study aims to determine the effects of vitamin E taken once a day on the LSM.

Methods NAFLD patients diagnosed by ultrasound who met the inclusion criteria were enrolled in the study. Liver Stiffness Measurement (LSM) measured by FibroScan at baseline and at the end of 3 months. A change in the LSM was the primary objective. Chi-Square analysis was used to measure the change of LSM pre and post-treatment. P value less than 0.05 was considered significant.

Patients were assigned to either the Life style Modification Advice Group (LMAG)—with nutritional counselling and advise to exercise—or the Treatment Group (Vitamin E as Mixed Tocotrienol 100 mg daily for 3 months plus lifestyle modification advise).

Results Fifty-seven percent (38/67) of patients enrolled in both arms of the study improved – with a decrease in their LSM measurements – but 43% (29 of 67 (43%)) did not.

Of those who improved, 79% (30/38) were from the Treatment Group (Vitamin E) and 21% (8/38) were from the LMAG.

Twenty-nine (29) patients did not improve: 79% (23/29) from LMAG and only 6/29 (21%) from the Treatment Group. Chi-square analysis showed that treatment with Vitamin E had a significant effect ($p \leq 0.05$) on the improvement of LSM.

Conclusions Vitamin E (mixed Tocotrienol) 100 mg daily for 3 months could decrease the LSM among NAFLD patients.

IDDF2018-ABS-0027

INFLUENCE OF HEPATIC STEATOSIS ON THE TREATMENT OUTCOMES OF ENTECAVIR AND TENOFOVIR IN PATIENTS WITH CHRONIC HEPATITIS B

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Background The influence of hepatic steatosis (HS) on chronic hepatitis B (CHB) is not well-known. We evaluated the influence of HS, assessed using controlled attenuated parameter (CAP) of transient elastography (TE), on the treatment outcomes in CHB patients who initiated antiviral therapy (AVT).

Methods Among 1,658 CHB patients who initiated AVT using entecavir or tenofovir between 2007 and 2016, 334 patients with available TE results at the time of initiating AVT were recruited. The cutoff CAP value for the diagnosis of HS was 238 dB/m.

Results Of the study population, 146 (43.7%) patients had HS. During the follow-up period (median 38.6 months), 303 (90.7%) and 25 (7.5%) patients experienced complete virological response (CVR) (HBV DNA $p=0.380$). However, lower CAP value was independently associated with the higher probability of CVR achievement (hazard ratio [HR]=0.996; $p=0.004$) and HBeAg loss among HBeAg positive patients (HR=0.989; $p=0.031$). The cumulative incidence of HBeAg loss among HBeAg positive patients was significantly higher in patients without HS than that of patients with HS ($p=0.022$, log-rank test).

Conclusions The HS was not correlated with HCC development in patients who initiated AVT using entecavir and tenofovir. However, HS was negatively correlated with the risk of

CVR achievement and HBeAg loss among HBeAg positive patients.

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RISK ASSESSMENT IN PATIENTS TREATED WITH TACE DUE TO RECURRENT HEPATOCELLULAR CARCINOMA AFTER CURATIVE RESECTION

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Background The hepatoma arterial-embolization prognostic (HAP) score and its several modifications predict survival outcomes in patients with hepatocellular carcinoma (HCC) treated with trans-arterial chemoembolization (TACE). We investigated whether HAP-based risk score is applicable in patients treated with TACE due to recurrent HCC after curative resection.

Methods A total of 448 patients with HCC who underwent curative resection between 2003 and 2015 were enrolled. Cox regression analyses and area under the curves (AUC) were used to identify risk factors and to calculate the predictive performance of risk scores, respectively.

Results The median age of the study population (378 men, 70 female) was 59.4 years. The median time from resection to recurrence was 17.7 (interquartile range, 7.3–37.1) months. Multivariate analysis indicated that alpha-fetoprotein >400 ng/mL (hazard ratio [HR]=2.367; 95% confidence interval [CI] 1.603–3.495), and serum albumin <3.6 g/dL (HR=2.072; 95% CI 1.449–2.964), tumour number ≥ 2 (HR=1.813; 95% CI 1.362–2.415), tumour size >7 cm (HR=0.971; 95% CI 0.416–2.269), segmental portal vein invasion (HR=2.695, 95% CI, 1.620–4.485), and time from resection to recurrence <2 years (HR=1.630, 95% CI 1.287–2.066) were the independent predictors for survival (all $p < 0.05$). The AUC to predict survival at 3 and 5 years was 0.713, and 0.649, respectively, for modified HAP-II, which were higher than those of HAP (0.602 and 0.584) and mHAP (0.606 and 0.589). When HAP_{postop} was established according to multivariate analysis, the AUC to predict survival at 3 and 5 years were 0.799 and 0.735, respectively, which were significantly higher than those of other HAP-based models (all $p < 0.05$).

Conclusions The HAP-based risk models significantly predicted survival in patients treated with TACE due to recurrent HCC after curative resection. However, HAP_{postop} showed superior performance in this cohort.

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CLINICAL AND HISTOLOGICAL FEATURES OF PATIENTS WITH ALCOHOLIC LIVER DISEASE

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Background Alcohol-attributable burden on global health is increasing, and the relationship between population alcohol consumption and liver-related deaths is strong. Longstanding scientific and clinical work has led to a relatively thorough, if