the UK, although few centres, including ours, operate a robust computerised recall system.

The authors aimed to determine the (1) prevalence of HCC in the Royal Devon and Exeter population, (2) frequency of cases with a previous diagnosis of cirrhosis, (3) aetiology of the cirrhosis and (4) outcomes of patients, and to identify avoidable shortcomings in the surveillance of these patients.

Methods Retrospective case note review of all HCC patients diagnosed between January 1999 and November 2009.

Results The authors identified 69 HCC patients. Mean age at diagnosis was 67 (range 16–93). 54 patients (78%) were male.

27 had been previously diagnosed with cirrhosis. 23 patients with HCC did not have cirrhosis.

The aetiology of the previously diagnosed cirrhosis was nine alcohol, four Hepatitis C + Alcohol combined, four Hepatitis C alone, three autoimmune, two NASH, one Hepatitis B, two cryptogenic, one Hep C and AIH, one Alcohol + Haemachromatosis.

Six of the known cirrhotics were diagnosed as a direct result of surveillance. 83% of those screened according to guidelines had HCC Stage II or less compared with 57% of the known cirrhotics who were not screened. 67% of those screened received a transplant or chemo-embolisation compared with 29% of those not screened. Average survival of the 6 who were screened is 713 days from diagnosis to date, compared with 160 days in the known cirrhotics who were not screened according to guidelines.

Survival was 38% at 1 year, 18% at 2 years and 7% at 5 years.

67% (18/27) of known cirrhotics had not been surveyed according to BSG guidelines.

54% of all patients presented with advanced disease (Stage IIIa and above).

10 (14%) had curative treatment (5 transplanted, 5 liver resection).

59 (86%) had palliative treatment only (12 chemo-embolisation, 6 chemotherapy, 41 no treatment).

Conclusion One third of patients who are diagnosed with HCC have no clinical signs, radiological or histological evidence of cirrhosis. 28% of HCC is diagnosed at first presentation of cirrhosis and not through a screening programme.

Patients who were picked up by screening had earlier disease and better outcomes.

A significant proportion of known cirrhotic patients were not surveyed according to BSG guidelines and would have benefited from a more robust screening system.

Competing interests None.

Keywords cirrhosis, hepatocellular carcinoma, surveillance.

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PTH-128 **HEPATOCELLULAR CARCINOMA IN EXETER, 10 YEAR EXPERIENCE**

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Introduction Hepatocellular carcinoma (HCC) is a well-recognised complication of cirrhosis. The British Society of Gastroenterology (BSG) recommends surveillance with abdominal ultrasound and α-feto protein measurement every 6 months.[1] Surveillance is believed to be widely practiced in