

Methods Over 1548 RCTs on the use of UDCA as the treatment for NASH, from 2004 to 2018 have been reviewed. Estimation of the total subject populations in all these studies approximates almost 15,000 NASH patients. Outcome measures include both decreases in liver transaminases and improvement in histology. All the RCTs, even the current guidelines, offer different options, including the use of UDCA. Follow-up periods range from 4 weeks to 96 weeks.

Results Of all the 1548 RCTs reviewed from 2004–2018, 15% showed no beneficial effects with the use of UDCA while 85% of RCTs showed decreasing transaminases and improvement in histology.

Conclusions UDCA, through its Farsenoid Targeting mechanism, may yet become a frontline therapeutic option for NASH, thereby preventing its progression to cirrhosis and liver cancer.

IDDF2019-ABS-0257 **FACTORS AND MODELS FOR PREDICTING POSTHEPATECTOMY LIVER FAILURE IN PATIENTS UNDERGOING HEPATIC RESECTION FOR HEPATOCELLULAR CARCINOMA**

Jonggi Choi*, Danbi Lee, Ju Hyun Shim, Young-Suk Lim, Han Chu Lee, Young-Hwa Chung, Yung-Sang Lee, Kang Mo Kim. *Department of Gastroenterology, Liver Center, Asan Medical Center, University of Ulsan College of Medicine, Korea, South*

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Background Hepatic resection has been the main treatment option for patients with hepatocellular carcinoma (HCC). Several previous studies attempted to establish reliable criteria to predict mortality or post-hepatectomy liver failure (PHLF) after liver resection

Methods A total of 1,481 consecutive patients underwent hepatic resection between January 2016 and December 2017. Laboratory tests were assessed before, and 1,2,3,5,7, and 10 days after surgery. Post-hepatectomy hepatic dysfunction was defined as an increase in the total bilirubin ≥ 2.9 mg/dL (50 μ mol/L) or an increase INR on or after postoperative day 5, compared with the values of the previous day. PHLF includes post-hepatectomy hepatic dysfunction, ICU stay, development of ascites requiring diuretics or drainage procedure, and mortality from any cause. Patients were randomly divided into train set (n=1,111) and validation set (n=370).

Results Of 1,565 patients with available data, the mean age was 58.3 years and male comprised 80.6% of patients. 403 (32.1%) patients underwent major hepatic resection and 481 (38.3%) revealed cirrhosis at pathologic specimens. The mortality at 30 and 90 days were 0.3% and 0.9%, respectively. PHLF developed in 117(9.3%) patients: posthepatectomy hepatic dysfunction in 62 (4.9%) patients, ICU stay in 18(1.4%) patients, ascites in 42(3.3%) patients, and death 11 (0.9%) patients. In multivariable logistic regression, age over 70 years (adjusted odds ratio [AOR]: 2.89, 95% confidence interval [95% CI]: 1.65–4.97), cirrhosis (AOR:2.60, 95% CI:1.67–4.08), albumin less than 3.5 (AOR:2.17, 95% CI:1.56–3.01), major hepatic resection compared with minor resection (AOR:2.26, 95% CI:1.41–3.62), and high indocyanine green

(ICG) index at 15 minutes over 20% (AOR:2.53, 95% CI:1.21–5.46) were significantly associated with a high risk of PHLF. Integer values were assigned to each factor to develop a model that predicted PHLF, which presented an area under the curve of 0.780.

Conclusions Cirrhosis, age over 70 years, major resection, lower albumin and high ICG level were associated independently with PHLF. A composite integer-based risk scoring model could accurately predict PHLF in patients undergoing hepatic resection for HCC

IDDF2019-ABS-0258 **ROLE OF WEARABLE TECHNOLOGY ON CHRONIC LIVER DISEASE IN TYPE 2 DIABETIC PATIENTS**

Vikas Sharma*, SB Sharma. *Department of internal medicine, University College of Medical Sciences, Delhi, India*

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Background New wearable sensor networks together with smartphone applications are being examined and tested for their potential to monitor and manage chronic liver disease (CLD) in type 2 diabetic patients. To develop methods for analyzes and monitor of map the intersection(s) of hepatology data in relation to CLD via wearable technology (MI band and Yu band). To study effects of daily life routine activities on data by wearable devices that can obtain real-time CLD data, help technologists understand medical aspects, and clinicians to understand technological processes them and provide assistance based on pre-determined specifications in CLD in type 2 diabetic patients in New Delhi, India.

Methods Total of 106 CLD with type 2 diabetes patients were taken as the subject with an equal ratio of male and female. Wearable monitoring devices were put on the wrist of CLD patients for 30 days and a questionnaire was filled out by each patient. Both diabetes and cardiovascular disease, in turn, are known as important factors for developing CLD and aggravation toward once end-stage liver disease. In all subjects, blood glucose was measured on a daily basis with day to day data of their monitoring of step count (deep sleep, light sleep, wake up time), blood pressure, calorie burnt, insulin dose, motion time i.e., every time when your body was in motion, sleep monitoring, monitoring heart rate, cardiac arrhythmias to know daily routines and recording them for health purpose.

Results Present results showed that both wearable device readings showed there was a normal heart rate, more calorie burnt with better control of sugar control and average good sleep count in more physically workout, include walking in CLD patients compared to less physically workout CLD patients, identified by professional physiotherapists. Both device readings showed that after changing lifestyle routine among less physically active CLD patients, their post- CLD events normalize with less requirement of medicine and insulin injection dose.

Conclusions With this study we show that, by using, these wearable devices ensured online assistive feedback for CLD patients with type 2 diabetes is possible with their health awareness, exercising and motivate further studies.