by open-label TAF through Year 8. Patients with hepatic decompensation, co-infection with HCV/HDV/HIV, or evidence of HCC were excluded. HCC was assessed at 6 monthly intervals by hepatic ultrasonography beginning after Week 96 and by local standards of care. The standardized incidence ratio (SIR) for HCC was calculated for observed cases relative to predicted cases using the REACH-B model.

**Results**
1632 patients were followed for up to 4 years; HCC was seen in 16 patients (0.98%; 7 TAF; 9 TDF); median time to onset was 568 days. At baseline HCC patients were older (median age 53 vs 40 y; p<0.001), had lower median HBV DNA (6.2 vs 7.3 log_{10} IU/mL; p=0.041) and were more likely to have cirrhosis (FibroTest score 0.75; 31% vs 10%; p=0.004). For study patients, the overall SIR was significantly reduced with TAF or TDF treatment 0.45 (95% CI 0.278 -0.740) (table 1). HCC incidence was significantly reduced (SIR 0.42, 95% CI 0.23 to 0.75) in noncirrhotic patients (n=11 vs 26.5 predicted), but not for cirrhotic patients (n=5 vs 8.1 predicted). The SIR was significantly reduced in noncirrhotic patients receiving TAF (n=5), but not in those with TDF (n=6).

**Conclusions** In CHB patients treated with TAF or TDF for up to 4 years, HCC incidence was reduced, particularly in noncirrhotic patients. Additional follow up is needed to further characterize the impact of longer-term treatment on HCC risk reduction.
HEPATOCELLULAR CARCINOMA: A POSTOPERATIVE INFECTION IN PRIMARY HEPATOCELLULAR CARCINOMA

IDDF2020-ABS-0064 THREE-DAY POSTOPERATIVE ANTIMICROBIAL PROPHYLAXIS CAN REDUCE THE INCIDENCE OF POSTOPERATIVE INFECTION IN PRIMARY HEPATOCELLULAR CARCINOMA: A MULTICENTER RETROSPECTIVE STUDY

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Background Postoperative infection in primary hepatocellular carcinoma (HCC) may cause bad consequences, even affect overall survival. But the evidence of using postoperative antimicrobial prophylaxis (AMP) in HCC was not sufficient enough. We aimed to explore the relationship between postoperative AMP and infection after hepatectomy.

Methods We retrospectively collected 1648 HCC patients who underwent hepatectomy from three tertiary hospitals. The incidences of postoperative infection, including surgical site infection (SSI) and remote site infection (RI), were recorded and calculated. Univariable and multivariable Cox regression analyses were performed to explore risk factors of postoperative infection. Inverse probability of treatment weighting (IPTW) analysis was also performed to reduce the selection bias.

Results The overall infection rate was 9.7% (160/1648), including 8.1% of SSI and 2.3% of RI. Multivariable analysis revealed that the duration of postoperative AMP was negatively related to the incidence of postoperative infection significantly (OR 1.39, 95% CI 1.28 to 1.52; P < 0.01).

Conclusions Postoperative AMP is necessary for HCC patients to prevent postoperative infection. Using antibiotics based on the experience of surgeons for 3 days after surgery might be proper.

Abstract IDDF2020-ABS-0064 Figure 1 Duration of postoperative antimicrobial prophylaxis (day)

IDDF2020-ABS-0065 SAFETY AND EFFICACY OF LAPAROSCOPIC MICROWAVE ABLATION AND PORTAL VEIN LIGATION FOR STAGED HEPATECTOMY (LAPS) IN PATIENTS WITH HBV-RELATED HEPATOCELLULAR CARCINOMA

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Background Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) has high morbidity and mortality. In this study, the safety and efficacy of a modification of ALPPS (laparoscopic microwave ablation and portal vein ligation for staged hepatectomy, LAPS) were compared with the classic ALPPS in patients with HBV-related hepatocellular carcinoma (HCC).

Methods Patients who were diagnosed with HCC and were considered to have insufficient future liver remnant (FLR) were enrolled. In stage I, a microwave ablation (MWA) device was used to cauterise along the planned transection plane to form a coagulum avascular area. When the FLR reached above 40%, hepatectomy was performed in stage II along the coagulum area established previously. After two stages, operative morbidity, mortality, increase in FLR, operative time and blood loss were evaluated.

Results Between April 2013 and September 2019, 7 patients with HBV-related HCC were treated with the LAPS procedure, and 14 patients were treated with the ALPPS procedure. No major complications (Clavien-Dindo IIIa) occurred after 1 stages of the LAPS group, while the ALPPS group were 21.4% (3/14). Completion rate of secondary surgery of the