40 mg twice daily, bismuth tripotassium dicitrate 300 mg four times a day, tetracycline 500 mg four times a day, and metronidazole 500 mg three times a day, for 10 days. The primary end point was the eradication rate in the second-line treatment according to intention to treat (ITT) analysis. The minimum inhibitory concentrations were determined by agar dilution test.

**Results** The results were available for analysis in 398 patients up to Dec, 2017. The preliminary eradication rate in the EAML and BQ groups was 88.9% (169/190) and 91% (172/189), respectively (p=0.505) in the ITT analysis, and were 89.9% (169/188) and 96.1% (172/179) in the PP analyses, respectively (p=0.021) in the second line treatment. The efficacy of levofloxacin sequential therapy, but not bismuth quadruple therapy, appeared to be affected by levofloxacin resistance. In the third-line therapy, the eradication rate of EAML was 60% (3/5) for patients who failed after bismuth quadruple therapy. The eradication rate of BQ was 80% (12/15) for patients who failed after levofloxacin sequential therapy. The cumulative eradication rates were 95.3% (181/190) and 92.6% (175/189) in the EAML (2nd)-BQ(3rd) and the BQ(2nd)-EAML (3rd) groups (p=0.276). The frequencies of adverse effects were 42.8% (62/145) and 81.9% (118/144) in patients treated with EAML and BQ, respectively (p<0.001).

**Conclusions** Levofloxacin sequential therapy and bismuth quadruple therapy are similarly effective in the second-line treatment for H. pylori infection. (Trial registration number: NCT NCT03148366).

**Clinical Hepatology**

**IDDF2018-ABS-0058** **EARLY NORMALISATION OF ALANINE AMINOTRANSFERASE (ALT) AFTER NUCLEOS(T)IDE ANALOGUE TREATMENT REDUCES THE RISK OF HEPATOCELLULAR CARCINOMA (HCC) IN PATIENTS WITH CHRONIC HEPATITIS B – A TERRITORY-WIDE STUDY OF 21,182 SUBJECTS**

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**Background** We aimed to evaluate the impact of alanine aminotransferase (ALT) normalisation (ALT-N) achieved at different time after the start of antiviral treatment on the risk of hepatocellular carcinoma (HCC) in patients with chronic hepatitis B (CHB).

**Methods** We identified a territory-wide cohort of CHB patients who received entecavir and/or tenofovir disoproxil fumarate (TDF) for ≥1 year between 2005 and 2016 in Hong Kong. Serial on-treatment ALT levels were analysed. ALT-N referred to ALT level lower than the upper limit of normal (ULN) (30 U/L in males and 19 U/L in females). Early ALT-N was defined as ALT-N within 12 months. The primary outcome was HCC based on ICD-9-CM diagnosis codes. Patients with cancers previously or during the first year of treatment were excluded.

**Results** 21,182 CHB patients (10,437 with and 10,745 without ALT-N at 12 months after antiviral treatment) were identified and followed for a median (interquartile range) of 4.1 (2.4–6.0) years. Patients with or without ALT-N at 12 months differed in gender distribution (76.9% vs. 58.4% male), baseline ALT (58 vs. 61 U/L), baseline serum HBV DNA (4.9 vs. 5.1 log10IU/mL), proportion of positive hepatitis B e antigen (31.5% vs. 37.1%), and presence of cirrhosis (8.9% vs. 10.5%) and diabetes mellitus (8.1% vs. 9.1%). 509 (2.4%) patients developed HCC. ALT-N at 3, 6, 9 and 12 months