Of the 102 patients who attended clinic at least once, 44 (43%) were commenced onto antiviral therapy between 2008 and 2010.

Conclusion Our clinic policy resulted in almost 80% of patients being assessed whereas only 55% would have been seen had we not offered another appointment for those who failed to attend on the first occasion. Almost half of those seen were commenced onto antiviral therapy. The reasons for failure to attend among females require further examination. Patients without a review appointment with no apparent reason will be offered a further appointment.

Only 45% of patients in this cohort are under continued review. The service is currently undergoing redesign with the aim of improving the proportion of patients attending.

Transplant

P89 TRANSARTERIAL CHEMOEMBOLIZATION AS NEO-ADJUVANT THERAPY PRE-TRANSPLANTATION IN PATIENTS WITH HEPATOCELLULAR CARCINOMA

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Introduction Hepatocellular carcinoma (HCC) is the main indication for 15% of liver transplants. Currently the criteria used for listing patients are the Milan criteria. However, as waiting time is increasing, patients may fall out these criteria while on the waiting list.

Aim We retrospectively evaluated the effect of neo-adjuvant transarterial chemoembolization (TACE) in consecutive patients transplanted for HCC.

Method We analysed data from consecutive patients who were transplanted for HCC between 1990 and 2010 as main indication in our unit. Laboratory, epidemiological, radiological and histological data were analysed. Survival was evaluated using multiple regression analysis.

Results In total 148 patients were transplanted for HCC, of which 74 had TACE as neo-adjuvant therapy. Mean follow-up post-transplant was 31±29 months (range 1–145). Patients had a mean of 1.6±0.9 (range 1–5) TACE sessions and had a mean waiting list time of 2.5±2.4 months (range 0.5–12.3). TACE response was evaluated in explanted livers as follow: no response in 10 (16%), partial tumour necrosis in 35 (55%) and complete tumour necrosis in 19 (30%). Tumour recurred in 21 (14%) patients in a mean time of 5.1±14 months. Recurrence happened in 2/10 patients who did not respond to TACE, 1/35 who had a partial response and 0/19 who had a complete response (p=0.040). TACE as neo-adjuvant therapy was associated with less recurrence irrespective of histological response (18.3% recurrence in patients who did not have TACE vs 5.6% in patients who had, p=0.037). No serious adverse effects of TACE were noted.

Conclusion TACE is an effective neo-adjuvant therapy in patients listed for liver transplantation, as it is associated with significantly less post-transplantation tumour recurrences. As waiting lists are getting longer, its use as a standard neo-adjuvant therapy should be further explored.

P90 OUTCOMES OF CADAVERIC SPLIT LIVER TRANSPLANTATION FOR HEPATITIS C INFECTED PATIENTS. A SINGLE CENTRE COHORT

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Introduction Concern exist as to the outcome of patients with liver cirrhosis secondary to hepatitis C virus (HCV) infection who receive split liver transplantation (SLT).

Aim To determine the graft and patient outcomes following SLT and to identify factors that influence outcome.

Method Retrospective study of all adults transplanted for HCV cirrhosis at our centre from 2000 to 2008.

Results Of 1284 patients, 242 were transplanted for HCV. 19 were excluded because of re-transplantation and 11 excluded as they received living donor grafts. Of the remaining 212, 21 received cadaveric SLT and 191 received whole liver grafts (WLT). Median age was 52 years (IQR 47–59). Men comprised 80%. No significant difference found in age, gender, serum Na and HCC between SLT and WLT groups (p=NS). However, there was significant difference in median transplant MELD between SLT, 11 (IQR 5.8) and WLT 14 (IQR 6.7, p=0.047). Virological and/or histological recurrence in graft (any fibrosis) was confirmed in 18/21 (86%). There was no significant difference in post-LT RNA between SLT & WLT (p=0.117) within 6 months of transplant. Median ICU stay was 3 days (IQR 2–5) and median hospital stay was 20 days (IQR 14–33). There was no significant difference in ICU or hospital stay between groups (p=NS). Kaplan–Meier analysis showed no significant difference in patient (Log rank=1.74, p=0.187) or graft (Log rank=2.47, p=0.12) survival in SLT vs WLT with median follow-up of 3.28 years (IQR 1.17–6.05). Univariate analysis revealed that recipient gender, donor risk index >1.7, donor age, height, BMI>25, cold ischaemia time (CIT) >10 h and graft steatosis were significant factors in relation to outcome. On multivariate analysis, only recipient gender (HR 0.142, p=0.001), donor age (HR 0.944, p=0.008), donor BMI >25 (HR 0.276, p=0.015) and CIT >10 hours (HR 0.218, p=0.004) remained significant. There was no significant difference in patient survival for SLT in HCV +/HCV- patients. However, graft survival was significantly improved in HCV+ patients (Log rank 4.12, p=0.042). Recipient gender (male 82% of HCV+, p=0.0001), HCC (54% of HCV+, p=0.0001) and mean MELD (HCV+ 11, HCV– 14, p=0.006) were significantly different. Donor variables were not significantly different.

Conclusion In our cohort, SLT for HCV+ patients provides a good alternative to WLT with comparable outcomes. Recipient selection accounted for improved graft outcomes for HCV+ group.

P91 NITISINONE TREATMENT REDUCES THE NEED FOR LIVER TRANSPLANTATION IN CHILDREN WITH TYROSINAEMIA TYPE 1 AND IS ASSOCIATED WITH IMPROVED POST-TRANSPLANT RENAL TUBULAR FUNCTION

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Introduction Tyrosinaemia Type 1 (TT1) is a disorder of tyrosine metabolism which may lead to liver failure and a high risk of hepatocellular carcinoma (HCC). Treatment previously consisted of dietary restriction and orthotopic liver transplantation (OLT) but was transformed by the introduction of Nitisinone in 1992. Here we report how Nitisione has altered the outcome of and need for OLT in patients with TT1 in our centre.

Method A retrospective analysis was performed of patients treated for TT1 at Birmingham Children's Hospital from 1989 to 2009.

Results 38 patients were treated with no significant difference in the annual number of patients seen before and after 1992 (p=0.47). 6/7 (85.7%) seen prior to 1992 and 7/31 (22.6%) initially treated with Nitisinone underwent OLT. The primary indication for OLT prior to 1992 was hepatic dysplasia in all with rising α-fetoprotein in 4. Post 1992 indications were suspected/high risk of HCC in five patients, proven HCC in 1 and failure to