new model to existing models of model for end-stage liver disease (MELD), Child-Pugh scores and Glasgow Blatchford Score.

Results The 6-week overall mortality rate was 12.3%. Multivariate analysis showed that Mean Arterial Pressure (MAP), model for end-stage liver disease (MELD), high-risk stigmata of esophageal varices or peptic ulcer on endoscopic finding and the Glasgow Blatchford Score were independent predictors of mortality. A new logistic model using these variables was developed. This model's AUROC was 0.934, which was significantly higher than that of MELD (0.721), MAP (0.842), and Glasgow Blatchford Score (0.904). Two external validation studies showed that the AUROC of our model was consistently higher than 0.954. (figure 1)

Conclusions Our new simplified model accurately and consistently predicted 6-week mortality in patients with acute variceal bleeding using objective variables measured at admission. Our system can be used to identify high-risk acute variceal bleeding patients.

IDDF2019-ABS-0079 IMPACT OF TIME-TO-SURGERY ON THE PROGNOSIS OF HEPATOCELLULAR CARCINOMA PATIENTS AT BCLC STAGE 0-A AFTER LIVER RESECTION

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Background Long waiting time before surgery caused by pre-operative interventions may lead to tumor progression and worse prognosis in patients with hepatocellular carcinoma (HCC). The impact of time-to-surgery (TTS) on the prognosis of HCC patients has not been well illustrated in Chinese HCC patients. We tried to clarify the TTS issue in this study in order to provide new perspectives for making rational treatment timing for surgery.

Methods We enrolled 1051 HCC patients at BCLC stage 0-A with primary liver resection from three centers in China. Patients were divided into two groups according to different cut-off values of TTS (14 days, 21 days, 28 days, 35 days, 42 days). The primary endpoints were recurrence-free survival (RFS) and overall survival (OS).

Results The median TTS of HCC patients at BCLC stage 0-A was 14 days. Patients in the longer TTS group had significantly longer RFS and OS than those in the shorter TTS group when cut off values of TTS were 28 (RFS: $P = 0.044$; OS: $P = 0.004$) and 35 (RFS: $P = 0.016$; OS: $P = 0.044$) days.

TTS did not produce a significant impact on patients' RFS and OS when cut off values were 14, 21 and 42 days.

Conclusions TTS between 28 and 42 days may be appropriate for Chinese HCC patients at BCLC stage 0-A to receive surgery.

IDDF2019-ABS-0108 HEPATIC DECOMPENSATION RISK IS REDUCED, BUT NOT ELIMINATED AFTER DIRECT-ACTING ANTIVIRALS: THE ROLE OF SPLEEN STIFFNESS MEASUREMENT

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Background Little evidence is available on the risk of hepatic decompensation (HD), mainly those related to portal hypertension (PH), after direct-acting antivirals (DAAs) in patients with HCV-related advanced chronic liver disease (ACLD). Our aims were: a) to evaluate the incidence of HD after DAAs, as well as the effect of such treatments on HD development and b) to assess the role of liver (LSM) and spleen (SSM) stiffness measurement in HD prediction after sustained virologic response (SVR).

Methods We performed in our tertiary centre a cohort study in 146 ACLD patients treated with DAAs and with available LSM and SSM both before and 6 months after end-of-treatment (EOT). A historical cohort of 92 consecutively enrolled untreated cirrhotic patients with active HCV-infection was used as a control group. A propensity score stabilized inverse probability weighting approach was used to account for differences between groups. Time-dependent models for HD prediction after SVR were applied to account for changes in LSM and SSM after DAA therapy.

Results Median follow-up in the DAA cohort was 33.5 (22 – 38) months. The HD incidence in this cohort was 7.07 (4.56–10.96) per 100 person-years (PYs), significantly higher than in the active HCV cohort, 19.75 (13.81–28.25) per 100 PYs. DAA therapy was an independent protective factor for HD development (hazard ratio [HR], 0.177; 95%Interval-of-confidence [CI], 0.081–0.390) (figure 1A), whereas previous HD (HR, 5.982; 95%CI 2.434–14.702) and higher SSM values (HR, 1.025; 95%CI 1.006–1.045) were associated with a higher risk of the event. $SSM \geq 54$ kPa was independently associated with HD despite SVR achievement (HR, 4.678;

Abstract IDDF2019-ABS-0108 Figure 1