Conclusion Each year an increasing number of scans are performed, with good overall success rates; although a proportion of scans completed will meet 'invalid' criteria and this must be taken into account when interrupting the predicted fibrosis score. Inter-operator variability is evident and relates to prior formal training (undertaken by EchoSens) and total number of scans performed. Nurses undertake scans in dedicated clinics with a set time allowance and this may explain their higher success rates. Transient elastography should, therefore, be performed by those with formal training, undertaking regular scans in a dedicated clinic, to increase validity of results.

Disclosure of Interest None Declared.

PWE-151 COMPARISON OF TYPE 1 AUTOIMMUNE HEPATITIS PATIENTS' CHARACTERISTIC IN CAUCASIAN, ASIAN AND BLACK ETHNIC GROUPS: A SINGLE CENTRE EXPERIENCE

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10.1136/gutjnl-2014-307263.411

Introduction Autoimmune hepatitis (AIH) is a disease of unknown aetiology characterised by interface hepatitis, hypergammaglobulinaemia and circulating autoantibodies.^{1,2} It is associated with Human leucocyte antigen (HLA) DR3/DR4 allotypes which are common in European Caucasian population.² Previous published studies reported late clinical presentations and poor outcome in non-Caucasian ethnic groups.

Methods This is a retrospective analysis of patients with type 1 AIH at a single centre tertiary liver transplant unit between year 1995 and 2012. Patients with simplified AIH score of more than or equal to 6 were included in the study. Data were collected thoroughly from electronic case notes, clinical letters and treatment charts. Basic demographics, clinical presentations, blood parameters such as biochemistry and immunology, liver histology and presence of other associated autoimmune conditions were documented. Those factors were compared among three ethnic groups: Caucasian, Asian and Black-African.

Results A total of 190 patients are included in the study. The majority (78%) of AIH patients are females. Majority (84%) were Caucasian and Asian ethnicity constitutes 12% of the study population with the remainder (4%) being Black ethnicity. Age of diagnosis is slightly higher among Caucasian groups although non-significantly (Median age 50.5 vs 34.9 in Asian and 45.3 in Black).

No significant differences were detected for associated autoimmune conditions, DR3/DR4 association or liver biochemistry blood results among three ethnic groups. Immunoglobulin G and Immunoglobulin A are significantly lower in Caucasian compared to non-Caucasian populations ($p = 0.029, 0.005$ respectively). There are no differences in clinical outcomes such as cirrhosis, development of hepatocellular carcinoma (HCC) or liver decompensation among three different ethnic groups.

Conclusion Clinical presentations and blood parameters were similar among three groups except Ig G and Ig A which were lower in Caucasian ethnic populations. Overall transplant free survival was similar among the three groups

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Disclosure of Interest

None Declared.

PWE-152 PRIMARY SCLEROSING CHOLANGITIS-INFLAMMATORY BOWEL DISEASE IS ASSOCIATED WITH AN INCREASED FREQUENCY OF POST-TRANSPLANT COLONIC LYMPHOMA

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10.1136/gutjnl-2014-307263.412

Introduction Post-transplant lymphoproliferative disease (PTLD) is a recognised complication of liver transplantation (LT). Although small intestinal involvement is common, factors predisposing to colonic disease are not well characterised.

Methods A case-note review of all patients undergoing liver transplantation (1982–2013) was performed, and subsequently cross-referenced with an institutional lymphoma database comprising all biopsy-proven PTLD cases to date. Putative risk factors for development of colonic lymphoma were analysed using SPSSv21.

Results Over a 31-year adult 'first liver' transplant experience (No. of recipients=2872), 72 cases of post-LT lymphoproliferative disease were identified and most commonly observed in the context of primary biliary cirrhosis (PBC; $n = 20$) and primary sclerosing cholangitis (PSC; $n = 14$). Overall, intestinal involvement was observed in 18/72 patients, representing predominantly small bowel disease ($n = 12$). Colonic lymphoma occurred only in individuals transplanted for PSC ($n = 6$; median 5.0yrs post-transplant; IQR: 3.2–11.7), all of who had underlying colitis. In all cases, disease was a diffuse large B-cell lymphoma; however, only 2 patients had EBV-(LMP)-positive tumours, from which only 1 a detectable serum EBV-titre (qPCR). There were no significant associations with age at transplantation, male gender, treatment with azathioprine or tacrolimus, duration of azathioprine or calcineurin inhibitor exposure, or onset of colitis post-LT. Only one patient (each) with PTLD occurring in the context of cardiothoracic ($n = 6$) and renal ($n = 32$) transplantation developed large bowel disease, and under these circumstances was part of a disseminated lymphomatous process.

Conclusion PSC/colitis is associated with development of colonic lymphoma post-LT. Additional risk factors have yet to be identified, UKfied.

Disclosure of Interest None Declared.

PWE-153 COST EFFECTIVENESS OF RIFAXIMIN-A IN THE REDUCTION OF RECURRENCE OF OVERT HEPATIC ENCEPHALOPATHY

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10.1136/gutjnl-2014-307263.413

Introduction Hepatic encephalopathy (HE) is associated with high morbidity and mortality. Rifaximin- α is effective in reducing the recurrence of episodes of overt HE. The aim was to characterise the cost effectiveness of rifaximin- α versus standard care (lactulose).

Methods This economic evaluation used a Markov state transition model. The outcome was the incremental cost effectiveness ratio (ICER), derived from estimates of the cost/quality adjusted life years. The payer perspective was that of UK National Health Service. Outcome data were from two trials of rifaximin- α . Population outcome data were from a complementary study of patients with liver cirrhosis treated within the NHS. Cost data (GBP£2012) were derived from published sources. Health-related utility was estimated indirectly from disease-specific trial QoL data. The time horizon was five years. Costs and benefits were discounted at 3.5%. Extensive sensitivity analysis was carried out.

Results The average cost of the included elements of care was £15,476 in the rifaximin- α arm and £4,486 in the lactulose arm, a difference of £10,990. The corresponding values for benefit was 2.36 QALYs, and 1.83 QALYs per person, respectively; a difference of 0.53 units. This translated into a base-case ICER of £20,852/QALY. Key parameters that impacted the ICER included the event-free survival pattern, ranging from an ICER of £13,919 using an exponential model, to £21,425/QALY using a log-logistic model. Evaluation to 10 years resulted in an ICER of £19,122/QALY.

Conclusion Rifaximin- α in patients with liver cirrhosis was cost effective compared to standard care, reducing episodes of overt hepatic encephalopathy.

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PWE-154 THE FIRST EVALUATION OF THE RELATIONSHIP BETWEEN THE CHRONIC LIVER DISEASE QUESTIONNAIRE AND THE EQ-5D INDEX IN HEPATIC ENCEPHALOPATHY PATIENTS TREATED WITH RIFAXIMIN-A

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10.1136/gutjnl-2014-307263.414

Introduction Estimation of health-related utility is a vital component of the evaluation of relative cost effectiveness of health-care interventions. The correlation between different measures of quality of life and health related utility in hepatic encephalopathy (HE) has not been explored. The aim of this study was to characterise for the first time the relationship between scores for Chronic Liver Disease Questionnaire (CLDQ) and health-related utility as measured by the EQ-5D index in patients with HE.

Methods Data were available from a phase three trial of rifaximin- α in patients with recurrent HE. Corresponding CLDQ and SF-36 scores were recorded at monthly visits. EQ-5D scores were derived using the SF-36 using a recognised mapping technique. Generalised, linear, mixed modelling methods were used to examine for any association in order to allow for repeated measures.

Results 202 of 299 patients with 920 corresponding observations were included. The average age of the cohort was 57 years

Abstract PWE-154 Figure 1 Observed versus predicted EQ-5D index values using generalised linear mixed modelling to allow for repeated measures.

and 133 (65.8%) were males with an average baseline MELD score of 13.8. The average time since diagnosis of HE was 25.6 months. Figure 1 illustrates the observed and predicted utility scores derived from CLDQ with an r-squared value of 0.835, indicating a strong relationship.

Conclusion This is the first time that a direct association between the EQ-5D index and the CLDQ score has been reported. The r-squared value of this association suggested that liver-related morbidity may explain the majority of differences in health-related utility in these subjects.

Disclosure of Interest E. Berni Consultant for: Norgine, C. Bannister Consultant for: Norgine, C. Poole Consultant for: Norgine, P. Conway Employee of: Norgine, K. Nanuwa Employee of: Norgine, C. Currie Consultant for: Norgine.

PWE-155 THE SAFETY OF ASCITIC DRAIN INSERTION IN PATIENTS WITH DERANGED COAGULATION

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10.1136/gutjnl-2014-307263.415

Introduction Abdominal paracentesis for ascites is not an uncommonly performed procedure. Most patients needing abdominal paracentesis have significant derangement of coagulation. We wanted to assess the safety of abdominal paracentesis in patients with significant INR elevation.

Methods 67 consecutive patients requiring abdominal paracentesis at our hospital were retrospectively analysed. Patients were placed in to 3 groups depending on the baseline INR (Group A: INR 1–1.4, Group B: INR 1.5–1.9, Group C: INR 1.9 and above). Complication data collected on all patients using a standardised proforma. All data was then entered on to a spreadsheet program (Microsoft Excel) and analysed using SPSS v22.

Results Of the 67 patients 25 (37%) had a near normal INR (group A), 32 (48%) had moderate INR prolongation and 10 (15%) had significant INR prolongation (group C). 3 patients in group C received fresh frozen plasma (FFP). Overall there was no significant increase in the frequency of Blood staining, Hypotension, Leaking drain site, Infection, Peritonitis, Perforation and Death across all 3 groups (full data and p values shown in Table 1).