Expression of gut homing markers on T cells was quantified using flow cytometry.

Results Expression of GPR15 was significantly increased on CD4+ effector T cells (CD4+ CD127+ CD45RO+) in NAFLD, ALD and PSC patients compared to healthy controls (9.7 ± 0.4 , 12.7 ± 0.9 and 20.1 ± 1.8 vs 4.1 ± 1.8 , $P < 0.05$), with a significant increase also observed on CD8+ effector T cells (CD8+ CD45RO+) in PSC patients when compared to healthy controls (16.7 ± 2.6 vs 2.3 ± 0.58 , $P < 0.01$). There were also trends towards increased expression of gut homing markers CCR9, $\alpha 4\beta 7$ and $\alpha E\beta 7$ on effector CD4+ and CD8+ T cells in all chronic liver disease groups compared with healthy control tissue.

Conclusions For some time, evidence pointed towards $\beta 7$ integrins as the drivers of the hepatic inflammation seen in patients with AILD and associated inflammatory bowel disease as a result of aberrant effector T cells homing from the gut to the liver. These data reveal a somewhat redundant role for $\beta 7$ integrins, which could be regarded as a non-disease specific feature of advanced disease, and highlight GPR15 as the primary mediator of effector gut T cell homing.

PTU-011 DIET/LIFESTYLE MANAGEMENT OF NON-ALCOHOLIC FATTY LIVER DISEASE: A SURVEY OF BRITISH SOCIETY OF GASTROENTEROLOGY MEMBERS

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Introduction NAFLD is the most common liver disease in the UK. Diet/lifestyle modification to induce weight loss and disease regression is the optimum treatment and is recommended by NICE and EASL guidelines. The aim of this survey was to evaluate the current status of diet/lifestyle care for patients with NAFLD in the UK.

Methods To gather data on current practice and perceived barriers to the effective delivery of diet/lifestyle intervention for patients with NAFLD, BSG members were invited to undertake an online survey between 28th January and 11th February 2019.

Results 50 clinicians responded (16 Gastroenterologists, 21 Hepatologists, 11 Specialist Trainees, 2 other; 56% from DGHs and 44% hepatology centre; mean age 43.1 years (range 29–66), 72% male, representing all regions except Northern Ireland. 48% of responders had no post-registration training in weight management nutrition. Recording of patient's weight, BMI and alcohol intake was routine practice (100%, 84% and 92% respectively). Routine recording of dietary intake and physical activity was reported by only 22% and 26% respectively. 62% of respondents referred less than 30% of NAFLD patients for lifestyle intervention. Key barriers preventing referrals were no commissioned services (50%), uncertainty about referral routes (44%) and limited resources for additional dietetic input (34%). Lifestyle advice routinely delivered by responders included: the impact of weight status on NAFLD outcomes (88%); exploration of weight and dieting history (52%); weight loss, diet and physical activity goals (50%) and signposting (50%) in very brief or brief interventions (52% vs. 38%). Perceived obstacles to providing lifestyle advice were short consultation time/work overload (86%) and inadequate training in lifestyle and behaviour change

counselling (58%). Dietary approaches prescribed by either the responders or other healthcare professionals were face-to-face (88%) and based on the EatWell Guide (82%).

Conclusions The survey highlights considerable variability in the delivery of diet/lifestyle management for NAFLD in the UK. Access to weight management services appears limited in many areas. Amongst gastroenterologists, there is a clear need to improve training in delivering diet/lifestyle interventions given the high prevalence of obesity and NAFLD. This would support effective care delivery.

PTU-012 IDENTIFYING DIFFERENCES IN MANAGEMENT OF PBC TO INFORM FUTURE PRACTICES -RESULTS FROM ALL-WALES TRAINEE COLLABORATIVE

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Introduction Primary biliary cholangitis (PBC) is a chronic autoimmune liver disease, which can progress to end-stage biliary cirrhosis. Risk stratification and assessment of response to treatment is important to target care and identify patients who may benefit from newer treatments to improve prognosis.

We studied the clinical practice of patients with PBC across Wales, a geographically diverse region of over 3 million.

Methods A clinical audit tool was developed with UK-PBC and EASL guidelines. Data was retrospectively collected by specialist trainees in each health board. This included the use of ursodeoxycholic acid (UDCA), its appropriate dosing and assessment of response. The prevalence of cirrhosis and identification of high risk patients was also assessed.

Results A total of 406 patients with a diagnosis of PBC were identified across five Welsh health boards. Of these, the majority were female (73%). Mean age at diagnosis was 59.7 years (± 13.5). Serological testing for PBC (AMA $> 1/40$) was present in 88.5% at time of diagnosis. Mean Alkaline Phosphatase (ALP) at diagnosis was 334U/L (56–2020). Mean follow-up since diagnosis was 7.9 ± 6 years.

Of 214 patients with recent clinic letters, 179 (83.6%) were on UDCA. Across health boards this ranged from 67.9% to 91.5%. Patients managed by hepatologists were more likely to be on the appropriate dose of UDCA (92.9%) compared to gastroenterologists (39.3%), $p = 0.018$. Assessment of response to UDCA at 1 year was 59.3%. This was performed more frequently by hepatologists (86.8%) than gastroenterologists (62.5%), $p = 0.024$.

47.8% of patients had cirrhosis. 18.4% of patients were identified as high risk as defined by a bilirubin $> 50 \mu\text{mol/L}$ or dropping albumin. Of 82 patients with clinic letters documenting a conversation about transplant, 26 patients were considered with 12 patients undergoing liver transplant.

Conclusions This study provides valuable insight into the care of PBC patients across Wales. It serves to highlight the wide variation and discrepancies in adherence to standards between hepatology and gastroenterology managed patients, despite widely available guidelines. In particular, patients