corresponding OS were 98.1 and 26.6 months, respectively (HR=0.34, P=0.003). For MVI(+) patients, the median PRS in RR/RFA group (n=35) and TACE group (n=137) were 15.9 and 10.7 months, respectively (HR=0.67, P=0.105). The corresponding OS were 23.5 and 16.8 months, respectively (HR=0.31, P=0.008). No significant difference was found in MVI(+) patients for either PRS (15.9 vs 15.6 months; HR=0.83, 95%CI=0.44–1.55; P=0.554) or OS (23.5 vs 28.1 months; HR=0.90, P=0.752). The cost of TACE group was significantly lower than that of the RR/RFA group for both MVI-positive patients (P=0.007) and MVI-negative patients (P<0.001).

Conclusions For MVI-negative patients, RR/RFA provided better survival than TACE while for MVI-positive patients, TACE was recommended.

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**FIFTEEN YEARS OF HEPATOCELLULAR CARCINOMA, A PARADIGM SHIFT FROM INFECTIOUS TO NON-INFECTIOUS ETIOLOGY**

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**Background** To determine the etiologies and to describe the clinical profile of patients with hepatocellular carcinoma using the Child-Pugh Score at Cardinal Santos Medical Center in two-time frames (2003–2010, 2011–2018).

**Methods** This is a single-center retrospective, descriptive study of all adult patients with hepatocellular carcinoma at Cardinal Santos Medical Center (CSMC) in a fifteen-year span (2003–2018). Clinical data, including essential demographics were obtained. Chart review and database review was done.

**Results** Total study subjects from 2003–2018 were 674, with 74% of subjects being male and 26% female. Child’s Pugh B was the most common, representing 67% of cases. Based on etiology, Hepatitis B was predominant, totaling to 56% of cases, followed by NAFLD at 18% then ALD at 14.6%. Even with the majority of subjects, specifically 56% representing HCC with HBV etiology, there was a significant drop in the number of cases in Time 2. There was also a significant increase in the cases of NAFLD, with a significant decrease in the cases of ALD.

Comparison of data showed a statistically significant change in the infectious and non-infectious causes of HCC. Time 1 showed a predominance of HCC with infectious etiology, representing 67% of all cases, with most cases from Hepatitis B. Time 2 showed a 22% decrease in this etiology, which could be inferred to be an effect of vaccination readily producing this endpoint. An interesting note is the prominent increase in the cases of ALD.

Comparison of data showed a statistically significant change in the infectious and non-infectious causes of HCC. Time 1 showed a predominance of HCC with infectious etiology, representing 67% of all cases, with most cases from Hepatitis B. Time 2 showed a 22% decrease in this etiology, which could be inferred to be an effect of vaccination readily producing this endpoint. An interesting note is the prominent increase in the number of HCC cases arising from non-infectious causes, with a modest 21% of cases in time 1, to a little over two times of that in time 2. (figure 1)