was in close proximity to B cell rich areas. TSPAN6 expression was highly variable between primary liver cancer tumour tissues, but increased expression was linked to higher patient survival. Our preliminary data suggest that TSPAN6 could play a role in the tumour microenvironment of primary liver cancers and further investigation is warranted.

P177 IDENTIFYING MISSED OPPORTUNITIES FOR TRANSPLANT ASSESSMENT: A REVIEW OF REFERRALS TO A LIVER TRANSPLANT CENTRE

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Introduction Liver transplant (LT) has revolutionised management of chronic liver disease. In an era of ever-increasing demand, promoting equity of timely access needs to be a priority. Markers of disease severity including MELD and nutritional status correlate well with waiting list mortality. These variables deteriorate with referral delay. Through analysis of patients referred to a LT unit over a two-year period we sought to establish characteristics that could be used as markers to represent a 'late' referral.

Methods Referrals for liver transplantation for chronic liver disease (CLD) between 1 April 2017- 31 March 2019 were reviewed. Electronic patient records were interrogated to establish patient demographics, severity of disease at referral and assessment outcome.

Results In this period 371 patient with CLD were referred for LT assessment. Of these, 64% were male and 50% had alcohol related liver disease. Median UKELD at referral was 54 (range 42–72), 58 (16%) UKELD > 60 at referral.

150/371 (40.4%) were listed for transplantation of whom 26 (17%) died on the waiting list. In addition, 19 (5%) of patients died prior to completion of their assessment and 17.9% were not listed because they required further optimisation of clinical status due to frailty or malnutrition. Other patients were declined listing because of medical/surgical contraindications (31.2%), alcohol concerns (9%) and were considered too early (36.1%). In total therefore 144 patients (39%) were unable to access LT because of the advanced nature of their disease.

281 patients (76%) had ascites at referral, 64 (22.8%) had undergone > 5 paracentesis (LVP) procedures prior to referral, 27 (9.6%) had undergone > 10 LVP. A smaller proportion of patients in the >10 LVP group were listed compared with the <10 group (26% vs 35%). A greater proportion of patients in the >10 LVP group died during the study follow-up period compared with <10 group (37% vs 32%).

Conclusion In this heterogenous population, identifying markers of 'late referral' is challenging. A potential surrogate marker identified by this study is number of LVP prior to transplant assessment referral. There are unavoidable late referrals due to late presentation, non-attendance or substance concerns. Failure to recognise the significance of recurrent LVP procedures may represent missed opportunities for earlier referral. It is likely that the reasons behind these later referrals are multi-factorial and further work is needed to identify and improve these modifiable risk factors.

P178 GOOD CLINICAL OUTCOMES FOLLOWING DIRECT INTRAHEPATIC PORTOCAVAL SHUNT (DIPS) FOR BUDD CHIARI SYNDROME

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Introduction Budd Chiari syndrome (BCS) is a rare but potentially life-threatening condition. Recanalization using TIPSS or hepatic venous stenting is key to relieving hepatic congestion. These procedures are impossible in complete HV occlusion. Direct intrahepatic portocaval shunt (DIPS) is a new procedure where a stent is placed directly from the inferior vena cava, often through the caudate lobe, to the portal vein and therefore bypassing the thrombosed HVs. We report our experience in using DIPS for recanalization in BCS.

Methods Single centre retrospective analysis from May 2015 to January 2019 comparing outcomes following a DIPS insertion compared to our centre's previously published data.

Results 14 patients were referred for a DIPS procedure. M:F ratio 8:6; age 40.5±13.2; follow up 23.1±15.0 months. HV-BCS type in all. Aetiology: myeloproliferative neoplasm (MPN) in 7, all JAK2+ve with mutation load 17.3±10.2%; PNH, 1; idiopathic, 6 (all –ve following next generation sequencing). Pre-DIPS: MELD 13.1±3.2, UKELD 49.1±13.35, BCS-TIPS PI score 4.45±1.1. Post DIPS portal pressure gradient was 6.9±2.2 mmHg. Clinical indication: variceal bleeding and ascites (n=1) or ascites (n=13). Multidisciplinary consensus to undertake a DIPS insertion as a first line procedure was reached in 13 patients, in 1 patient a TIPSS insertion was initially attempted, when this failed a rescue DIPS was performed. One DIPS insertion (7%) was not successful, this patient is now on the waiting list for transplantation. In all remaining patients, successful stent placement was achieved, and none required escalation to transplantation. Ascites resolution was seen in 7 out of 11 patients at follow up (64%). 2 patients developed hepatic encephalopathy post DIPS (14%). Primary patency rates at 6 months, 1 year, and 2 years were 83%, 83%, 58% respectively. Secondary patency was 100%. Transplant free survival 100% to date. The outcomes are comparable to a previously reported series from the same institution, with similar BCS-TIPS PI but slightly lower MELD.

Conclusion Our data demonstrates that with technical excellence, multidisciplinary management, and careful patient selection, DIPS results in very good clinical outcomes in patients unsuitable for standard TIPSS. The outcomes are comparable to standard TIPSS from our historic data. We strongly recommend early referral of all patients with BCS to multidisciplinary teams in centres that offer advanced interventional radiology and liver transplantation.

P179 NHS BISCUIT CULTURE – NAFLD PREVALENCE AND THE USE OF FIBROSCAN

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