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 varical bleeding using objective variables measured at admission. Our system can be used to identify high-risk acute varical bleeding patients.

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**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 preoperative 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 when cut off values were 14, 21 and 42 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.