public metropolitan hospitals (79%) with weekly multidisciplinary tumour board meetings (MDTBM) (59%) and had no formal PC training (71%).

MDTBM with PC team attendance was reported by 11%, although 77% thought this would be useful. Both rates of PC referral and perceived usefulness of PC increased incrementally from Barcelona Clinic Liver Cancer (BCLC) 0/A to BCLC D patients but were not universal even in advanced (46%/terminal(87%) stages. Those with prior PC training were more likely to refer BCLC 0/A patients for early PC ($P=0.01$). Referral rates for outpatient PC were higher in respondents who attended MDTBM with PC present ($P<0.05$ for all BCLC stages). Common reasons for referral were: end-of-life care (93%), pain (63%), treatment side-effects (21%) and psychological symptoms (21%). Most acknowledged PC discussions with patients occurred too late (61%) while the best time was thought to be at diagnosis of an incurable disease (61%). PC service was rated good/very good by 70% for outpatients and 81% for inpatients and 81% thought the referral process was easy. Major barriers identified to PC referral were: negative associations with the term 'PC' (83%), patient/family lack of acceptance (82%/77%), cultural factors (74%) and insufficient time in clinic (70%). The majority (78%) thought patients would be more accepting of PC if the name was changed to 'supportive care'.

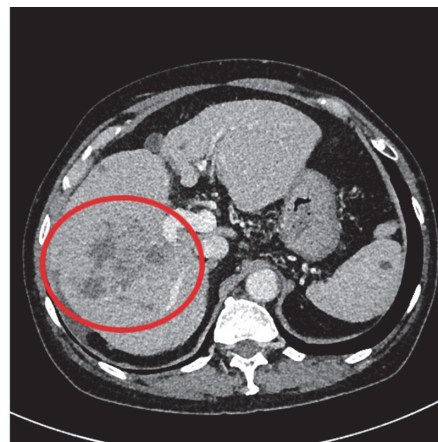
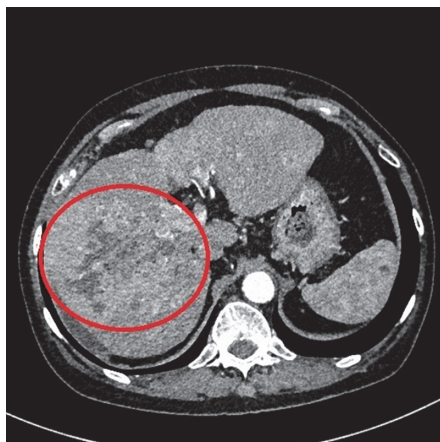
Conclusions PC referral for HCC patients occurs late and is not universal even in late-stage disease. Barriers to PC referral were not related to the quality of/access to PC services but rather to clinician perception/belief that PC would not be accepted by patients and their families.

IDDF2020-ABS-0180 **MULTIPLE NODULAR LIVER MASSES IN ELDERLY PATIENT WITH NON-CIRRHOTIC HEPATITIS C: A DILEMMA BETWEEN HEPATOCELLULAR CARCINOMA AND LIVER ABSCESS**

Jeremia Immanuel Siregar*, Ignatius Bima Prasetya, Nata Pratama Hardjo Lugito, Andree Kurniawan. Department of Internal Medicine, Faculty of Medicine, Pelita Harapan University, Indonesia

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Background Unusual appearance of liver masses poses diagnostic challenges in differentiating between malignancy and abscess. Here, we found an indeterminate case of liver masses



Abstract IDDF2020-ABS-0180 Figure 1 Arterial and venous phase from abdominal CT of the patient, showing large liver mass with perihepatic fluids and multiple cystic lesions in various sizes that were conglomerated inside the mass