Incidence of hepatic encephalopathy was similar across the studies (RR = 1.01, 95% CI = 0.70–1.46, p = 0.97).

**Conclusion**
TIPSS is more effective in preventing variceal bleeding than EBL and medical management, without an increase adverse events. While this was not associated with a statistically significant improvement in survival, it is likely that these findings were underpowered. High quality, adequately powered and multi-centre randomized trials evaluating clinical and quality of life outcomes are required to verify these results and inform robust economic evaluations of TIPSS in the management of variceal bleeding in patients with cirrhosis.

**Discussion**
The COVID-19 pandemic has demonstrated the need to identify and offer timely follow-up for our most unwell patients, allowing those with a stable condition to safely shield. Virtual monitoring of patients is important to identify asymptomatic flares. We advocate incorporating nurse-led monitoring of such patients, in combination with patient initiated follow-up for those with symptomatic disease.

**REFERENCES**
2. www.yorkhospitals.nhs.uk/about-us/

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**Abstract P60**

**THE CREATION OF AN AUTOIMMUNE HEPATITIS REGISTER AND A NURSE-LED SERVICE: A WORTHY LOCK-DOWN PASTIME**

Dawn Orange*, Lucy Turner, Laura Maher, Anthony Pratt, Charles Millson, Olithselvan Arikichenin, Robert Driver. York Teaching Hospital NHS Foundation Trust, York, UK

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**Introduction**
Autoimmune Hepatitis (AIH) is a relapsing chronic inflammatory condition that waxes and wanes irrespective of outpatient clinic scheduling. York Teaching Hospital NHS Foundation Trust (YTHT) covers a wide geographical area. The COVID-19 pandemic has demonstrated that not all patients require regular clinical review in person.

**Aim**
To update the clinical registry of AIH patients within YTHT, ensuring appropriate monitoring during Covid-19, and prompt review for those requiring it.

**Methods**
An IT-based search identified individuals’ with a diagnosis of AIH within YTHT. An electronic note review established demographic details, risk factors for co-existing liver disease, severity of AIH, disease treatment, and current blood results.

**Results**
128 patients were identified, 81% of whom were female. The average age was 68 years (range 17–88). 51% were local to York Hospital and 34% closer to Scarborough Hospital, as demonstrated in figure 1. The remainder travel to their closest hub. 55% of the cohort had an elevated ALT suggesting ongoing disease activity (arguably ALT >31U/L in males and ALT >21 U/L in females). 62% were taking significant immunosuppression; Azathioprine 32%, Mycophenolate Mofetil 14.4%, Tacrolimus 9.6% and Prednisolone >20 mg/day 6.4%.

A graph to demonstrate the range of geographical regions YTHT covers

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**Abstract P61**

**TRANSCRIPTOMIC ANALYSIS OF ENDOTHELium FROM HUMAN HEPATOCellular CARCINOMA HIGHLIGHTS ITS POTENTIAL TO SUPPRESS ANTI-TUMOUR IMMUNE RESPONSES**

Joanne O’Rourke*, Daniel Patten, Alex Wilkinson, Owen Cain, Roy Bicknell, Shirin Shetty, Centre for Liver and Gastrointestinal Research, Institute of Immunology and Immunotherapy, College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK; Liver Unit, Queen Elizabeth Hospital, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK; Institute of Cardiovascular Sciences, College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK

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Promising outcomes with recent immune checkpoint inhibitor trials in hepatocellular carcinoma (HCC) have encouraged the search for novel immunotherapies. The tumour microenvironment in hepatocellular carcinoma (HCC) is highly complex but aggressive tumours are characterised by the accumulation of immunosuppressive cell populations. The endothelium is described as the gatekeeper for immunity, however, the regulation of immune cell/endothelial interaction within HCC is poorly characterised. We aimed to increase our understanding of the biological processes taking place at the level of the tumour endothelium in HCC through RNA sequencing of the endothelium in isolation, comparing this to non-tumour endothelium. In addition, we further studied the tumour microenvironment by spatial transcriptomic analysis of whole HCC tissue sections.

**Methods**
We undertook a validated technique for endothelial isolation using magnetic beads conjugated to Ulex agglutinin I, a lectin isolated from Ulex europaeus which binds specifically to the L-fucose residues present within glycoproteins on the surface of human endothelial cells. These beads were incubated with a single cell suspension of HCC tissue or distal non-tumour tissue. RNA was extracted and mRNA sequencing performed. We next analysed paraffin sections of resected HCCs with Nanostring® Digital Spatial Profiling (DSP) to provide further information on the localisation of immune signatures within the tumour microenvironment.

**Results**
5 paired tumour and distal non-tumour samples taken from patients who underwent surgical resection were analysed. 45 genes were identified as being significantly differentially expressed between the tumour and non-tumour endothelium (adjusted p value <0.05). 41 genes were upregulated in the tumour endothelium and 4 downregulated. Pathway analysis revealed 83 pathways that were down regulated (adjusted p value <0.05) and these were further grouped into 7 key clusters. Remarkably, these clusters were all related to immune related pathways: leucocyte mediated immunity; leucocyte mediated toxicity; leucocyte proliferation; cell killing;