malignancy, are managed. Some patients are referred to liver clinic due to elevated fibrosis scores as a result of other pathologies, and the enhanced liver fibrosis (ELF) test has recently been added to our algorithm to further stratify those who require liver services.

**Abstract PWE-8 Figure 1** The multiple receiver operating characteristic curve (ROC) to evaluate validity of MELD, ALBI and CTP in detecting the 28-days mortality

**Results** ALBI scores were significantly associated with 28-days mortality, ROC analysis showed that the AUC of MELD was 0.746 (95% CI: 0.575-0.916; P. value = 0.015), ALBI was 0.700 (95% CI: 0.512-0.888; P. value = 0.048), and CTP was 0.533 (95% CI: 0.334-0.733; P. value = 0.742).

**Conclusion** A higher ALBI score measured at admission is a useful predictor of 28 day mortality in ACLF patients. ALBI score was comparable to MELD and did better than CTP scores in predicting short-term mortality in these patients.