aim was to assess the use of Lanreotide in patients who presented with chronic gastrointestinal bleeding due to angioectasias.

Method Patients who were diagnosed to have angioectasia (gastric or small bowel) with portal hypertension at endoscopy and who received lanreotide injections were included. Aetiology of underlying portal hypertension, previous history of bleeding and endotherapy, transfusion history and any side effects of lanreotide was recorded.

Results A total of 12 patients (75% Males, mean age 68) were identified between 2007 and 2020. Lanreotide 60mg (milligrams) given monthly, subcutaneously in all patients. Causes for portal hypertension: portal vein thrombus- 3 (25%); alcohol related liver disease - 3 (25%); Non-alcoholic fatty liver disease- 3 (25%); Primary biliary cholangitis- 1(8%), Alpha one antitrypsin deficiency - 1(8%). One patient (8%) had both alcohol and non-alcoholic fatty liver related liver disease.

11 of the 12 patients (92%) had oesophageal varices. All of these patients also had portal hypertensive gastropathy and at least one angioectatic lesion identified. One patient (8%) had portal hypertensive gastropathy only. Nine patients (75%) had prior treatment with either variceal banding, glue injection, argon plasma coagulation or interventional radiology embolisation. Two patients were also treated with a trans-jugular intrahepatic portosystemic shunt.

After treatment with lanreotide, the average total number of bleeding episodes per patient reduced from 6 to 0.8. There was also a significant reduction in the average episodes of blood transfusions: 6 to 1.

There were 6 (50%) patients who had an episode of rebleeding (defined as drop in haemoglobin and haemodynamic instability) in the first 6 months of treatment but did not require any endoscopic therapy.

Only 1 person reported any side effects with Lanreotide (diarrhoea) and stopped treatment.

Conclusion Lanreotide is a useful adjuvant treatment to therapeutic endoscopy in patients with refractory portal hypertensive bleeding due to angioectasia. It reduces transfusion requirements, bleeding episodes and overall improves patient quality of life with a good safety profile.

P058

THE IMPACT OF NATIONAL LIVER OFFERING SCHEME ON THE POST-TRANSPLANT COURSE OF PATIENTS WITH ALCOHOL RELATED LIVER DISEASE: A FRIEND OR A FOE?

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Introduction The National Liver Offering Scheme (NLOS) was introduced in March 2018, this is based upon the scoring system called the Transplant benefit score (TBS) to achieve best outcomes in the adult recipients.

Aim To ascertain the impact of the TBS on the transplant waiting list and Alcohol relapse rates in patients transplanted for Alcohol related Liver disease (ArLD).

Methods This is a retrospective single centre study comparing patients in pre-TBS (March 2016-March 2018) and the post-

TBS (March 2018-March 2020) period undergoing Liver transplantation (LT) for ArLD. Data were extracted from a prospectively maintained Liver transplant database. The data were analysed using the non parametric t test.

Results In the pre-TBS period, n=76 patients underwent LT for ArLD and in the post TBS, n=94. 14% (11/76) patients in the pre-TBS and 9% (9/94) patients in the post-TBS group relapsed to Alcohol. The median waiting time on the transplant list of the patients who relapsed was 70 (29±271) days and in the post-TBS was 8 (6±50) days, p=0.02. Time to relapse in the pre-TBS period was 425 (240±810) days and in the post-TBS was 328 (136±405) days, p=ns. 2/11 died in the pre-TBS group due to the recurrence of ArLD and 4/9 died in the post-TBS group, two of these had recurrence of ArLD.

Conclusion The introduction of TBS has certainly had a positive impact by leading to a shorter transplant wait time for recipients with ArLD. Though the time to relapse appeared shorter in the post-TBS group, it did not appear to produce any significant increase in mortality compared to the pre-TBS group. Further long-term data is required to ascertain the influence of waiting time on the risk of relapse and prognosis.

However, robust screening and timely intervention is required to reduce the risk of Alcohol relapse. The utility of digital tools in the remote monitoring of Alcohol use disorder needs to be explored for early identification of Alcohol relapse.

P059

THE IMPACT OF THE COVID-19 PANDEMIC ON HEPATOCELLULAR CARCINOMA DIAGNOSIS AND STAGE AT PRESENTATION IN THE WEST OF SCOTLAND

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Introduction Hepatocellular carcinoma (HCC) is a disease with increasing incidence in Scotland and a high mortality rate. Prior studies have shown that early diagnosis of HCC is crucial to a successful outcome. Although the 2020 the COVID-19 pandemic had a global impact on all aspects of healthcare, the effect on HCC diagnosis and management has not previously been quantified.

Methods A retrospective review of the electronic patient records of all patients discussed at the weekly West of Scotland (WOS) HCC Multidisciplinary Team (MDT) meetings, with a new confirmed diagnosis of HCC. Those discussed between the periods of March 1st and September 30th of 2019 and 2020 were included.

Electronic patient records were reviewed using NHS Greater Glasgow and Clyde's online clinical platform Portal, and database TrakCare Live. Information gathered included: gender, age, liver history, Health Board, route of diagnosis, date of referral to MDT, date of MDT discussion, treatment type, and date of first treatment. MDT reports were used to collate clinical data including: performance status, Child-Pugh class, AFP levels, tumour size, tumour number, and status of extrahepatic disease. (table 1).

Results Data was collected from 99 patients in total. The 2019 cohort included 62 patients, while the 2020 cohort included 37 patients. There was a 40% reduction in total

Abstract P059 Table 1

	2019	2020	P VALUE
Number of referrals	62	37	
Mean age	69	69	
Sex (M:F)	53 (85.5%) : 9 (14.5%)	30 (81.1%) : 7 (18.9%)	
Mean size largest lesion (cm)	5.8	6.1	0.39
Mean number of lesions	1.96	1.53	0.48
Mean time to MDT discussion (days)	20.8	11.2	0.08
Mean time to first treatment (days)	93.2	53.8	0.03

number of diagnoses in the 2020 cohort compared with the 2019 cohort. The mean time from diagnosis to discussion at the MDT meetings was reduced in the 2020 cohort (20.8 vs 11.2 days) and the mean time to first treatment was also reduced (93.2 vs 53.8 days).

There was no evidence of patients presenting at a more advanced stage in 2020. Data used in the BCLC staging criteria was used as a marker of disease progression. There was no significant difference in the size of lesions ($p=0.39$) or the number of lesions ($p=0.94$) in the 2 cohorts.

Conclusion During the COVID-19 pandemic there was a 40% reduction in HCC diagnoses referred to the WOS MDT, compared with 2019. However there is no evidence that patients have presented with more advanced disease. Additionally, we have demonstrated a reduction in the referral to treatment time where active treatment was indicated. Given that the incidence of chronic liver disease has continued to rise in our population, we would expect an increased number of patients to present with more advanced stage HCC over the coming months.

P060

RITUXIMAB AS THIRD LINE THERAPY IN IGG4-RELATED DISEASE: EXPERIENCE FROM A MULTI-CENTRE COHORT

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Introduction Immunoglobulin G4-Related Disease (IgG4RD) is a rare multi-organ fibro-inflammatory immune-mediated disorder that has a predilection for the pancreas and bile ducts, leading to organ damage and failure, and an increased risk of malignancy. B cells play a crucial role in disease pathogenesis and disease relapse. Rituximab (anti-CD20 chimeric monoclonal antibody) has received UK NICE approval for third-line therapy for intolerance/relapse on glucocorticoids and conventional immunomodulators. We sought to assess the indications, clinical response and outcome to Rituximab in a multi-centre UK cohort of IgG4RD patients.

Methods Data was retrospectively collected from four UK tertiary referral centres for IgG4RD patients that received Rituximab therapy, including baseline demographics, clinical characteristics, disease phenotype, indication for rituximab, dosing schedule, preceding treatment, outcomes, and complications. Wilcoxon paired test was used for numerical and chi-squared test for categorical variables.

Results Forty-three patients received rituximab for IgG4RD; 30 (70%) were male, median age at diagnosis was 60 years (range 19–79). Thirty-three patients (77%) had raised serum IgG4 at presentation, thirty-two patients (74%) had multi-organ disease. Disease phenotypes were hepatopancreatobiliary (21%), head and neck (30%), retroperitoneal and aorta (5%) and systemic disease (44%).

The median age at time of rituximab infusion was 65 years (range 20–82), and median duration between diagnosis and rituximab was 38 months (range 1 to 148). Indications for rituximab included disease refractory to steroids and/or other immunosuppressants (49%), relapse following remission (42%) and intolerance to steroids and/or immunosuppressants (7%). Treatment preceding rituximab included prednisolone (35;81%), azathioprine (18;42%), mycophenolate (15;35%), methotrexate (10;23%) and cyclophosphamide (9;21%). Thirty-one patients (72%) were on dual immunosuppression prior to rituximab.

Clinical response to rituximab was present in all patients with follow-up available ($n=34$). Serum IgG4 levels fell with rituximab therapy (pre-treatment median 4.99g/l, post-treatment median 3.33g/l; $p<0.001$) (figure 1). Average follow-up was 54 months (range 2 to 156). The median number of cycles received was 1 (range 1–8). The majority had on-demand infusions (77%) and 10 (23%) received maintenance therapy. Twenty-one patients (62%) were able to discontinue one or more immunosuppressants/corticosteroids. Six patients had hypogammaglobulinaemia, four of whom were on 6-monthly rituximab; none required rescue IVIg. Two patients developed an infection. None developed de novo cardiovascular or malignant complications.

Serum IgG4 Levels Before vs After

Abstract P060 Figure 1

Conclusion Rituximab was safe and effective as third-line therapy for disease relapse in IgG4RD in this multi-centre prospective UK cohort, allowing discontinuation of steroid/conventional immunosuppression in the majority.