hospital admission over 12 months and 8% required a TIPS procedure within 12 months. The actual cost of rebleeding episodes for the selected subgroup was £38,446, (3955 per patient). The theoretical cost of early TIPS in this group was calculated as £117,670, (3626 per patient). Assuming a rebleeding rate of 3% with early TIPS, this strategy has a potential cost reduction of 7% per patient outcome year compared with current standard management.

Conclusion The proportion of variceal bleed patients benefiting from early TIPS could approach 70% in regional centres. This has implications for the provision and organisation of interventional radiology services. Our retrospective analysis suggests marginal cost benefit, complementing the previously observed reduction in rebleeding and mortality; however prospective studies are needed to confirm this.

REFERENCE

P40 FAST TRACK JAUNDICE CLINIC: THE STANDARD OF CARE FOR HEPATOBILIARY MALIGNANCY

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Introduction The Scottish Government has stated that 95% of people referred urgently with a suspicion of cancer should begin treatment within 62 days of receipt of referral. Dedicated fast track clinics with pre-booked appointments and scheduled investigations with rapid reporting can ensure urgent referrals are processed within appropriate timescales. Hepatobiliary malignancy often presents with jaundice and therefore The Fast Track Jaundice clinic was established in NHS Grampian in June 2006. Its aim was to provide treatment within 62 days of referral. The clinic operates weekly with three reserved appointment slots for ultrasound and two for CT scan. Endoscopic Retrograde Cholangiopancreatography (ERCP) is available three times per week.

Results In total there were 172 referrals and all but one attended. The majority, 150 (87%) were referred by their GP, the remainder came from a variety of sources. The number of referrals has increased each year. The mean age at date of clinic appointment was 65 years (range 18–94, SD 16.7) and 116 (67%) were male. The median number of days from referral to clinic appointment was 5 (range 0–20, IQR 2). The reasons that patients waited longer than expected for a clinic appointment included: patient choice, inability to contact the patient and lack of capacity at next clinic. The aetiology of jaundice was: gallstones 65 (38%), malignancy 50 (29%), alcohol hepatitis 19 (11%), or an alternative diagnosis in 37 (22%). A CT scan was required for diagnostic or staging purposes in 92 (55%) with 74 (42%) of CT scans performed on the same day as the clinic. The CT scan had been performed prior to the clinic in 2 (2%) with the remaining scans occurring sometime following clinic.

Conclusion The introduction of The Fast Track Jaundice Clinic has resulted in patients with malignancy having clinical review and investigations performed rapidly with >95% receiving definitive treatment within 62 days of referral. The recognition of this service in providing timely, appropriate care has resulted in a steady increase in the number of referrals. We suggest that this model of service delivery should be considered as the standard of care for patients with suspected hepatobiliary malignancy presenting with jaundice.

REFERENCES

P41 LIVER DISEASE-SPECIFIC GENE EXPRESSION PROFILE IN HEPATOCELLULAR CARCINOMA

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Introduction In the UK, hepatocellular carcinoma (HCC) has the largest increase in cancer mortality of all cancers over the last decade. Although it is well known that the most important risk factor for HCC development is liver cirrhosis, the specific role of liver disease aetiology in promoting cancer development remains under-explored. We hypothesised that different liver diseases might drive HCC development by expression of different sets of genes. Identification of liver disease-specific genes could be applied to developing disease-specific diagnostic markers or therapeutic targets.

Aim To compare global gene expression profiles from HCC arising in different liver diseases, using our own and publicly available data.

Method Fresh-frozen liver samples were collected from normal liver (4) and both background liver (7) and HCC (7) from patients with haemochromatosis (HH) undergoing liver transplantation or resection for HCC. RNA was extracted using a phenol-chloroform method, assessed for quality then hybridised to Affymetrix Normal vs. HH-related HCC Normal vs. HBV-related HCC

Abstract P41 Figure 1 Venn diagram showing number of differentially expressed genes in HCV, HBV and HH related HCC compared to normal liver.