Abstract PWE-139 Figure 1

Analysis of the HCC risk stratification scores demonstrates the HAP Score predicted post-TACE survival ($p = 0.002$), but the Child Pugh ($p = 0.192$) and BCLC scores ($p = 0.210$) did not. There was a 3 fold increase in median survival in patients in the HAP A group when compared to those in the HAP D group (36.6 vs. 12.3 months).

Conclusion We report patient survival following TACE for treatment of HCC which compares favourably with published studies.¹ The HAP score for TACE appears promising in our population and superior to existing scores.

REFERENCE

- 1 Kadalayil *et al.* A simple prognostic scoring systems for patients receiving transarterial embolisation for hepatocellular cancer. *Annals of Oncology* 2013;24:2565–2570

Disclosure of Interest None Declared.

PWE-140 DEVELOPMENT AND VALIDATION OF THE NEWCASTLE PATIENT REPORTED ASCITES MEASURE

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Introduction Ascites is the most common complication of cirrhosis, but tools to assess its impact on Health Related Quality of Life (HRQoL) are limited. The Newcastle Patient Reported Ascites Measure (N-PRAM) was developed to measure the multi-dimensional impact of ascites on HRQoL.

Methods Structured interviews were carried out with patients with ascites and hepatologists and a long-list of twenty items was produced. These items were assessed for appropriateness and clarity by a further ten patients and the resulting tool was reduced to nine items. Initial validation was carried out on 25 patients with ascites from a multicentre UK study of quality of life in cirrhosis.

Results The 9 items tested the following areas: abdominal pain, abdominal discomfort, abdominal bloating, shortness of breath, movement, ill-fitting clothes, self-image, early satiety and ankle swelling.

Construct validity: inter-item correlations were good ($r > 0.6$) except for the ankle swelling item. Internal consistency, tested using Cronbach's alpha coefficient (α), was 0.955 and improved to 0.958 after removing the ankle swelling item.

Concurrent validity: The correlation between the CLDQ--Abdominal Symptoms scale and each N-PRAM item score (r range -0.653 to -0.358) was low to moderate.

Conclusion The 8 item Newcastle Patient Reported Ascites Measure is an effective HRQoL measure which has been validated in English. It provides a more detailed assessment of HRQoL in ascites than other available tools, such as CLDQ, and would therefore be a suitable outcome measure for use in future studies of ascites management.

Disclosure of Interest None Declared.

PWE-141 A POSITIVE COMPLEMENT DEPENDENT CYTOTOXIC (CDC) CROSSMATCH DOES NOT IMPACT ON PATIENT SURVIVAL OR INCREASE THE RISK OF ACUTE CELLULAR REJECTION, OR BILIARY STRICTURES AFTER LIVER TRANSPLANTATION

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Introduction The impact of donor specific antibodies on outcomes after liver transplantation remains controversial. We aimed to evaluate the impact of a positive lymphocyte complement dependent cytotoxic (CDC) crossmatch on patient survival and the incidence of complications following liver transplantation (LT).

Methods We analysed the outcomes for all patients undergoing LT in our centre over a 6 year period (January 2007–December 2012). All patients transplanted at our centre receive a retrospective CDC crossmatch. We examined the indication for transplantation, patient survival, complications (acute cellular rejection, biliary strictures, chronic ductopaenic rejection) and whether the complications correlated to the presence of a positive crossmatch pre- and post-treatment with dithiothreitol (DTT) for IgM/IgG or IgG antibodies.

Results There were 194 liver transplants performed in this period (60% male). A crossmatch was available for 186 patients. The median age of the recipients was 55 years (range 19–71 years). The primary indications for LT were alcoholic liver disease 31%, autoimmune liver disease 18%, hepatocellular carcinoma 11%, viral hepatitis 9%, vascular 7.5%, paracetamol toxicity 7.5%, NAFLD 5% and other 11%. There were 12 deaths (6.5%) in the time period studied. 76 patients had a positive crossmatch and of these 13 were IgG positive (i.e., positive post-DTT treatment). Patient survival did not correlate with the presence of an IgM or IgG positive crossmatch (Fisher's exact test, $p = 1.000$ for both).

Acute cellular rejection (ACR) requiring augmentation of immunosuppression occurred in 38 patients (20%). Neither a positive IgM crossmatch (Chi-square test, $p = 0.094$) or a positive IgG crossmatch (Fisher's exact test, $p = 1.000$) correlated with the incidence of ACR. Clinically significant biliary strictures occurred in 14 patients (7.5%). The presence of a positive crossmatch did not correlate with the incidence of strictures (Chi square test, $p = 0.124$ for IgM antibodies and Fisher's exact test, $p = 1.000$ for IgG antibodies). Only 1 patient developed chronic ductopaenic rejection in our cohort.

Conclusion The presence of antibodies to donor lymphocytes (detectable by the CDC crossmatch) does not affect patient

survival or the incidence of acute cellular rejection and biliary anastomotic strictures.

Disclosure of Interest None Declared.

PWE-142 IS LIVER DISEASE OVERLOOKED IN PATIENTS WITH PSORIASIS?

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Introduction Elevated transaminases (e.g., ALT) are frequently identified in various medical specialties, but the significance of abnormalities is often unclear. Patients with psoriasis are at higher risk of abnormal ALT due to drug-induced liver toxicity and alcohol excess. Recent reports highlight the association of psoriasis with metabolic syndrome, and suggest that non-alcoholic fatty liver disease (NAFLD) is more common in patients with psoriasis compared to the general population. Our aim was to determine (1) the prevalence and extent of raised ALT in a psoriasis clinic, (2) the degree to which such abnormalities are investigated and (3) the common causes identified.

Methods We undertook a retrospective analysis of adult patients with psoriasis followed up at the Royal London Hospital between Aug-Nov 2013. Electronic records were searched for demographics, blood results, hepatological investigations, psoriasis treatments, metabolic risk factors (diabetes, dyslipidaemia, hypertension, obesity), and alcohol intake. Elevated ALT was defined as >40 U/L for men, >35 U/L for women. The FIB-4 score was calculated to estimate risk of fibrosis.

Results Electronic records for 200 patients with psoriasis were reviewed. 57% (n = 114) were male, median age 43 years (range 17–81). 48% were Caucasian, 22% Bangladeshi, 12% Indian, 6% Pakistani and 6% Afro-Caribbean.

LFTs were performed in 80.5% of patients (n = 161), of whom 37% (n = 59) had abnormal ALT on ≥ 2 occasions (mean peak ALT 91, SD 63). 9 of these patients were on medication associated with deranged LFTs (4 on acitretin; 5 on methotrexate with persistently raised PIIINP). A further 15 patients drank excess alcohol. 3 patients (5% of 21 tested) had viral hepatitis (1 HBV, 2 HCV).

Of the remaining 32 with unexplained elevated ALT, only 8 patients had a liver ultrasound (25%), of whom 4 had signs of NAFLD. In addition, it is probable that another 17 patients who had negative liver screens but not had an ultrasound also have NAFLD. Therefore the estimated prevalence of NAFLD among psoriasis patients with raised ALT is 36% (21/59). There was no significant difference in age, sex or ethnicity between this group and the total psoriasis population.

Sufficient data were available to calculate FIB-4 scores in 12 of these 21 patients. 2 had scores that suggest moderate or advanced fibrosis, and warrant further investigation.

Conclusion Patients with psoriasis often have LFTs measured. These are often abnormal but under-investigated despite potentially representing significant, treatable disease. We identified a gap between LFT testing and screening for liver diseases, particularly viral hepatitis and NAFLD. There is a need for evidence-based guidance on investigation and referral in patients with deranged LFTs.

Disclosure of Interest None Declared.

PWE-143 ABNORMAL PLATELETS AND THE FORMATION OF ACTIVATED NEUTROPHIL-PLATELET COMPLEXES FOLLOWING PLATELET ADMINISTRATION INDUCES NEUTROPHIL ACTIVATION AND RELEASE OF REACTIVE OXYGEN SPECIES IN LIVER CIRRHOSIS

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Introduction The susceptibility to developing infection is well recognised in cirrhosis and circulating neutrophil dysfunction including excessive production of reactive oxygen species (ROS) is a major contributor to innate immune paresis. Platelets also play a key role modulating inflammation by interacting with neutrophils, secreting inflammatory mediators and influencing phagocytosis/apoptosis. The aim of this study was to examine platelet-neutrophil interactions in relation to ROS production and following healthy platelet exposure in patients with liver cirrhosis.

Methods Neutrophil-platelet interactions were characterised in 7 patients (6M; mean age 54) (Child-Pugh 11–14) in a paired crossover study with 7 healthy controls (HC). Neutrophils and platelets were isolated separately and incubated alone and together *ex-vivo* in zero, 50:1 and 100:1 platelet:neutrophil ratios. Neutrophils were stained with anti-CD16-PE and anti-CD11b-APC-Cy7 (macrophage-1 antigen) using flow cytometry. Platelets were stained with anti-CD41a-APC (glycoprotein IIb/IIIa) and complexes were identified as staining for CD11b/CD16/CD41a. Neutrophils were stimulated with phorbol myristate acetate which induces ROS production quantified by conversion of dihydrorhodamine-123 to rhodamine-123.

Results The addition of platelets to neutrophils (100:1) significantly reduced ROS production ($p < 0.01$). HC platelets were significantly better at reducing ROS production than cirrhotic platelets ($p < 0.05$). Neutrophil-platelet complex formation was significantly higher when HC platelets were added to unstimulated neutrophils than cirrhotic platelets (Graph 1) with a 3.3 fold increase in neutrophil endothelial adhesion capability

Conclusion Cirrhotic platelets have a reduced capability to reduce neutrophil priming and ROS production. However, paradoxically administration of healthy platelets increases neutrophil-platelet complex formation and neutrophil adhesion capabilities which may promote endothelial activation and susceptibility to infection.

Disclosure of Interest None Declared.

Abstract PWE-143 Figure 1