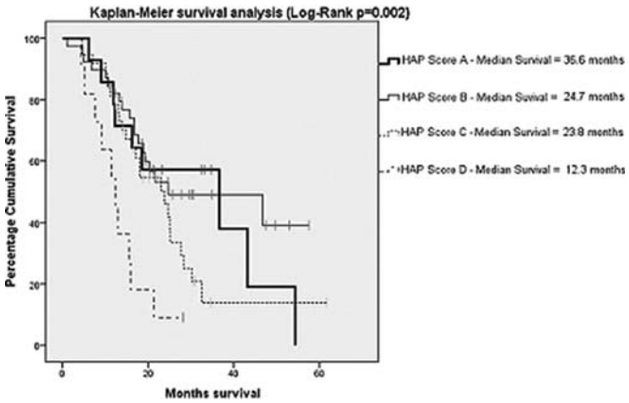

Abstract PWE-139 Figure 1

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 multidimensional 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 (a), 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