Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
**Conclusion:** We have developed a preoperative prediction model for MVI in HCC patients based on FAR. The model could aid physicians in clinical treatment decision making.

**EP008**

**THE IMPACT OF THE COVID-19 PANDEMIC ON LIVER SURGERY IN SOUTH WALES**

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**Introduction:** As the COVID-19 pandemic continues, it is increasingly apparent that the victims of the pandemic are not just those who contract the virus, but also the innumerable patients with other life limiting conditions who have had access to potentially life-saving surgery delayed due to lack of inpatient beds. Like many, our hospital initially cancelled all elective surgery but was able to re-instate it relatively quickly owing to the development of a "green pathway." We sought to review how the pandemic has impacted hepatobiliary surgery at our unit.

**Methods:** Our prospectively maintained database was interrogated to identify all surgical activity in our unit during 2019 (pre-COVID) and 2020 (COVID).

**Results:** Our green pathway involves patients isolating for 14 days prior to admission to a separate ward with dedicated junior doctors who do not see non-green patients. Between January 1st and December 31st 2020, 129 patients underwent exploration with a view to liver resection. 106 resections were undertaken. This compares to 152 explorations with 123 resections in 2019.

In 2020, our median length of stay was 6 days (1-41). Twelve patients (9%) developed a significant (CD 3 or 4) complication. There was no inpatient mortality. Median length of stay in 2019 was also 6 days (1-69). Twelve patients (8%) had significant morbidity. A single patient died (0.7%).

**Conclusion:** In spite of the COVID pandemic, our unit has managed to continue to offer a high volume tertiary hepatobiliary surgical service without an increase in length of stay, morbidity or mortality.

**EP010**

**HCC SURVEILLANCE AT A TERTIARY/QUATERNARY CENTRE: DEVIATION FROM EASL GUIDANCE AND ITS CONSEQUENCES**

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**Purpose:** This study evaluates a Tertiary/Quaternary Centre, measuring adherence and identifying key deviations to EASL guidelines for the surveillance/diagnosis of at-risk patients for Hepatocellular Carcinoma.

**Method:** The authors present a retrospective cohort study. At risk adults commencing ultrasound surveillance for HCC at a specialist Tertiary/Quaternary Unit in the United Kingdom, between 01 Jan 2015 to 30 June 2015 were identified. The data underwent inclusion/exclusion criteria to identify a cohort of 140 individuals with 1010 scans over a 5-year period (2015-2020). Sequence and time intervals between initial surveillance imaging and further imaging/biopsy were assessed, with attention to their impact and consequences in clinical outcome.

**Results:** USS detected nodules <1cm were appropriately followed-up in 74.3% of cases, (mean 133.0 days, median 108.5 days). Nodules >1cm were appropriately followed-up in 93.7% of cases, with CT and MRI used as 1st modality 28.6% and 71.4% respectively. CT (mean 28.4 days, median 23.0 days); MRI (mean 56.7 days, median 41.0 days). Indeterminate nodules at first modality imaging were appropriately followed-up for second modality in only 26% of cases (mean 48.8 days, median 46.0 days). Total nine biopsies were undertaken (mean 80.7 days, median 66.0 days). Three malignant diagnoses (33%), six benign pathology (67%).

**Conclusion:** Our Unit demonstrates high adherence to baseline USS surveillance and performs interval USS appropriately for positive and negative cases. First modality follow-up is efficient, with Imaging led perceptual choice of CT vs. MRI. Second modality follow-up deviates from guidance to a higher degree, with high straight-to-biopsy rate as is optional for Specialist Unit based programmes. Earlier reversion to routine/expedited USS deviates from established EASL guidance; however, this does not appear to affect outcomes detrimentally. In addition, extending further surveillance intervals to six months does not cause adverse outcomes.

**EP011**

**SPANISH SURVEY ON LIVER SURGERY UNITS**

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**Purpose:** The technical, human, scientific and medical assistance characteristics of the Units that attend a complex pathology are little studied and known.

**Material and Methods:** Multi-institutional descriptive study (survey) on the characteristics of the Units where liver surgery (LS) is performed in Spain.

**Results:** 88 surveys were sent. 60 centres answered (68.2%) belonging to all spanish autonomous communities (17). The sum of inhabitants attended was near 35 millions inhabitants (75% of spanish population). Mean number of beds per hospital was 740. 21 Units (35%) also perform liver transplantation. The mean number of surgeons per Unit is 5. Only 3 Units had a HPB fellowship program. 100% of the Units have intraoperative ultrasound for open approach and 50 (83.3%) have intraoperative ultrasound for laparoscopic approach. In 61.7% of the Units (37/60) the