The mean age was 52 year (27 yr-84yr). 74% (185/250) were male. 188/250 (75%) patients were Caucasian, 5%, 68% and 27% of the patients had a Fibrosed liver stiffness measurement (LSM) of <9.5 kPa, 9.5 kPa-11.5 kPa and >11.5 kPa, respectively (mean LSM 10 kPa). 91/250 (39%) patients were HIV co-infected. There were 186 (74%), 8 (3%), 23 (9%), 32 (13%) and 1 (0.4%) patients with HCV GT1, GT2, GT3, GT4 and GT5, respectively. The mean HCV RNA viral load was log 5.81 IU/ml (range:log2.16 to log7.42 IU/ml).

Results 94% (234/250) of the 250 HCV infected patients achieved SVR12. Across the specific treatment combinations+/-Ribavirin, 100% of 14 patients on Sofosbuvir and Velpatasvir, 96% of 79 patients on Sofosbuvir and Ledipasvir, 91% of 11 patients on Sofosbuvir and Daclatasvir, 86% of 7 patients on Sofosbu- vir, 95% of 37 patients on Elbasvir and Grazoprevir, 93% of 85 patients Ombitasvir, Paritaprevir, Ritonavir and Dasabuvir, 88% of 17 patients on Ombitasvir, Paritaprevir and Ritonavir achieved SVR12. 94% of 175 GT1 patients, 88% of 7 GT2 patients, 96% of 22 GT3 patients, 91% of 29 GT4 patients and the 1 GT5 patient achieved SVR12. Overall, 92 patients had previous treatment with 92% achieving SVR12. Out of the 158 treatment naïve patients, 95% achieved SVR12.

There were 16 treatment failures overall; 1 due to poor treatment compliance and 6 responding, with relapse. 5 were lost in follow up with 1 patient achieving SVR4 and 1 with an end-dose response but subsequently both were lost in follow up. 1 patient discontinued due to acute cholecystitis and 2 patients died during the treatment period. 1 patient died after achieving SVR12.

Conclusions Our Results indicate DAA therapy is highly effective with real life SVR rates comparable to the registry studies, paving the way for HCV eradication in the UK.

**Abstracts**

**HTH-101 ALPPS: TECHNIQUE TO MINIMISE SMALL FOR SIZE SYNDROME AFTER MAJOR HEPATECTOMY FOR NEUROENDOCRINE TUMOUR METASTASES**

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**Introduction** Hepatic resection has emerged as an effective treatment for secondary liver neuroendocrine tumours. 'Associated liver partition and portal vein ligation for staged hepatec- tomy' (ALPPS) allows resection of liver tumours in two steps. We present our experience in ALPPS procedure as a Method which can minimise small for size syndrome, and provide an oncological benefit to borderline resectable neuroendocrine tumours within acceptable safety profile.

**Methods** 4 patients (male: female: 1:1) underwent ALPPS procedure for clearance of the metastatic liver disease. Liver segments I, IV-VIII were resected for each patient. Two of the patients had bi-lobar disease. Clearance to future liver remnant (FLR) was achieved with non-anatomical liver resection in one case and with irreversible electroporation to the other as the lesion was adjacent to the left hepatic vein during the 1st stage of the ALPPS procedure. Two patients underwent ALPPS...