

## REFERENCE

1. Cancer Research UK. Liver cancer incidence statistics. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/liver-cancer/incidence> (accessed 19/1/2020).

Age adjusted incidence ratesSave

### P181 REFRACTORY ASCITES –LONG TERM SURVIVAL IS NOT IMPROVED WITH COVERED TIPSS: A SINGLE CENTRE EXPERIENCE

<sup>1</sup>Amritpal Dhaliwal\*, <sup>2</sup>Homoyon Mehrzad, <sup>2</sup>Simon Olliff, <sup>1</sup>Dhiraj Tripathi. <sup>1</sup>Liver Unit, Queen Elizabeth Hospital Birmingham, Birmingham, U.K; <sup>2</sup>University Hospitals of Birmingham, Birmingham, U.K

10.1136/gutjnl-2020-bsgcampus.256

**Introduction** Refractory ascites is a serious complication of cirrhosis and portal hypertension with a 1 year survival rate of 50%. TIPSS (transjugular intrahepatic portosystemic shunt) is a treatment option in selected patients with refractory ascites.<sup>1</sup>

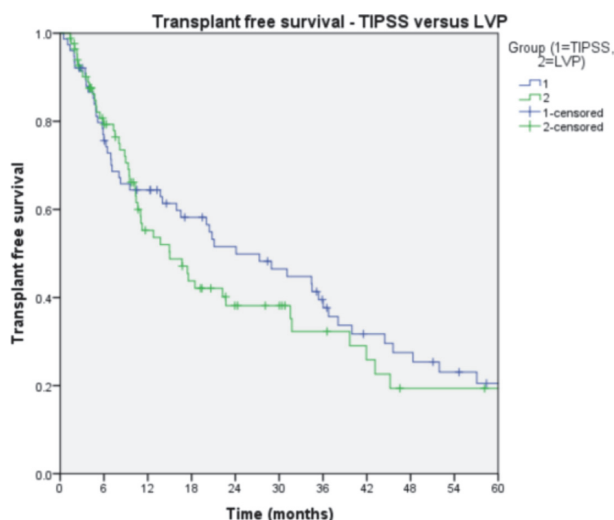
The aim of this project was to assess the outcomes of patients who underwent a covered TIPSS to those who had large volume paracentesis (LVP).

**Methods** We performed a retrospective study of all patients who underwent a covered TIPSS for refractory ascites during April 2010 to November 2017. This was compared to all patients who underwent LVP (mean 1.28±0.55 paracenteses per month) during a similar time period. Biochemical and clinical parameters were compared. The primary outcome was transplant free survival.

**Results** The sample size in each group was n=76 in TIPSS group, n=86 in LVP group, giving a ratio of 1:1.1.

The mean ages were 59±9.5 & 61±11.4 years. There was a male predominance of 53% and 60% respectively in the TIPSS and LVP group. Alcohol related liver disease was the most prevalent aetiology (75% TIPSS group; 56% LVP group).

The MELD score was significantly higher in the LVP group (11.5±3.8 vs 15.6±5.2, p<0.05). 26 patients in the LVP group underwent liver transplantation vs 10 patients in the TIPSS group. There was no difference in SBP presence between groups. Overall follow up was 20±20.6 months.



Abstract P181 Figure 1 Transplant free survival (KP curve)

Transplant free survival time at 6,12,24,60 months is as follows: TIPSS: 76%, 64%, 50%, 21%; LVP group 79%, 55%, 38%, 19% (p=NS, figure 1). No clinical or biochemical variables were associated with survival on cox regressions analysis.

A subset of patients in the LVP group (n=48) who would be considered suitable for TIPSS based on the following parameters (platelet count  $\geq 75 \times 10^9/L$ , bilirubin  $\leq 50$  micromol/L, absence of pre-exist hepatic encephalopathy(2)) was compared with the TIPSS group (n=76). Further analysis showed transplant free survival remained similar in both groups.

**Conclusions** Our study shows that, in a real-world cohort of advanced liver failure patients, covered TIPSS did not result in improved transplant free survival compared to LVP. Therefore, liver transplantation remains the best option for refractory ascites in selected patients. Further controlled studies are required, to identify prognostic markers to assist in selecting appropriate candidates for TIPSS.

## REFERENCES

1. Bureau C, Thabut D, Oberti F, Dharancy S, Carbonell N, Bouvier A, *et al.* Transjugular intrahepatic portosystemic shunts with covered stents increase transplant-free survival of patients with cirrhosis and recurrent ascites. *Gastroenterology*. 2017;**152**(1):157–63.
2. Transjugular intrahepatic portosystemic stent-shunt in the management of portal hypertension; Tripathi D, *et al.* Gut 2020 in press

### P182 QUALITY OF LIFE IN PATIENTS WITH AUTOIMMUNE HEPATITIS: A REVIEW OF PATIENT-REPORTED OUTCOME MEASURES

<sup>1</sup>Selena Dixon\*, <sup>1</sup>Elaine Wadland, <sup>1</sup>Dermot Gleeson, <sup>2</sup>Jill Carlton. <sup>1</sup>Sheffield Teaching Hospitals NHS Foundation Trust; <sup>2</sup>School of Health and Related Research, University of Sheffield

10.1136/gutjnl-2020-bsgcampus.257

**Introduction** Patient-Reported Outcome Measures (PROMs) have been used to assess quality of life (QoL) in Autoimmune Hepatitis (AIH). We aimed to identify which components of QoL have been assessed and which, if any, are impaired in AIH.

**Methods** Systematic search of Medline, EMBASE and PsycINFO (inception to January 2020). We included studies measuring QoL in adults (>16 years) with AIH. Studies without AIH-specific data or on transplanted patients were excluded. A pooled analysis was performed of studies using the Short Form (SF)-36 PROM, which has 8 subscales (0–100): Physical Functioning (PF), Role (physical) Functioning (RF), Bodily Pain (BP), General Health (GH), Vitality (VT), Social Functioning (SF), Role Emotion (RE), Mental Health (MH). We calculated physical and mental component summary scores (PCS and MCS) using a formula to aggregate individual subscales.

**Results** Of 1153 studies assessed, 14 met inclusion criteria. 10 PROMs were identified: 2 liver disease-specific: Chronic Liver Disease Questionnaire (CLDQ) and Liver Disease Symptom Index (LDSI-2.0); 2 generic: SF-36 (or the derived SF-12) and EuroQol (EQ)-5D-5L; 4 mental health specific: Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire (PHQ)-9, General Anxiety Disorder (GAD)-7 and State Trait Anxiety Index (STAI); and 2 fatigue-specific: Fatigue Impact Scale (FIS) (or its modification, MFIS) and Multidimensional Fatigue Index (MFI)-20.